

## **Official Administrator and Executive Expense Report**

NameDr. Vanessa MacleanTitleZone Medical Director, South ZoneLocationLethbridgeExpenses submitted during the month of February 2015

					Т	ravel (1)								
Source Month-Year Document Pu	rpose	Airfa	re	Meals	Ассо	ommodation	other ravel	ſotal ravel	Deve	essional lopment (2)	Se Host	orking ssions ing and pitality (3)	0	ther (4)
Feb-15 P-Card Meetings Feb-15 Expense Claim Meetings			317			377	27 904	721 904						
Total	-	\$	317	\$	- \$	377	\$ 931	\$ 1,625	\$	-	\$	-	\$	-
Total for the Month \$ 1,625														
Maximum daily single meal expense claime	d in the month	\$	-											

Maximum daily single mean expense claimed in the month	Ψ	-
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



## P-Card details Online ® Cardholder Statement Report

	VANESSA	SOUTH ZONE ME	DICAL				
Cardholder	s Name	Cardholder's Positi	xn/Title	Billin	g Reporting Perl	od:	20/02/2016
MEDICALA	FFAIRS	CHINOOK REGION	IAL HOSPITAL				
Cardholder	s Dept	Cardhoider's Site/L	ocation	Total	Statement Amo	mt:	\$721.42
		ALBERTAHEALTHSERVICES.CA					
Cardholder	s e-mail add	Iress		Last	6 digits of the P-	Card #:	
Distance in the						-	
	لاية والمركز مستقدمة	un de la recorda de la composición de l				i i a	A start to be a start
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	FreighDescription
21/01/2015	377906742	MEDICINE HAT LODGE, BEST WESTERN HOTELS	127.66	CAD	127.68	6,08	Accom ZMD Weakly Site Visit
27/01/2015	378459977	AHS RAH SE PARKADE, HEALTH PRACTITIONERS, MEDICAL SERVICES	14.25	CAD	14.25	.68	Panding - Sr. Laadenship Mtg
04/02/2015	379486227	MEDICINE HAT LODGE, BEST WESTERN HOTELS	122.08	CAD	122.08	5,81	ZMD Weekly Site Visit
06/02/2016	379486228	AHS SPT FARKING PND, AUTOMOBILE PARKING LOTS AND GARAGES	13.25	CAD	13.25	£3.	Parking - Zona Ldrship/Ops
	1		127.68	ČAD	127.68	6.06	Accom - ZMD Weekly Site Visit

RUN DATE: 02/23/2015

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PAGE NO: 1

		P-Card
Alberta Health		details Online ®
Services	Card	holder Statement Report
Cardholder Designate (if Applicable)		and the second
By signing this statement	ciled this statement in BMO Online to the best of my ability i	a smoothance to AHS Comprete Pollotes
Program User Guide and Training. I have allow	cated the transaction(s) to the proper cost centre.	
Dal Tamayose	Evil Licture Copro Cardholder Designate Position/Title	linator
Signal of Cardholde Designate	23/2/15 Date of Signature	
Cardholder		
expenses being claimed are in compliance with I attest the expenses enclosed in this claim and	ravel, Hospitality and Working Session Expense Policy (112) h such policy. e for valid business purposes for Alberta Health Services and eaith Services or any other Organization. A personal cheque	d that this claim has not been previously
charged is attached.		
provided.	ave been incurred by using a cost effective method, otherwi	eo (อาราวสาย สามา อาการกาณี อาสาวอาสาช
MACLEAN, VANESSA	SOUTH ZONE MEDICAL	-
me	7.1.26 115	
Signature of Cardholder	Date of Signature	-
<ul> <li>expenses being claimed are in compliance with</li> <li>I attest the expenses enclosed in this claim and claimed by the claimant or on their behalf from charged have been obtained.</li> </ul>	ravel, Hoapitality and Working Session Expense Policy (112) h such policy. tor valid business purposes for Alberta Health Services and Alberta Health Services or any other Organization. A person ave been incurred by using a cost effective method, otherwi	i that this cisim has not been previously nai cheque for personal expenses insciventently
Name of Approver Designate	Approver Designate Position/Title	-
Signature of Approver Designate	Date of Signature	
Approver By signing this statement		
	avel, Hospitality and Working Session Expanse Policy (112) n such policy.	2)" of Alberta Health Services and confirm
claimed by the claimant or on their behalf from	r for valid business purposes for Alberta Health Services and Alborta Health Services or any other Organization. A person ave been incurred by using a cost effective method, otherwi	nal cheque for personal expenses inadvortency
provided. Dr. Verna / Vie Neme of American / Vie A	VP Quality +	CHO
What -	Feb 27/15	
Signature of Approver	Date of Signature	-
The second second second	ng transfer and the second	
Attach:		Address:
<ul> <li>Original (or scanned) itemized receipts with docu where required</li> </ul>	mented business reasons including names of participants	Alberta Health Services Accounts Payable
And where applicable:	of electronic signatures if signatures are not on report)	7th Street Flaza 10th Floor, North Tower, 10030-107 Street
<ul> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Heatth Serv</li> <li>Return, refund and/or credit receipta</li> </ul>	1085"	Edmonton, AB T5J 3E4
<ul> <li>Disputes letter</li> <li>Business reasons for travel require detailed desc</li> </ul>	riptions – include where travelled to, who attended (if	
meal), why travel was necessary and detailed exp	Mariandi ol Lonadur	
Reference #:	Reviewed by:	Date:
		here and the second

