

Official Administrator and Executive Expense Report

Name Dr. Vanessa Maclean
Title Zone Medical Director, South Zone
Location Lethbridge
 Expenses submitted during the month of February 2015

| | | Travel (1) | | | | | | | | |
|--------------|-----------------|------------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| Month-Year | Source Document | Purpose | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
| Feb-15 | P-Card | Meetings | 317 | | 377 | 27 | 721 | | | |
| Feb-15 | Expense Claim | Meetings | | | | 904 | 904 | | | |
| Total | | | \$ 317 | \$ - | \$ 377 | \$ 931 | \$ 1,625 | \$ - | \$ - | \$ - |

Total for the Month \$ 1,625

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

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: 20/02/2015 |
| MEDICAL AFFAIRS Cardholder's Dept | CHINOOK REGIONAL HOSPITAL Cardholder's Site/Location | Total Statement Amount: \$721.42 |
| VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address | | Last 6 digits of the P-Card #: [REDACTED] |

| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
|------------------|-----------|--|-----------------------|----------|--------------|------|---------|---------------------------------------|
| ① 21/01/2015 | 377808742 | MEDICINE HAT LODGE, BEST WESTERN HOTELS | 127.68 | CAD | 127.68 | 6.08 | | Accom ZMD Weekly Site Visit ✓ |
| ② 27/01/2015 | 378469977 | AHS RAH SE PARKADE, HEALTH PRACTITIONERS, MEDICAL SERVICES | 14.25 | CAD | 14.25 | .68 | | Parking - Sr. Leadership Mig ✓ |
| ③ 04/02/2015 | 379485227 | MEDICINE HAT LODGE, BEST WESTERN HOTELS | 122.08 | CAD | 122.08 | 5.81 | | ZMD Weekly Site Visit ✓ |
| ④ 08/02/2015 | 379486228 | AHS SPT PARKING PND, AUTOMOBILE PARKING LOTS AND GARAGES | 13.28 | CAD | 13.25 | .63 | | Parking - Zone Ldrshp/Ops ✓ |
| ⑤ 18/02/2015 | 380955708 | MEDICINE HAT LODGE, BEST WESTERN HOTELS | 127.68 | CAD | 127.68 | 6.08 | | Accom - ZMD Weekly Site Visit ✓ |
| ⑥ 18/02/2015 | 380955707 | AIR CAN [REDACTED] AIR CANADA | 316.48 | CAD | 316.48 | .00 | | ZMD Return Flight - PCN Leads Forum ✓ |

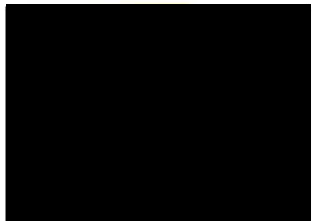
| | |
|--|--|
| <p>Cardholder Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. <p><u>Indi Tanayase</u> Name of Cardholder Designate</p> <p><u>Executive Coordinator</u> Cardholder Designate Position/Title</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p> <p><u>23/2/15</u> Date of Signature</p> | |
| <p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> 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. <p><u>MACLEAN, VANESSA</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p> <p><u>SOUTH ZONE MEDICAL</u> Cardholder Position/Title</p> <p><u>20/26/15</u> Date of Signature</p> | |
| <p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> 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. <p>_____ Name of Approver Designate</p> <p>_____ Approver Designate Position/Title</p> <p>_____ Signature of Approver Designate</p> <p>_____ Date of Signature</p> | |
| <p>Approver By signing this statement</p> <ul style="list-style-type: none"> 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. <p><u>Dr. Verna Lyle</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p> <p><u>VP Quality + CMO</u> Approver Position/Title</p> <p><u>Feb 27/15</u> Date of Signature</p> | |
| <p>Attach:</p> <ul style="list-style-type: none"> 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) <p>And where applicable:</p> <ul style="list-style-type: none"> 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. | <p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p> |
| <p>Reference #: _____ Reviewed by: _____ Date: _____</p> | |

