

Official Administrator and Executive Expense Report

Name Dr. Tom Noseworthy
Title Associate Chief Medical Officer, Strategic Clinical Networks;
Location Edmonton
 Expenses submitted during the month of June 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jun-14	Direct Billing	Meetings	1,047			317	1,364			
Jun-14	Expense Claim	Meetings		42	219	1,101	1,362		356	424
Total			\$ 1,047	\$ 42	\$ 219	\$ 1,418	\$ 2,726	\$ -	\$ 356	\$ 424

Total for the Month \$ 3,506

Maximum meal expense claimed in the month \$ 21
 Maximum daily hotel rate claimed in the month \$ 189
 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: 7-May-14 **To:** 25-Jun-14
Travel Period from: _____ **To:** _____ (if applicable)
Out-of-Province Travel

Name: Dr Tom Noseworthy **Position (Title):** Associate Chief Medical Officer - SCNs
Location: _____ **Dept:** _____ **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				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
2A	101	0000	71110000012	\$750.29 ✓	101	0000	71110000012	61540000	\$423.75 ✓
2B				\$445.95 ✓					
2C				\$521.98 ✓					
2D									
				\$1,718.22	**User to enter Coding & \$ Amounts				\$423.75

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

NOTE: These fields do not automatically fill for Section C & D

TOTAL REIMBURSEMENT	
Total Section B	\$1,718.22
Total Section C&D	\$423.75
Less Cash Advance	
TOTAL CLAIM	\$2,141.97 ✓

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.

Employee Signature: Dr. Tom Noseworthy **Date** 14-Jul-14

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): Dr Verna Yiu **DOFA Level** _____ **Phone #** _____ **Ext** _____
Signature: [Signature] **Title** VP, Quality & Chief Medical Officer **Date** July 15/14

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

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

- 1 of 3 -
EXPENSE CLAIM DETAILS

Enter Finance Coding	101	0000	71110000012	Emp # (E-People)	n/a	Page 2A
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						
7-May-14	Transportation: Parking to attend PPEC mtg at Calgary Delta Airport Hotel	AB	Meeting	Yes								\$25.20 ✓		
8-May-14	Meal: Dinner Meeting for SCN Senior Medical Directors with pre-approval for \$400 rec'd from Dr Verna Yiu	AB	Meeting	Yes			D	\$356.30 ✓						
9-May-14	Transportation: Parking at UofC to speak on SCNs at Clara Christie Research Day	AB	Meeting	Yes								\$10.00 ✓		
12-May-14	Transportation: Taxi from Toronto-Pearson airport to Hotel to attend May 13th CAHSR conference to speak on SCNs - approved out-of-province pre-auth att'd	ON	Meeting	Yes							\$60.00 ✓			
12-May-14	Hotel: Overnight in Toronto to attend May 13th CAHSR conference to speak on SCNs - approved out-of-province pre-auth att'd	ON	Meeting	Yes						\$219.24 ✓				
13-May-14	Meals: Breakfast, Lunch, Dinner while in Toronto to present on SCNs at CAHSR Conference	ON	Meeting	Yes	A-\$41.55	\$41.55 ✓								
22-May-14	Transportation: Taxi from Home to Coronation Plaza to speak on SCNs at mtg	AB	Meeting	Yes							\$20.00 ✓			
22-May-14	Transportation: Taxi from Coronation Plaza to SSP	AB	Meeting	Yes							\$18.00 ✓			
SUBTOTALS							\$41.55		\$356.30		\$219.24	\$98.00	\$35.20	Total Kms

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)
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Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3	Mileage \$ _____ Travel \$ Subtotal \$750.29 Auto fills on page 1 - TOTAL TRAVEL \$ \$750.29
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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)

EXPENSE CLAIM DETAILS

If **NOT** claiming any expenses in **Sections C or D**, this page does **NOT** have to be submitted.

SECTION C: OTHER EXPENSES		Emp # (E-People)		n/a		Page 3			
<p>• Expenses to be claimed in this section include but are not limited to: <u>Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.</u></p> <p>→ If expenses are for <u>travel, gas, etc.,</u> go to Section B on pg 2.</p> <p>• ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</p> <p>***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>									
Date dd-mmm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page				
		Bal Unit	Location	Functional Centre	Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	
12-Apr-14	Registration fees to attend May 13th CAHSR Conference in Toronto to speak on SCNs - approved out-of-travel pre-auth att'cd	101	0000	71110000012	61540000	Yes	Conference	\$423.75	\$423.75 ✓

SECTION D: FOREIGN CURRENCY		ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement) If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.								
Please click on the following link for the Bank of Canada exchange rate using the date of expense		Bank of Canada Currency Converter		Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column						
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	Finance Coding			Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value

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)

Expenses Paid (Retain a copy for your records)

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization
- 3 of 3 -

EXPENSE CLAIM DETAILS

Enter Finance Coding

Emp # (E-People)

n/a

Page 2B

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'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 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?	Further Explanation is REQUIRED in the "Rationale is Required" section on this page										
				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						
23-May-14	Transportation: LRT to Edmonton Clinic to attend Exec Ed ALP Presentation	AB	Meeting	Yes								\$3.20 ✓		
23-May-14	Transportation: LRT from Edmonton Clinic to downtown	AB	Meeting	Yes								\$3.20 ✓		
4-Jun-14	Transportation: Taxi from Edmonton Airport to Home to attend various meetings Incl Research Network Fest	AB	Meeting	Yes							\$72.00 ✓			
6-Jun-14	Transportation: LRT from Home to Edmonton Clinic to attend Research Network Fest	AB	Meeting	Yes								\$3.20 ✓		
6-Jun-14	Transportation: LRT from Edmonton Clinic to Home	AB	Meeting	Yes								\$3.20 ✓		
10-Jun-14	Transportation: Drive Calgary-Lethbridge-Calgary to attend South Zone/SCN Synergy Session - 430km round-trip	AB	Meeting	Yes										430.00 ✓
11-Jun-14	Transportation: Taxi from Edmonton airport to Home to attend various meetings In Edmonlon for the duration of the week	AB	Meeting	Yes							\$72.00 ✓			
11-Jun-14	Transportation: Taxi from SSP to Marriott Hotel to speak on SCNs at Alberta Society of Radiologists' meeting	AB	Meeting	Yes							\$72.00 ✓			
SUBTOTALS											\$216.00	\$12.80		Total Kms 430.00

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 \$ 4217.15

Travel \$ Subtotal \$228.80

Auto fills on page 1 - TOTAL TRAVEL \$ \$445.95

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)

