

## Official Administrator and Executive Expense Report

**Name** Dr. Vanessa Maclean  
**Title** Zone Medical Director, South Zone  
**Location** Lethbridge

Expenses submitted during the month of January 2015

### Travel (1)

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-15	Expense Claim	Meetings				982	982			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 982	\$ 982	\$ -	\$ -	\$ -

**Total for the Month** \$ 982

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)			
<ul style="list-style-type: none"> <li>• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system</li> <li>• Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system</li> <li>• If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)</li> </ul>		Expense Date From: 1-Jan-15 To 31-Jan-15 Travel Period from: 5-Jan-15 To 30-Jan-15 (if applicable) Out-of-Province Travel	
Name: Dr. Vanessa Maclean		Position (Title): Zone Medical Director	
Location: [REDACTED]	Dept: Medical Affairs	DOFA Level: [REDACTED] (if applicable)	Union: [REDACTED] Business Phone #: [REDACTED]
Employee: [REDACTED]			

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		
2A	101	0014	71110108046	\$981.72						Total Section B	\$981.72
2B										Total Section C&D	
2C										Less Cash Advance	
2D										<b>TOTAL CLAIM</b>	<b>\$981.72</b>
				<b>\$981.72</b>	**User to enter Coding & \$ Amounts						
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					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 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. 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. <span style="float: right;"><u>Travel, Hospitality and Working Session Expenses Policy - Document# 1122</u></span>									
I, by signing this form, attest that I am compliant to all the above statements					Date: Jan 22/15				
Employee Signature: <u>[Signature]</u>									
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. 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. <span style="float: right;">Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.</span>									
Approved By (PRINT ONLY): Dr. Verna Yiu					DOFA Level: [REDACTED]		Position #: [REDACTED]		Phone: [REDACTED]
I, by signing this form, attest that I am compliant to all the above statements					Date: Jan 29/15				
Signature: <u>[Signature]</u>					Title: VP Quality and Chief Medical Officer				
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. 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: _____
I, by signing this form, attest that I am compliant to all the above statements					Date: _____				
Signature: _____					Title: _____				

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) XXXXXXXXXX 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 multiple FC's are incurred on 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? 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							
5-Jan-15	Medicine Hat - Return - ZMD Weekly Site Visit	AB	Meeting	Yes										336.00	✓
8-Jan-15	Medicine Hat - return - ZMD Site Visit	AB	Meeting	Yes										336.00	✓
12-Jan-15	Cardston - Return - Physician Meeting	AB	Meeting	Yes										158.00	✓
20-Jan-15	Medicine Hat - ZMD Weekly Site Visit	AB	Meeting	Yes										168.00	✓
21-Jan-15	Medicine Hat - to Calgary -PCN Meeting- return to Lethbridge	AB	Meeting	Yes										514.00	✓
26-Jan-15	Medicine Hat - HAC to Brooks - Physician Meeting return to Lethbridge	AB	Meeting	Yes										432.00	✓
<b>SUBTOTALS</b>													Total Kms	1844.00	

**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 \$ \$981.72

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

Travel \$ Subtotal

Auto fills on page 1 - TOTAL TRAVEL \$ \$981.72 ✓

**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)

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