ZMD Weekly Site Visit

Jodi Tamayose

From: Medicine Hat Lodge <frontdesk@medhatlodge.com>
Sent: February 23, 2015 9:32 AM
To: Jodi Tamayose
Subject: \Guest Account Inquiry

Dr. Vanessa MacLean



Page # [Redacted]

Res. # [Redacted]

Checked in Tue Jan 20/15 - 8:21pm

Checked out Wed Jan 21/15 - 9:52am

Nights 1

Room Rate 114.00

Room [Redacted]

| Date | Description | Reference | Charges | Credits |
|-------|---------------------------|-----------|---------|---------|
| Jan20 | GOVERNMENT RATE | | 114.00 | |
| Jan20 | GST | | 5.70 | |
| Jan20 | Room Tax | | 4.56 | |
| Jan20 | Destination Marketing Fee | | 3.42 | |
| Jan21 | PAID BY MASTERCARD | | | 127.68 |
| | | 0.00 | 127.68 | 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 |

Parking SR Leads

AHS RAH SE PARKADE
10240 KINGSWAY AVE T5K0L4
EDMONTON AB
20733360

|||| PURCHASE |||||

01-27-2015
Acct # [REDACTED]
Exp Date [REDACTED]
Name: VANESSA MACLEAN
A0000000041010 MasterCard

Trace [REDACTED]
Auth # [REDACTED] 001266008

Total \$14.25

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

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

ZMD Weekly site visit

Dr. Vanessa MacLean



Page #

Res. #

Checked in

Checked out

Nights

Room Rate

Room



Tue Feb 3/15 - 8:00pm

Wed Feb 4/15 - 8:46am

1

109.00



| Date | Description | Reference | Charges | Credits |
|-------|---------------------------|-----------|---------|---------|
| Feb03 | GOVERNMENT RATE | | 109.00 | |
| Feb03 | GST | | 5.45 | |
| Feb03 | Room Tax | | 4.36 | |
| Feb03 | Destination Marketing Fee | | 3.27 | |
| Feb04 | PAID BY MASTERCARD | | | 122.08 |
| | | | 0.00 | 122.08 |

Alberta Health Services



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 | 5.45 |
| Room Tax | 4.36 |

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



PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

*Zone membership 98
WS*

ALBERTA HEALTH SERVICES

SPT-1 GST R124072513

EXPIRES

06 FEB 15

12:49 PM PAID \$ 13.25C

ENTRY TIME 05 FEB 15 12:49 PM

SPACE 7

EXPIRES

06 FEB 15
12:49 PM

PAID
\$ 13.25C

RECEIPT
SPACE 7

SUR LE TABLEAU DE BORD
CE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DE BORD
CE CÔTÉ VISIBLE

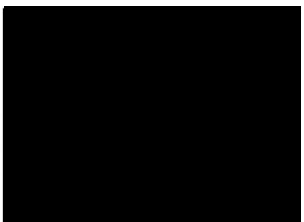
PLACER SUR LE TABLEAU DE BORD
CE CÔTÉ VISIBLE

ZMD Weekly Site
Visit

Jodi Tamayose

From: Medicine Hat Lodge <frontdesk@medhatlodge.com>
Sent: February 23, 2015 9:35 AM
To: Jodi Tamayose
Subject: \Guest Account Inquiry

Vanessa MacLean



Page # [Redacted]
Res. # [Redacted]
Checked in Tue Feb 17/15 - 8:10pm
Checked out Wed Feb 18/15 - 8:43am
Nights 1
Room Rate 109.00
Room [Redacted]

| Date | Description | Reference | Charges | Credits |
|-------|---------------------------|-----------|---------|---------|
| Feb17 | GOVERNMENT RATE | | 114.00 | |
| Feb17 | GST | | 5.70 | |
| Feb17 | Room Tax | | 4.56 | |
| Feb17 | Destination Marketing Fee | | 3.42 | |
| Feb18 | PAID BY MASTERCARD | | | 127.68 |
| | | 0.00 | 127.68 | 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 |

ZMD Travel - return flight
Pen Leads Forum

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: February 18, 2015
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR VANESSA MACLEAN