EXPENSE CLAIM DETAILS

Enter Finance Coding

Emp # (E-People)

n/a

Page 2C

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-mm-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" rational 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						
11-Jun-14	Transportation: Taxi from Marriott Hotel to WMC to attend CIS-ESC meeting	AB	Meeting	Yes							\$69.00 ✓			
11-Jun-14	Transportation: LRT from WMC to Home	AB	Meeting	Yes							\$3.20 ✓			
16-Jun-14	Transportation: Taxi from Home to Edmonton airport to travel to Calgary for various meetings	AB	Meeting	Yes							\$72.00 ✓			
16-Jun-14	Transportation: Parking at Calgary airport in lieu of taxi	AB	Meeting	Yes							\$62.48 ✓			
18-Jun-14	Transportation: Parking at Delta Calgary Airport Hotel while attending Cancer SCN Core Committee meeting	AB	Meeting	Yes							\$27.30 ✓			
19-Jun-14	Transportation: Taxi from Edmonton airport to Home to attend various meetings	AB	Meeting	Yes							\$72.00 ✓			
24-Jun-14	Transportation: Taxi from SSP to Exec Royal Inn in Leduc to attend Surgery SCN Core Committee mtg & return to SSP	AB	Meeting	Yes							\$144.00 ✓			
25-Jun-14	Transportation: Taxi from Home to Edmonton airport to travel to Calgary to attend meetings	AB	Meeting	Yes							\$72.00 ✓			
SUBTOTALS											\$69.00	\$452.98		Total Kms

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)

Mileage \$

Travel \$ Subtotal \$521.98

Auto fills on page 1 - TOTAL TRAVEL \$ \$521.98

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)

DR. NOSEWORTHY.

JUNE 11/2014.
HARRIOTT & UGA

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Id: 4502412509440

N: 0498
PURCHASE
Id: 114995

PROVED

DUNT

CAD\$69.00

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Time: 00:10:02

DR. NOSEWORTHY.

JUNE 11/2014.
SSP & HARRIOTT

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Id: 4502412509440

N: 0497
PURCHASE
Id: 114995

PROVED

DUNT

CAD\$72.00

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

2014/06/23 Time: 00:08:17

DR. NOSEWORTHY.

JUNE 11/2014.
EIA & RES

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Id: 4502412509440

N: 0496
PURCHASE
Id: 114995

PROVED

DUNT

CAD\$72.00

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

2014/06/23 Time: 00:06:34

CUSTOMER COPY***



DR. NOSEWORTHY.

JUNE 19/2014.
EIA & RES

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 4502412509440

Item #: 0500
VISA PURCHASE
Op Id: 114995

Card #: [REDACTED]

APPROVED

AMOUNT

CAD\$72.00

Ref. [REDACTED]
Auth. [REDACTED]

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2014/06/23 Time: 00:12:02

RECEIPT
GST NO. R122556194

Dr. Tom Noseworthy.

EXIT No. A2
IN: 06/18/14 09:49
OUT: 06/18/14 14:09
DURATION: 0 04: 20
PAID: \$ 27.30
(GST INCLUDED)
VISA

REF. [REDACTED] 6

THANK YOU FOR
YOUR VISIT

Attend Center SCN Core
Committee mtg. at Delta Calgary
Airport Hotel
Calgary International Airport Parkade

RECEIPT
GST NO. R122556194

Dr. Tom Noseworthy.

EXIT No. A1
IN: 06/12/14 20:03
OUT: 06/16/14 21:13
DURATION: 4 01: 10
PAID: \$ 124.95
(GST INCLUDED) ÷ 2
VISA

REF. [REDACTED] 43

THANK YOU FOR
YOUR VISIT

to be billed to AHS
in lieu of taxi

Calgary International Airport Parkade

DR. NOSEWORTHY.

JUNE 16/2014.
RES & EIA

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Id: 4502412509440

N: 0499
PURCHASE
Id: 114995

PROVED

DUNT

CAD\$72.00

Ref. [REDACTED]

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

2014/06/23 Time: 00:11:44

Use: AUTH [REDACTED]

CUSTOMER COPY***



Dr. Tom Noseworthy.
(Page 1 of 5)

Dr. Tom Noseworthy

May 8, 2014
SCN SMD Dinner mtg

**Redwater Rustic
Grille Stadium Plaza**

1935 Uxbridge Dr. NW

Calgary, Alberta

Tel: (403) 220-0222

Check #: 203040

Server: S-Nick

Date: 05/08/2014

Table: 25

Time: 20:48

Client: 10

1	Pop deduct	2.95
1	Crab Cakes bill	12.95
1	Bruschetta	8.95
3	Sorbet	15.00
1	D-Beef Burger	12.95
1	Add Cheese	0.00
	Add Cheddar	1.50
2	White chocolate Chee	16.00
1	D-Chicken Papardelle	18.95
1	Pan Seared Ahi Tuna	32.95
1	Stuffed Chicken	22.95
1	Carrot Cake	8.00
1	Prosciutto and Calab	13.95
1	Half Romaine	7.50
1	Creme Brulee	8.00
1	Lamb Shank	28.95
1	Seasonal Catch	24.95
1	Decaf Coffee	5.00
1	Cappucino	5.00
1	Latte	5.00
1	Espresso	3.00

SUB-TOTAL: 426.25

GST: 25.07

18% Gratuity: 76.73

TOTAL: 528.05

Join us every Tuesday
for premium wine selections \$528.05
\$20 TUESDAY - 171.75
www.redwatergrille.com

GST # 587684799

\$356.30

to be
reimbursed.

Dr. Tom Noseworthy

(page 2 of 5)

May 8, 2014

Senior Medical Directors

Dinner mtg

(approved working session
request form att'd)

Dr. Tom Noseworthy

REDWATER STADIUM

1935 UXBRIDGE DRIVE NW

CALGARY AB

CARD

CARD T

DATE

2014/05/08

TIME

0771 20:53:27

RECEIPT NUMBER

PURCHASE

TOTAL

\$528.05

May 8, 2014

N SMD

Dinner

mtg in

Calgary -

356.30 to

be reimbursed

APPROVED

AUTH#

01-027

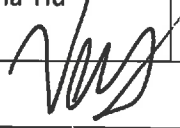
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS

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. Requests below \$1500 may be approved according to the Delegation of Authority for Financial Commitments table; requests in excess of \$1500 must be approved by the respective Executive Committee member before being submitted to the President & CEO.

Details of Working Session Request			
Describe the purpose of the working session Meeting is for SCN Senior Medical Directors to address leadership and strategic directions			
Name of Event Senior Medical Directors' Dinner meeting		Date of Request (yyyy-Mon-dd) 2014-04-13	
Event Lead (Name, Position, Department) Dr. Blair O'Neill, Senior Medical Director, CvHS SCN			
Location of Venue Red Water Grille, Calgary, AB		Event Date(s) 8-May-14	Number of Attendees 10
Guest Speaker(s)/Facilitators		Title/Role	Organization
Proposed Budget (requests over \$1500 MUST include an event agenda and be approved by the President & CEO)		Venue cost \$0.00	
		Speaker/facilitator fees Prior approval of the President & CEO is required for any speakers or facilitators that will be billing AHS for their services.	
		Meals 400.00	
		Non- Alcoholic Beverages	
		Other Specify nature of expense	
		GST (if applicable) \$0.00	
		Total planned event budget \$ \$400.00	
Authorization for events under \$1,500			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved	Name Dr Verna Yiu	Position Title VP, Quality & Chief Medical Officer	DOFA Level [Redacted]
	Signature 		Date Apr. 23/14
Authorization for events OVER \$1,500 (submit agenda with request)			
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	Signature of Executive Committee Member		Date
	Signature of President & CEO		Date
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved			



W: hilton.com

NOSEWORTHY, TOM

1/0
189.00

Rate Plan:
HH #
AL:
Car:

5/13/2014 Page: 1

(Page 3 of 5)

Dr. Tom Noseworthy

Speak on SCNs at
CAHSR Conference
on May 13, 2014,
Toronto, ON.

