

Official Administrator and Executive Expense Report

Name Dr. Vanessa Maclean
Title Zone Medical Director, South Zone
Location Lethbridge
 Expenses submitted during the month of Aug 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)
Aug-14	P-Card	Meetings			128	-	128			
Aug-14	Expense Claim	Meetings				474	474			
Total			\$ -	\$ -	\$ 128	\$ 474	\$ 602	\$ -	\$ -	\$ -

Total for the Month \$ 602

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 114
 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-14 To 30-Aug-14
 Travel Period from: 1-Aug-14 To 29-Aug-14 (if applicable)
 Out-of-Province Travel

Name: Dr. Vanessa Maclean Position (Title): Zone Medical Director
 Location: Chinook Regional Hospital Dept: Medical Affairs DOFA Level: [REDACTED] (if applicable) Union: _____ Business Phone #: [REDACTED] Ext: _____
 Employee # (E-People): [REDACTED]

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	0014	71110106046	\$473.76						\$473.76		
2B												
2C												
2D												
				\$473.76							Less Cash Advance	
											TOTAL CLAIM	\$473.76

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 and Working Session Expenses Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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: Aug 21/14

I attest that I have read and understand the "Travel, Hospitality and Working Session Expenses Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 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 claim form with receipts should be sent by the approver directly to Accounts Payable for processing.*

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level [REDACTED] Position # [REDACTED] Phone # [REDACTED] Ext [REDACTED]
 Signature: [Signature] Title: SVP & CMO VP Quality + CMO Date: Aug 26/14

I attest that I have read and understand the "Travel, Hospitality and Working Session Expenses Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 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.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0014 71110106046 Emp # (E-People) [REDACTED] 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 = Int'l)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

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?	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											
				Cost Effective Method Used? Y/N	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							
6-Aug-14	Medicine Hat - Return - Zone Medical Director Weekly Site Visit	AB	Meeting	Yes											336.00 ✓
19-Aug-14	Medicine Hat - Return - Zone Medical Director Weekly Site Visit	AB	Meeting	Yes											336.00 ✓
26-Aug-14	Medicine Hat - Return - ZMD Weekly Site Visit	AB	Meeting	Yes											336.00 ✓
SUBTOTALS														Total Kms	1008.00

<p align="center">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</p>	<p align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)</p> <p align="right">Mileage \$ \$0.470 ✓</p>
<p align="center">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>	
<p align="right">Mileage \$ \$473.76</p> <p align="right">Travel \$ Subtotal</p> <p align="right">Auto fills on page 1 - TOTAL TRAVEL \$ \$473.76</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)

09704 pos(Rev2013-05)



Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

MACLEAN, VANESSA Cardholder's Name	SOUTH ZONE MEDICAL Cardholder's Position/Title	Billing Reporting Period:	20/08/2014
MEDICAL AFFAIRS Cardholder's Dept	CHINOOK REGIONAL HOSPITAL Cardholder's Site/Location	Total Statement Amount:	\$127.68
VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	[REDACTED]

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
06/08/2014	860485522	MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS	127.68	CAD	127.68	.00	.00	ZMD Accomodation - Weekly Site Visit



Signatures

Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

[Handwritten Signature]
Name of Cardholder Designate
[Handwritten Signature]
Signature of Cardholder Designate

[Handwritten Signature]
Executive Coordinator
Cardholder Designate Position/Title
[Handwritten Signature]
20-Aug-2014
Date of Signature

Cardholder

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

MACLEAN, VANESSA
Name of Cardholder
[Handwritten Signature]
Signature of Cardholder

SOUTH ZONE MEDICAL
Cardholder Position/Title
[Handwritten Signature]
20-Aug-2014
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Name of Approver Designate

Signature of Approver Designate

Approver Designate Position/Title

Date of Signature

Approver

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

[Handwritten Signature]
Dr. Verna Nici
Name of Approver
[Handwritten Signature]
Signature of Approver

[Handwritten Signature]
VP Quality + CMO
Approver Position/Title
[Handwritten Signature]
Aug 26 / 14
Date of Signature

Submit approved statement with attachments to Accounts Payable

Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:
 - Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter
 - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T6J 3E4

Accounts Payable Only

Reference #: _____ Reviewed by: _____ Date: _____



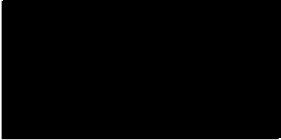
Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

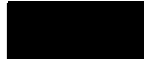
ZMD Weekly site visit

1051 Ross Glen Drive S.E., Medicine Hat, Alberta T1B 3T8

Dr. Vanessa MacLean



Page #



Res. #

Checked in

Wed Aug 6/14 - 8:09pm

Checked out

Thu Aug 7/14 - 7:06am

Nights

1

Room Rate

114.00

Room



Date	Description	Reference	Charges	Credits
Aug06	GOVERNMENT RATE		114.00	
Aug06	GST		5.70	
Aug06	Room Tax		4.56	
Aug06	Destination Marketing Fee		3.42	
Aug07				127.68
			0.00	127.68

Thank you for staying with us. Please come again!
Call 1 (800) 661-8095 to make your next reservation with us.

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST	5.70
Room Tax	4.56

Phone: (403) 529-2222 Admin Fax: (403) 528-4075 Front Desk Fax: (403) 529-1538 Toll Free: 1-800-661-8095

www.medhatlodge.com



STAGEWEST *hospitality*
SINCE 1944