Saturday, March 7, 2015

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 07Mar15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 8C

Flight: 8149 U CLASS
03:00 PM Equipment: DH4
03:53 PM

Mile(s) Flown: 153

✈ Air

AIR CANADA
From: CALGARY AB
To: LETHBRIDGE
Stops: 0 Arrival: 07Mar15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 7A

Flight: 7219 U CLASS
06:10 PM Equipment: BEH
06:55 PM

Mile(s) Flown: 116

Cost:
AIR CANADA WEB [REDACTED]

[REDACTED] 279.00
Tax: 37.48
Ticket Total: 316.48

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

Invoice Number: [REDACTED]
Date: February 18, 2015
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

| | |
|--|--------|
| Grand Total: | 316.48 |
| Less Credit Card Payments: | 316.48 |
| 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.





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-Feb-15 To 28-Feb-15
 Travel Period from: 2-Feb-15 To 27-Feb-15 (if applicable)
 Out-of-Province Travel

Name: Dr. Vanessa Maclean Position (Title): Zone Medical Director
 Location: Dept: DOFA Level: (if applicable) Union: Business Phone:

Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number Expenditure Organization Project Task Number Expenditure Type

| Total - Section B: Travel - Pg 2 | | | | | Total - Section C&D: Other & Foreign Expenses - Pg 3 | | | | | TOTAL REIMBURSEMENT | | |
|----------------------------------|----------|----------|------------------------|---------------|--|----------|------------------------|--------------------|---------------|---------------------|--------------------|----------|
| Pg | Bal Unit | Location | Functional Centre (FC) | Total Expense | Bal Unit | Location | Functional Centre (FC) | Secondary/ Expense | Total Expense | Total Section B | Total Section C&D | |
| 2A | 101 | 0014 | 71110106048 | \$903.95 | | | | | | \$903.95 | | |
| 2B | | | | | | | | | | | | |
| 2C | | | | | | | | | | | | |
| 2D | | | | | | | | | | | | |
| | | | | \$903.95 | | | | | | | TOTAL CLAIM | \$903.95 |

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 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.

Travel, Hospitality and Working Session Expenses Policy - Document# 1122

1, by signing this form, attest that I am compliant to all the above statements.

Employee Signature: [Signature] Date: Feb 26/15

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 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: Position #: Phone #: Ext:

1, by signing this form, attest that I am compliant to all the above statements.

Signature: [Signature] Title: VP Quality and Chief Medical Officer Date: Feb 27/15

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:

1, by signing this form, attest that I am compliant to all the above statements.

Signature: Title: Date:

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

EXPENSE CLAIM DETAILS

| | | | |
|-----------------------------|----------------------|-------------------------|--|
| Enter Finance Coding | 101 0014 71110106046 | Emp # (E-People) | |
|-----------------------------|----------------------|-------------------------|--|

*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 = Intert)
 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? | 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 | | | | | | | |
| 3-Feb-15 | Medicine Hat - Return - ZMD Weekly Site Visit | AB | Meeting | Yes | | | | | | | | | | 336.00 | ✓ |
| 5-Feb-15 | Calgary Return - Zone Operations/Medical Leadership Mtg | AB | Meeting | Yes | | | | | | | | | | 446.00 | ✓ |
| 11-Feb-15 | Medicine Hat - Return - ZMD Weekly Site Visit | AB | Meeting | Yes | | | | | | | | | | 336.00 | ✓ |
| 17-Feb-15 | Medicine Hat - Return - ZMD Weekly Site Visit | AB | Meeting | Yes | | | | | | | | | | 336.00 | ✓ |
| 24-Feb-15 | Medicine Hat - Return - ZMD Weekly Site Visit | AB | Meeting | Yes | | | | | | | | | | 336.00 | ✓ |
| SUBTOTALS | | | | | | | | | | | | | Total Kms | 1790.00 | |

| | |
|---|---|
| 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) |
| | Mileage \$ 903.95 |
| Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3 | |
| | Auto fills on page 1 - TOTAL TRAVEL \$ 903.95 |

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)

097D4 pos (Rev2013-05)