(approved
pre-audit
attached)



100-443887-100

CONRAD



FRENCH REPUBLIC



References

14-00000

HOME2

When General Locations

	5/12/2014	STAY TOTAL
ROOM AND TAX	\$219.24	\$219.24
DAILY TOTAL	\$219.24	\$219.24

Dr. Tom Noseworthy

AIRFLIGHT SERVICES
3300 STEELES AVE W SUITE
CONCORD, ON
4164451999

Term ID: 05672214

Purchase

Spent at
CAHSR
Conference
on May 13/14

Entry Method: C

Amount: \$	55.00
Tip: \$	5.00
Total: \$	<u>60.00</u>

001405/12
Seq #: 0014990010
16:56:25

Appr Code: [REDACTED]
Desp Code: [REDACTED]

SCOTTISBANK VISA
000000000031010
C3 C7 2C 5F AE 00 1E
00 00 00 00 00 00
00 00
39 9E 64 8D FD 83 D7 70

APPROVED
Thank You

Customer Copy

- IMPORTANT -

Retain this copy for your records

AC

Card Member Name / Nom Du Membre
NOSEWORTHY, TOM

Establishment No. & Location
#de l'établissement & Location

Establishment agrees to transmit to card holder for payment
L'établissement accepte de transmettre au détenteur de la carte pour le paiement.

CARD MEMBER'S SIGNATURE / SIGNATURE MEMBRE

DATE OF CHARGE
Date of Charge
5/13/2014

folia

Authorisation

initials	
initials	

Purchases & Services / Achats & Services

Taxes

Tips & Misc. / Pourboires & Divers

TOTAL AMOUNT
MONTANT TOTAL

-219.24

Payment Due Upon Receipt / Paiement dû à la réception
HST No. 833657646 RT0001

Out of Province Travel Approval

- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services
- Pre-Approval form MUST be attached to the actual expense claim

[Travel Policy](#)


Employee Information							
First Name		Last Name		Employee Number			
Tom		Noseworthy		n/a			
Phone Number		Reports To					
		Dr Verna Yiu & Dr Kathryn Todd					
Department		Office Location					
Strategic Clinical Networks							
Travel Details							
Purpose of Trip							
To present on SCNs at the CAHSPR Conference 2014							
Destination		From		To			
Toronto, ON		12-May-2014		13-May-2014			
Finance Coding / Accounting Distribution							
Corp/BU/Org		Location / Site		Functional Centre / Primary			
101		0000		71110000012			
Project Coding							
Project		Task		Expense Type		Expense Org	
Estimate of Expenses							
Category		Description				Amount	
Accommodation Charge						\$219.98	
Meals						\$40.00	
Registration						\$423.75	
Airfare						\$423.28	
Taxi/Rental Car/Fuel/Parking/Bus/LRT						\$120.00	
Other Expenses (please specify)							
		Currency <input checked="" type="checkbox"/> Cdn <input type="checkbox"/> USD <input type="checkbox"/> OTHER				\$1,227.01	
Total Estimated Travel Costs		*Bank of Canada Currency Converter		Exchange Rate		\$0.00 Cdn\$ \$1,227.01	
<small>*Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate</small>							
Approvals (Pre-approvals for all Out-of-Province Travel must be per DOFA table)							
Employee Signature		Date (dd-Mon-yyyy)		Phone Number			
Karen Ramkhalawan for Dr Tom Noseworthy		15/04/2014					
Approved by (Print Name)		Signature		Date (dd-Mon-yyyy)			
Dr Verna Yiu				15/Apr/2014			
Title		Position Number		DOFA Level			
VP, Quality & Chief Medical Officer		86042		2b			
Approved by (Print Name)		Signature		Date (dd-Mon-yyyy)		Phone Number	
Title		Position Number		DOFA Level			

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.


Karen Ramkhelawan


From: Hilton Hotels & Resorts Confirmed [hiltonhotels&resorts@res.hilton.com]
Sent: Saturday, April 12, 2014 12:50 PM
To: Karen Ramkhelawan
Subject: Hilton Hotels & Resorts Confirmation [REDACTED]





Hilton Toronto
145 Richmond Street West | Toronto | ON |
Canada M5H2L2
T: 1-416-869-3456 | F: 1-416-869-3187






Rooms & Suites | Dining | Amenities & Services | Map & Directions

Thank you for booking with us, Tom Noseworthy

Confirmation [REDACTED] **Modify Reservation**

Arrival: 12 May 2014 3:00 PM

Departure: 13 May 2014 12:00 PM



Rate Information:

Rate Type:
CDN ASSN HEALTH SERV

Rate per night: 189.00 CAD

Total for Stay per Room:

Rate189.00 CAD

Service Charge5.67 CAD

Taxes25.31 CAD

Total219.98 CAD

Total for Stay: 219.98 CAD

Includes estimated taxes and service charges. (Gratuities not included.)

Tax:


• 13.00% per room per night

Resort Charges:

• This hotel charges 3% for the Destination Marketing Program, which will be described as a "Service Charge" on your folio. Please note, this is not a gratuity and will not be paid to the hotel staff, but will be paid to the Greater Toronto Hotel Association to fund Tourism Toronto Marketing Programs

Additional Charges:

• Valet parking: 40.00/night Self parking: 61.00/night

Room Information:  **We are a smoke-free hotel!**

Rooms: 1

Clients: 1 Adult

Non-Smoking Confirmed

Room Type: 1 KING BED

Your room type preferences have been submitted with your reservation, and

1

Dr. Tom Noseworthy

are subject to hotel availability. (page 3c.)

Rate Rules and Cancellation Policy:

- Your reservation is guaranteed for late arrival.
- Please contact us should you need to cancel your reservation.
- Cancellations are required by 11:59 PM on 11 May 2014 local hotel time.
- Cancellation penalties may apply.



* Service of alcoholic beverages is subject to state and local laws. Must be of legal drinking age. Hilton Requests Upon Arrival™ items are subject to availability.

PLEASE DO NOT REPLY TO THIS EMAIL. MAIL SENT TO THIS EMAIL ADDRESS CANNOT BE ANSWERED.

If you use a debit/credit card to check in, a hold may be placed on your card account for the full anticipated amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such hold may not be released for 72 hours from the date of check-out or longer at the discretion of your card issuer.

If you need to MODIFY or CANCEL your reservation, [click here](#).

Any change to the arrival date, departure date or room type of this reservation is subject to the hotel's availability at the time the change is requested and may result in a possible rate change or an additional fee. For example, shortening or lengthening your reservation is subject to availability and may not be possible at a later date. For more information, please [click here](#) to see all the rules and restrictions applicable to this reservation.

If you have questions regarding your reservation, please contact Hilton Reservations and Customer Care at 1-800-HILTONS (445-8667), [click here](#), or email us at confirmationhelp@hiltonres.com.

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[View Our Privacy Statement](#)

[Create or Update a Profile](#)

Unsubscribe

Unsubscribing from all marketing email will prevent you from receiving your HHonors Monthly Statement. You can continue to check your account by [logging into your profile](#) or by calling 1-800-HHONORS. Outside the United States and Canada, please dial + 800 44 45 86 67 for assistance.

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Karen Ramkhelawan

From: Tom Noseworthy
Sent: Saturday, April 12, 2014 12:22 PM
To: Karen Ramkhelawan
Subject: FW: 2014 Annual CAHSPR Conference Registration Receipt

From: ePly Registrations [Registrations@ePLY.com] On Behalf Of CAHSPR/ACRSPS [info@cahspr.ca]
Sent: April 12, 2014 12:12 PM
To: Tom Noseworthy
Subject: 2014 Annual CAHSPR Conference Registration Receipt

INTERNET CREDIT CARD RECEIPT

Event Registration: 2014 CAHSPR Conference ENGLISH

Order Date: 4/12/2014
Order Number: [REDACTED]
Subtotal: \$375.00

HST: \$48.75
Order Total: \$423.75
Name on Card: Dr Thomas Noseworthy
Email Address: Tom.noseworthy@albertahealthservices.ca

MERCHANT INFORMATION

NOTE: ePly Services Inc. has been contracted to process credit card transactions for this registration.
Your credit card statement will show this transaction as "ePLY.com/cc 1-800-507-3759"

Merchant Name: ePly Services Inc.
Address: 224 - 145 East 15th St.
North Vancouver, BC V7L 2P7
Phone: 604-484-0585 / 1-800-507-3759
Email: info@ePLY.com

Karen Ramkhelawan

From: [REDACTED]
Sent: Monday, February 24, 2014 1:14 PM
To: Tom Noseworthy
Subject: Your CAHSPR 2014 Presenter Confirmation Submission

Dear Tom Noseworthy,

You submitted the following Presenter Confirmation details:

Presenter ID: [REDACTED]
Salutation: Dr
First Name: Tom
Last Name: Noseworthy
Title: Associate Chief Medical Officer
Organization: Alberta Health Services
City: Edmonton
Province: AB
Country: Canada
Telephone: [REDACTED]
Email Address: [REDACTED]
Alternate Email Address: [REDACTED]

Participating as Presenter: Yes
Presentation Type: Panel
Presentation Title: Driving Clinical Innovation in Alberta Health Services:
Strategic Clinical Networks

Main Presenter Name: Dr Tom Noseworthy
Main Presenter Title: Associate Chief Medical Officer
Main Presenter Organization: Alberta Health Services
Main Presenter Email: [REDACTED]

Co-Panelists:

Panelist Two Name: Ms Tracy Wasylak
Panelist Two Title: Vice-President Strategic Clinical Networks
Panelist Two Organization: Alberta Health Services
Panelist Two Email: [REDACTED]

Panelist Three: Dr Cy Frank
Panelist Three Title: CEO
Panelist Three Organization: Alberta Innovates - Health Solutions
Panelist Three Email: [REDACTED]

Include abstract on post-conference site: Yes

Agrees to Presenter Registration Policy: Confirmed

Dr. Tom Noseworthy
(page 3f)

Karen Ramkhelawan

From: [REDACTED]
Sent: Wednesday, February 19, 2014 4:50 PM
To: [REDACTED]
Cc: Karen Ramkhelawan; Sylvia Bolt
Subject: FW: 2014 CAHSPR Conference: Abstract Results Notifications

Hi T/C
We have scored a panel presentation. Congratulations.
Best regards Tom

From: [REDACTED]
Sent: [REDACTED]
To: Dr. Tom Noseworthy
Subject: 2014 CAHSPR Conference: Abstract Results Notifications

Good afternoon,

Thank you for submitting your abstract for the 2014 CAHSPR Conference being hosted in Toronto, Ontario in May. We had an overwhelming response to the call for abstracts this year!

We are pleased to inform you that your abstract entitled ***Driving Clinical Innovation in Alberta Health Services (AHS): Strategic Clinical Networks (SCNs)*** has been selected as a panel presentation for the concurrent program for the CAHSPR Conference. Your [REDACTED], please note this for your records. Details on the date, time and duration of your panel presentation will be confirmed shortly, as well as the breakdown of your presentation duration and time for Q&A.

In order to confirm that you will present your panel at the CAHSPR conference this year, please visit <http://forms.f2fe.com/cahspr/2014/presenter> to complete the online presenter confirmation form. Please complete this form **no later than Monday, February 24, 2014** to ensure that the program is developed in time for registration launch.

As noted in the Call for Abstract Guidelines, all presenters (including co-presenters) are required to register and pay for the conference registration fee and are responsible for covering all other related expenses related to attending the conference to give their presentation. If you will only be at the conference to present on the day of your presentation, then you must register at the one-day rate. Registration is scheduled to launch in early March 2014 – we will send out a communication to everyone who submitted an abstract once registration for the conference goes live. For more details about the conference, please visit <http://cahspr.ca>.

Warm regards,

Sheena

Sheena Levesque (Lovesey), Event Planner
On Behalf of Sally Cleford, Event Manager
Face 2 Face Events Management

Dr. Tom Nosworthy
(page 3 g)



Karen Ramkhelawan

From: Tiffany Aske [REDACTED]
Sent: Monday, April 14, 2014 1:20 PM
To: Karen Ramkhelawan
Cc: Kelly Van Camp; Judy Crawford
Subject: RE: Request for flt options to travel YYC-YYZ on Mon May 12th

Hi Ladies,

I'm sorry for the delay it has been a busy morning here. Here is the 9:15am and 10:15am options as Karen and I discussed a little while ago.

May 12:

AC 140	Calgary	Toronto YYZ	0915A	0259P	\$423.28
AC 110	Calgary	Toronto YYZ	1015A	0359P	\$423.28

This is for Air Canada's flex fare. For Dr. Noseworthy we can do an upgrade 5 days prior to departure. [REDACTED]

[REDACTED]

Thanks
Tiffany

-----Original Message-----

From: Karen Ramkhelawan [REDACTED]
Sent: Saturday, April 12, 2014 1:31 PM
To: Tiffany Aske
Cc: Kelly Van Camp; Judy Crawford
Subject: Request for flt options to travel YYC-YYZ on Mon May 12th

Hi Tiffany,

[REDACTED]

Dr. Tom Noseworthy
(page 3i)

Thanks so much & Best regards,

Karen Ramkhelawan
Alberta Health Services

Sent from my iPhone

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

Dr. Tom Noseworthy

(Page 4 of 5)

Written Attestation re: parking
at the Calgary Delta Airport Hotel:

I, Dr. Tom Noseworthy, incurred \$25.20
in expenses to park at the Calgary
Delta Airport Hotel on May 7, 2014
to attend a Provincial Practitioners'
Executive Committee meeting. I
misplaced the receipt and have not
previously claimed this expense.

Dr. Tom Noseworthy, Claimant

Dr. Verna Yiu, Approver

YELLOW CAB 780.462.3456

GST# _____ Dr. Tom Noseworthy

Date: May 22/14 Amount: 18.00

Driver: _____ Car#: 363

From: 11 AVE 14213 Taxi from

To: [Redacted] Pop. Public and Marginal Health mty. 8:55

10135-31 Avenue, Edmonton, AB T6N 1C2

ETS ADULT 2016 EXPIRY

Adult \$3.20

Dr. Tom Noseworthy Expires

May 23/14 09:43

SSP to Edmonton Clinic

TICKET MUST BE VALIDATED FOR USE ON LRT

INSERT THIS END INTO VALIDATOR

ETS ADULT 2016 EXPIRY

Adult \$3.20

Dr. Tom Noseworthy Expires

May 23/14 14:42

Edmonton Clinic to downtown

TICKET MUST BE VALIDATED FOR USE ON LRT

INSERT THIS END INTO VALIDATOR

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

Vehicle vacates stall or at 23:39

University Of Calgary/Art Parkade

No overnight parking ART-06

SPACE 1416

ENTRY TIME 09 MAY 14 07:44 AM

10 min Dr. Noseworthy

UC 0:5 Art talk on Sca

PRESTIGE CABS Dr. Tom Noseworthy 780.462.4444

GST# _____

Date: 220512 Aboriginal Amount: 20.00

Driver: _____ Health mty. Car#: _____

From: _____

To: _____

10135-31 Avenue, Edmonton, AB T6N 1C2

DR. NOSEWORTHY
JUNE 04 2014
8367289

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N 1C2
780-463-5000

Attend mty's in Edmonton incl. Regional Network

CHAMP 72.1

Fast, Private Care, etc.

book on line at EDMPRESTIGE.COM

ask you for being our guest

GST 862184769

***CUST: [Redacted]

(21)

DR. NOSEWORTHY

2 TRIPS

JUNE 24/2014

SSP > EXCEL ROYALINN

PRESTIGE TRANSPORTATION

18135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 4582412509440
Item #: 8518
VISA PURCHASE
Op Id: 114995
Card # [REDACTED]

Attend
Summary

APPROVED

Core Committee
mtg.

AMOUNT

CAD \$144.00

Ref.
Auth.

EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2014/06/27 Time: 06:32:36
Response: [REDACTED]

CUSTOMER COPY

(22)

DR. NOSEWORTHY

JUNE 25/2014

RES > EIA

PRESTIGE TRANSPORTATION

18135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 4582412509440
Item #: 8517
VISA PURCHASE
Op Id: 114995
Card # [REDACTED]

Attend
Vanars
mtgs in
Calgary

APPROVED

AMOUNT

CAD \$72.00

Ref.
Auth.

EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2014/06/27 Time: 06:30:41
Response: [REDACTED]

CUSTOMER COPY

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. hotel accommodation, airline tickets, car rental, hosting events and working sessions.
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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 ☒ No ☐

Name:

Reporting Period for the Month of: May & June 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
May & June 2014	Direct Billing	Transportation	Airfare to attend various meetings	Marlin Travel	\$1,047.40
May & June 2014	Direct Billing	Transportation	Taxi for transport	Airport Towne Car Service	\$316.95
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$1,364.35

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, T5J 3E4

Invoice Number:

Date:

Page:

Our Reference:

Your Reference:

INVOICE

For

DR THOMAS NOSEWORTHY

AC

Wednesday, June 4, 2014

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0

AIR CANADA E

Flight: 8160

08:30 PM

Equipment: D8 (300 SERIES)

09:21 PM

W CLASS

Mile(s) Flown: 153

*Fly from Calgary to Edmonton
to attend meetings in Edmonton
on June 5th & 6th incl: Primary Care mtg,
mtg w/ MPH Student, 1/2 day Research
Network Fest*

Cost:

10.00

175.00

37.48

Ticket Total:

212.48

Total:

Grand Total:

222.48

Less Credit Card Payments:

222.48

Credit / Balance Due To This Invoice:

0.00

Total Balance Due:

0.00

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

**Invoice Number:
Date:
Page:
Our Reference:
Your Reference:**

INVOICE

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

BRANCH: [REDACTED]
GST REG# 885101915

PHONE: [REDACTED]

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

YOUR REF : [REDACTED]
LOCATOR : [REDACTED]
OUR REF : [REDACTED]
AGENT : [REDACTED]

I N V O I C E

INV NO: [REDACTED]
DATE: [REDACTED]
PAGE: [REDACTED]

FOR: DR THOMAS NOSEWORTHY
[REDACTED]

I T I N E R A R Y

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
CALGARY	EDMONTON INTL	AIR CANADA	8164 W	GK 10JUN	7:30P	8:21P		
		D8 (300 SERIE						
		AIR CANADA E						

*** TOUR ***

BSP TASF DEPARTING FROM CALGARY ON 16DEC14 AT 12:00A
TO CALGARY RET16DEC14 AT 12:00A
1 PACKAGE TOUR
AIR CANADA CONFIRMATION LASV3A

C O S T

BSP TASF	TKT NO 954 0005 502702		10.00
AIR CANADA	TKT NO ACO 2134815492	(INCL 37.48 TAX)	212.48

*** SUB-TOTAL EXCLUDING GST/HST & APT

222.48

*** TOTAL CHARGES THIS INVOICE ***

PAYMENT BY [REDACTED]

TKT [REDACTED]

PAYMENT BY [REDACTED]

TKT [REDACTED]

*** BALANCE DUE THIS INVOICE ***

BALANCE DUE TO DATE

222.48
10.00
212.48
0.00
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.

CONTINUED ON NEXT PAGE

Fly from Calgary to Edmonton
to attend mtgs for the duration
of the week, incl: COEC, CIS-ESC,
Dame Sally Davies mtg, AACHT, etc

④ Flight changed
to morning of
June 11th see
att'd change
fee.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: [REDACTED]
GST REG# 885101915

PHONE: [REDACTED]

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

YOUR REF : [REDACTED]
LOCATOR : [REDACTED]
OUR REF : [REDACTED]
AGENT : [REDACTED]

I N V O I C E

INV NO: [REDACTED]
DATE: [REDACTED]
PAGE: [REDACTED]

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#: [REDACTED]
Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: [REDACTED]
Page: [REDACTED]
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For

DR THOMAS NOSEWORTHY
[REDACTED]

Tuesday, June 10, 2014

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0

AIR CANADA E

Flight: 8164 W CLASS
07:30 PM Equipment: D8 (300 SERIES)
08:21 PM

June 10th flt
changed to
June 11th

Wednesday, June 11, 2014

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0

AIR CANADA E

Flight: 8130 V CLASS
06:00 AM Equipment: D8 (300 SERIES)
06:51 AM

Mile(s) Flown: 153

Tuesday, December 16, 2014

 Tour

BSP TASF

From: CALGARY AB

To: CALGARY AB

12:00 AM PACKAGE TOUR

12:00 AM

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

Invoice Number:
Date:
Page:
Our Reference:
Your Reference:

INVOICE

Tuesday, December 16, 2014

Cost:

AIR CANADA WEB		9.00
AIR CANADA WEB		50.00

Total:

Grand Total:	59.00
Less Credit Card Payments:	59.00
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	222.48
Total Charges Previous Invoices:	222.48
Total Balance Due:	0.00

Change fee

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.

Dr. Noseworthy was
originally booked to
fly Calgary-Edmonton
on June 10th but
later changed the
flight to June 11th
instead.

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, T5J 3E4

Invoice Number:

Date:

Page:

Our Reference:

Your Reference:

INVOICE

For

DR THOMAS NOSEWORTHY

AC

Monday, June 16, 2014

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA

SEAT 2C

Flight: 8155

L CLASS

07:30 PM Equipment: D8 (300 SERIES)

08:22 PM

Mile(s) Flown: 153

Fly Edmonton-Calgary to attend various meetings on June 17th & 18th incl. Emergency SCN Core Committee mtg and Cancer SCN Core Committee mtg, etc.

Thursday, June 19, 2014

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0

AIR CANADA E

AIR CANADA

SEAT 2D

Flight: 8130

T CLASS

06:00 AM Equipment: D8 (300 SERIES)

06:51 AM

Mile(s) Flown: 153

Fly Calgary-Edmonton to attend mtgs incl. Vitamin D, Primary Care, AACIFI, etc.

Cost:

36.00

10.00

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

Invoice Number:
Date:
Page:
Our Reference:
Your Reference:

INVOICE

Cost:

AIR CANADA		220.00
		69.96
	Ticket Total:	289.96

Total:

Grand Total:	335.96
Less Credit Card Payments:	335.96
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
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

Invoice Number:

Date:

Page:

Our Reference:

Your Reference:

INVOICE

For

DR THOMAS NOSEWORTHY

Wednesday, June 25, 2014

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

*Fly from Edmonton to Calgary to
attend mtgs in Calgary on June 26th
and 27th incl. CMO Portfolio Update
mtg., HSPS mtg, SCRI mtg, etc.*

Flight: 8155

W CLASS

07:30 PM Equipment: D8 (300 SERIES)

08:22 PM

Mile(s) Flown: 153

Cost:

AIR CANADA

175.00

32.48

Ticket Total:

207.48

Total:

Grand Total:

207.48

Less Credit Card Payments:

~~207.48~~

Credit / Balance Due To This Invoice:

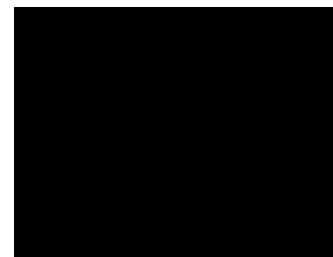
0.00

Total Balance Due:

0.00

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

Invoice Number:
Date:
Page:
Our Reference:
Your Reference:



INVOICE

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.

Payment Requisition

AHS - AP Processing - Internal Use Only
Naming Convention:
Voucher #
T4A/NR Applicable? - If yes, indicate line & amt

Please Note: Only 1 Invoice per Payment Requisition (Multiple Invoices = Multiple Payment Requisitions)

This Form should only be used for exceptions to Markview or if no invoice exists.

PAYEE INFORMATION (Check one only)		<input checked="" type="checkbox"/> Vendor	<input type="checkbox"/> Patient	<input type="checkbox"/> Other (example: Volunteer)
Invoice Date	23-Jun-14	Invoice Number	[REDACTED]	
Vendor Name	Airport Towne Car Service			
Address	37 Royal Oak Cove NW		City	Calgary
Province/State	AB	Postal Code	T3G 4X7	Country Canada
Are original attachments to be mailed with cheque? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Payment Details:		Non-Po Invoice <input type="checkbox"/>	Service PO Pmt <input type="checkbox"/>	No Invoice <input type="checkbox"/>
Reason for Expense &/or Business case:		Transport/cab for Dr Tom Noseworthy while in Calgary		

If claiming for meals/travel/accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" Rationale is Required Cells that are locked (complete calculations) are Aqua. Cells requiring selection from dropdown menu are shaded Orange							
FINANCE CODE/ACCOUNTING DISTRIBUTION (Departments must provide Complete Coding)				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 below			
Corp/BU/Org (If applicable) e.g. 101	Location (If applicable) e.g. 9000	Functional Centre/Primary e.g. 71135050044	Expense/Secondary Account e.g. 69500001	Cost Effective Method Used? Y/N	Expense Sub - Total	GST (If applicable)	Total
101	0000	71110000012	62310000	yes	\$237.71		\$237.71
Canadian <input type="checkbox"/>	US <input type="checkbox"/>	Other <input type="checkbox"/>	TOTAL PAYMENT		\$237.71		\$237.71

CAPITAL PROJECT CODING (If more space is needed for coding, please attach an additional sheet)							
Project	Task	Expense Type	Expense Org.	Cost Effective? Y/N	Expense Sub - Total	GST (If applicable)	Total
Canadian <input type="checkbox"/>	US <input type="checkbox"/>	Other <input type="checkbox"/>	TOTAL PAYMENT				

Rationale is Required for expenses that are not Cost Effective: (Supporting analysis and documentation must be attached to form)

AUTHORIZATION			
Requisitioned by (Print Name)	Position Title/Program Group	Date	Phone#
Karen Ramkhelawan	Exec Asst to ACMO, Strategic Clinical Networks	7-Jul-14	[REDACTED]
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			
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 the 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 Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Dr Verna Yiu	[Signature]	July 10/14	[REDACTED]
Title/Program Group	DEFA Level		
VP, Quality & Chief Medical Officer	[REDACTED]		

1) All employee reimbursements must be submitted on the Travel, Hospitality & Working Session Expense Claim form.
 2) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
 3) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.

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. For more information, questions or concern about the collection, use or disclosure of your health or personal information, please contact Mark Palka, Director Accounts Payable at 780-735-0506 or email: Mark.Palka@albertahealthservices.ca

1104316 ALBERTA LTD (Car Service)
37 Royal Oak Cove NW
Calgary AB T3G4X7

Safe & Reliable Car Service provider

Dr. Noseworthy CORPORATE
KAREN Ramkhelawan
EDMONTON AB

Invoice # [REDACTED]
Invoice Date June 23, 2014
Amount Due \$237.71 CAD

Item	Description	Unit Cost	Quantity	Line Total
Sedan Service	June 11 - Dr. Noseworthy [REDACTED] [REDACTED]	68.90	1	68.90
Sedan Service	June 19 - 4.30 am - Dr. Noseworth [REDACTED] [REDACTED]	68.90	1	68.90
Sedan Service	June 25 - 8.25 pm - [REDACTED] [REDACTED]	68.90	1	68.90

Subtotal 206.70
Gratuity 15% 31.01
Total 237.71
Amount Paid -0.00
Amount Due \$237.71 CAD

Karen Ramkhelawan

From: Karen Ramkhelawan
Sent: Sunday, June 29, 2014 7:59 AM
To: Sam
Subject: Re: Dr Noseworthy's June CORPORATE travel invoice

[REDACTED]

Thanks,

Karen Ramkhelawan
Alberta Health Services
[REDACTED]

Sent from my iPhone

> On Jun 26, 2014, at 9:26 PM, "Karen Ramkhelawan"
<Karen.Ramkhelawan@albertahealthservices.ca> wrote:

>

> Hi Sam,

>

> Can you please send me an invoice for Dr Noseworthy's corporate travel for the month of June, as I would like to process it for payment as soon as possible.

>

> According to my records, he had business transport on the following days: June 11th, June 19th, and June 25th (I had originally booked June 16th too, but I understand Dr N cancelled this with you directly).

>

> Many thanks,

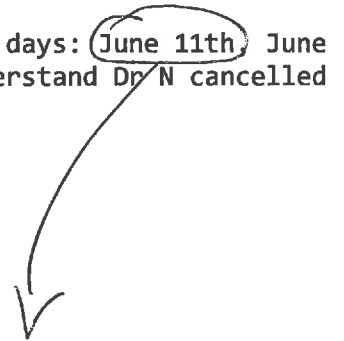
>

> Karen Ramkhelawan
> Alberta Health Services
> [REDACTED]

>

>

> Sent from my iPhone



Transport from Londo to
Calgary airport to fly
to attend to attend various
mtgs incl speak on SCNs at
A3 Society of Radiologists' mtg,
CoEC, CIS-ESC, etc.

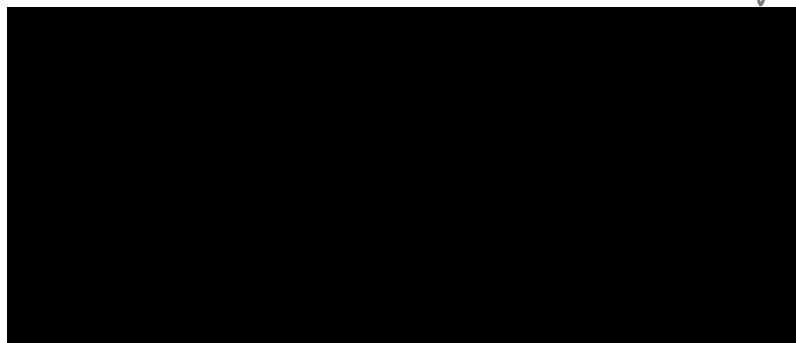
==>7
Tam cancelled
this with
Sam.

~~Monday, June 16th: pls pick him up from the airport at 8:25pm (arriving on A/C flight 8155) and take him home to his condo~~

Thursday, June 19th: pls pick him up from his condo at 4:30am and take him to the airport for his 6:00am A/C flight

Many thanks & please confirm.

Karen Ramkhelawan, Executive Assistant



Error! Filename not specified.

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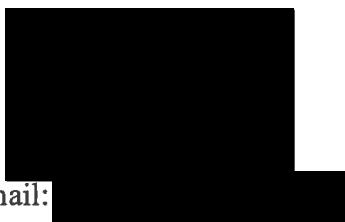
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--

Regards
Sam

P:
F:
T:

email:



June 19th
Transport from Condo to
Calgary airport to fly
to Edmonton to attend
Various mtgs incl AACHT,
Primary Care, Vitamin D,
etc.

Karen Ramkhelawan

From: Karen Ramkhelawan
Sent: Monday, June 16, 2014 4:28 PM
To: 'National Limo - Reservations 4035128751'
Subject: RE: Transport for Dr Tom Noseworthy - BUSINESS

Many thanks Sam.



From: National Limo - Reservations 4035128751 [<mailto:sam@nationallimo.ca>]
Sent: Saturday, May 31, 2014 7:18 PM
To: Karen Ramkhelawan
Cc: Kelly Van Camp
Subject: Re: Transport for Dr Tom Noseworthy - BUSINESS

Bookings confirmed.

IMPORTANT REMINDERS.

1) Please do not pay or tip Drivers
as gratuity will be covered in the final billing.

2) CANCELLATION POLICY

A minimum 3 hour notice is required after which cancellation charges apply

3) To avoid any miscommunication regarding pickup or drop off changes, please either call or email Sam directly at;

403-512-8751 or email sam@nationallimo.ca

Regards
Sam



On Saturday, May 31, 2014, Karen Ramkhelawan <Karen.Ramkhelawan@albertahealthservices.ca> wrote:
Hi Sam,

Can you please provide transport for Dr Noseworthy on the following days. Please note that this is business transport:

Karen Ramkhelawan

From: Karen Ramkhelawan
Sent: Tuesday, June 24, 2014 11:43 AM
To: 'Sam - National Limo'
Subject: RE: Transport for Dr Tom Noseworthy - Wed June 25th



From: Sam - National Limo [<mailto:sam@nationallimo.ca>]
Sent: Tuesday, June 24, 2014 11:37 AM
To: Karen Ramkhelawan
Subject: Re: Transport for Dr Tom Noseworthy - Wed June 25th

Booking confirmed.

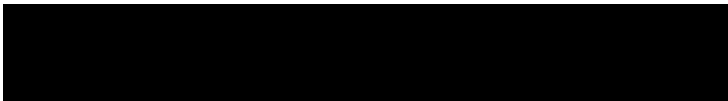
IMPORTANT REMINDERS.

1) Please do not pay or tip Drivers
as gratuity will be covered in the final billing.

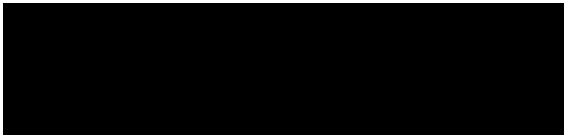
2) CANCELLATION POLICY

A minimum 3 hour notice is required after which cancellation charges apply

3) To avoid any miscommunication regarding pickup or drop off changes, please either call or email Sam directly at;



Regards
Sam



Sent from my iPhone

On Jun 24, 2014, at 11:34 AM, Karen Ramkhelawan <Karen.Ramkhelawan@albertahealthservices.ca> wrote:

Transport from Calgary airport
to condo to attend various mtgs.
in Calgary for the balance of
the week.

Hi Sam,

Can you please pick Dr Noseworthy up from the airport tomorrow/Wed at 8:25pm (arriving on Air Canada flight 8155) and take him home to his condo. *Note: this is business transport.*

Many thanks & please confirm,

Karen Ramkhelawan, Executive Assistant



<Picture (Device Independent Bitmap) 1.jpg>

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<Picture (Device Independent Bitmap) 1.jpg>

Payment Requisition

AHS - AP Processing - Internal Use Only
Naming Convention:
Voucher #
T4A/NR Applicable? - If yes, indicate line & amt

Please Note: Only 1 Invoice per Payment Requisition (Multiple Invoices = Multiple Payment Requisitions)
This Form should only be used for exceptions to Markview or if no invoice exists.

PAYEE INFORMATION (Check one only)		<input checked="" type="checkbox"/> Vendor	<input type="checkbox"/> Patient	<input type="checkbox"/> Other (example: Volunteer)
Invoice Date	14-May-14	Invoice Number		
Vendor Name	Airport Towne Car Service			
Address				
Province/State		City	Calgary	
		Country	Canada	
Are original attachments to be mailed with cheque? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Payment Details:	Non-Po Invoice <input type="checkbox"/>	Service PO Pmt <input type="checkbox"/>	No Invoice <input type="checkbox"/>	
Reason for Expense &/or Business case:	Transport/cab for Dr Tom Noseworthy while in Calgary			

If claiming for meals/travel/accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" Rationale is Required
Cells that are **locked** (complete calculations) are **Aqua**. Cells requiring selection from dropdown menu are shaded **Orange**

FINANCE CODE/ACCOUNTING DISTRIBUTION

(Departments must provide Complete Coding)

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 below

Corp/BU/Org (If applicable) e.g. 101	Location (If applicable) e.g. 9000	Functional Centre/Primary e.g. 71135050044	Expense/Secondary Account e.g. 69500000i	Cost Effective Method Used? Y/N	Expense Sub - Total	GST (If applicable)	Total
101	0000	71110000012	62310000	yes	\$79.24		\$79.24
Canadian <input type="checkbox"/>	US <input type="checkbox"/>	Other <input type="checkbox"/>	TOTAL PAYMENT		\$79.24		\$79.24

CAPITAL PROJECT CODING

(If more space is needed for coding, please attach an additional sheet)

Project	Task	Expense Type	Expense Org	Cost Effective? Y/N	Expense Sub - Total	GST (If applicable)	Total
Canadian <input type="checkbox"/>	US <input type="checkbox"/>	Other <input type="checkbox"/>	TOTAL PAYMENT				

Rationale is Required for expenses that are not Cost Effective: (Supporting analysis and documentation must be attached to form)

AUTHORIZATION

Requisitioned by (Print Name)	Position Title/Program Group	Date	Phone#
Karen Ramkhelawan	Exec Asst to ACMO, Strategic Clinical Networks		
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 the 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 Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Dr Verna Yiu			
Title/Program Group	DOFA Level		
VP, Quality & Chief Medical Officer			

- 1) All employee reimbursements must be submitted on the Travel, Hospitality & Working Session Expense Claim form.
- 2) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- 3) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.

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1104316 ALBERTA LTD (Car Service)
37 Royal Oak Cove NW
Calgary AB T3G4X7

Safe & Reliable Car Service provider

Dr. Noseworthy CORPORATE
KAREN Ramkhelawan
EDMONTON AB

Invoice # [REDACTED]
Invoice Date May 14, 2014
Amount Due **\$79.24 CAD**

Item	Description	Unit Cost	Quantity	Line Total
Sedan Service	[REDACTED]	68.90	1	68.90

Subtotal **68.90**
Gratuity 15% 10.34
Total **79.24**
Amount Paid -0.00
Amount Due **\$79.24 CAD**

Cab from Home to Calgary
airport to fly to Toronto
to speak on SCNs at
CAHSPR Conference on
May 13, 2014. (see att'd
approved travel pre-auth)

Karen Ramkhelawan

From: Karen Ramkhelawan
Sent: Friday, May 09, 2014 4:52 PM
To: [REDACTED]
Subject: RE: Transport for Dr Tom Noseworthy - Monday, May 12th

Thanks Sam.

Best Regards,
Karen

[REDACTED]

From: Sam - National Limo [REDACTED]
Sent: Friday, May 09, 2014 4:47 PM
To: Karen Ramkhelawan
Subject: Re: Transport for Dr Tom Noseworthy - Monday, May 12th

Bookings confirmed.

IMPORTANT REMINDERS.

1) Please do not pay or tip Drivers
as gratuity will be covered in the final billing.

2) CANCELLATION POLICY
A minimum 3 hour notice is required after which cancellation charges apply

3) To avoid any miscommunication regarding pickup or drop off changes, please either call or email
Sam directly at;

[REDACTED] or email [REDACTED]

Regards
Sam

[REDACTED]

Sent from my iPhone

On May 9, 2014, at 4:46 PM, Karen Ramkhelawan <Karen.Ramkhelawan@albertahealthservices.ca> wrote:

Hi Sam,

Can you please pick Dr Noseworthy up from his condo on **Monday, May 12th at 8:30am** and take him to the airport for his 10:15am Air Canada flight. *Note: this is business transport.*

Many thanks & please confirm.

Best Regards,

*Karen Ramkhelawan, Executive Assistant
Office of the Associate Chief Medical Officer
Strategic Clinical Networks
Alberta Health Services
Seventh Street Plaza, North Tower, 14th Floor*



<Picture (Device Independent Bitmap) 1.jpg>

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<Picture (Device Independent Bitmap) 1.jpg>

Out of Province Travel Approval

- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services [Travel Policy](#)
- Pre-Approval form MUST be attached to the actual expense claim

Employee Information							
First Name		Last Name		Employee Number			
Tom		Noseworthy		n/a			
Phone Number		Reports To		Dr Verna Yiu & Dr Kathryn Todd			
Department		Office Location		Strategic Clinical Networks			
Travel Details							
Purpose of Trip							
To present on SCNs at the CAHSPR Conference 2014							
Destination		From		To			
		12-May-2014		13-May-2014			
Finance Coding / Accounting Distribution							
Corp/BU/Org		Location / Site		Functional Centre / Primary			
101		0000		71110000012			
Project Coding							
Project		Task		Expense Type		Expense Org	
Estimate of Expenses							
Category		Description				Amount	
Accommodation Charge						\$219.98	
Meals						\$40.00	
Registration						\$423.75	
Airfare						\$423.28	
Taxi/Rental Car/Fuel/Parking/Bus/LRT						\$120.00	
Other Expenses (please specify)							
		Currency <input checked="" type="checkbox"/> CDN <input type="checkbox"/> USD <input type="checkbox"/> OTHER				\$1,227.01	
Total Estimated Travel Costs		*Bank of Canada Currency Converter		Exchange Rate		\$0.00	Cdn\$ \$1,227.01
<small>*Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate</small>							
Approvals (Pre-approvals for all Out-of-Province Travel must be per DOFA table) authorization table							
Employee Signature		Date (dd-Mon-yyyy)		Phone Number			
<i>Karen Ramkhalawan for Dr. Tom Noseworthy</i>		15/04/2014					
Approved by (Print Name)		Signature		Date (dd-Mon-yyyy)			
Dr Verna Yiu		<i>[Signature]</i>		15/Apr/2014			
Title		Position Number		DOFA Level			
VP, Quality & Chief Medical Officer		86042		2b			
Approved by (Print Name)		Signature		Date (dd-Mon-yyyy)		Phone Number	
Title		Position Number		DOFA Level			

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