RUN DATE: 02/23/2015

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ZMD WEEKLY SU

# Jodi Tamayose

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

Dr.Vanessa MacLean



Page #	
Res. #	
Checked in	Tue Jan 20/15 - 8:21pm
Checked out	Wed Jan 21/15 - 9:52am
Nights	1
Room Rate	114.00
Room	

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 SRLeadusly AHS RAH SE PARKADE 10240 KINGSWAY AVE T5KOL4 EDMONTON AB 20733360 \*\*\*\* PURCHASE 01-27-20 Acct # Exp Date Name: VANESSA MACLEAN A0000000041010 MasterCard Trace Auth 001266008 Total \$14.25 ( 00 ) APPROVED-THANK YOU Retain this copy for your records Customer copy

ή RESORT CASINO CONVENTION CENTRE HEALTH SPA & INDOOR WATERSLIDE PARK

ZMD Weekly site visit

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

		Res. # Checked in Checked out Nights Room Rate Room		3/15 - 8:00pm 4/15 - 8:46am	
Date Feb03 Feb03 Feb03 Feb03	Description GOVERNMENT RATE GST Room Tax Destination Marketing Fee	Reference		Charges 109.00 5.45 4.36 3.27	Credits
Feb04	PAID BY MASTERCARD				122.08
			0.00	122.08	122.08

Page #

Alberta Health Services

**Dr.Vanessa MacLean** 

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
2	
· · ·	
No. 19	

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







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ZMD WEEKLY Sole VISIT

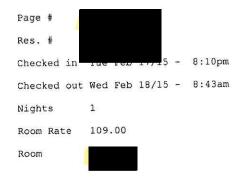
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## Jodi Tamayose

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

Vanessa MacLean





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	
Febl8	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

2

ZMDTravel- returnflight PCN Leads Forum

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 CA T5J 3E4

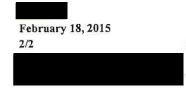
Date:	February 18, 2015
Page:	1/2
Our Reference:	
Your Reference:	

INVOICE

DR VANESSA MACLEAN	n na standin in standin in sa	
Saturday, March 7, 2015 ݼ Air		
AIR CANADA From: EDMONTON INTL AB To: CALGARY AB Stops: 0 Arrival: 07Mar15 AIR CANADA E AIR CANADA CONFIRMATION . TICKET NUMBER SEAT 8C	Flight: 8149 U CLAS 03:00 PM Equipment: DH4 03:53 PM	S Mile(s) Flown: 153
Air AIR CANADA From: CALGARY AB To: LETHBRIDGE Stops: 0 Arrival: 07Mar15 AIR CANADA E AIR CANADA CONFIRMATION TICKET NUMBER SEAT 7A	Flight: 7219 U CLAS 06:10 PM Equipment: BEH 06:55 PM	S Mile(s) Flown: 116

Tax: Ticket Total: 279.00 37.48 **316.48**  To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB CA T5J 3E4

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



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# 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:.....DECLINED:....DECLINED:...DE



Alberta Health Services

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# TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

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	Vanessa Macle		y payroll	is c-reople you wi	ii oniy hava	an Employee #			Out-of-Province Tr	avel		
Location:							Position (Title):	Zone Medica	al Director	- Provide and a Reserved of Re		
				Dept:		DOFA Level:	(if applicable)	Union:	Busir	less Phor		t:
Employee #	(E-People):											
SECTION	E: FINANCE	CODING	& TOT	AL CLAIM					n Miniferration (22) Na Antonio (2007) (2010) (2010) (2010) (2010) (2010)			
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	Tetel Or		_		guinzau				Expenditure Type			
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				Expense	Unit			Expens	e Expense	Total S	ection B	\$903.95
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20	1			1								
2D										TOTAL	CLAIM	\$903.95
and the second				\$903.95		**Us	er to enter Coding & \$ Amour	its				
		2001.00860.0087		and the second sec		2000,000	and a second a strandal					
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SECTION	B: TRAVEL EXPENSES	NOTE: If expens	ee da not fall	Into these ca	lagories such a	as Hospitality, Wo	rking Seesion,	Relocat	ion, Continuing	Education, Busin	tess insurance go	to SECTION C			
	odown (column Prov) where expense lines are used for claim items that o						Camal		films 100 úna 1	Marthur Mar					19942-1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -
	Business Reason for Trave		Prov, US, or	What is	Completion of the "Cost Effective Method Used" Column is RE If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" secti							, quired" secti			
Date	Requir	ad	Out of	travel	Cost	Meal (	Allowance	ORR	ecelpt)		eing claimed in Apr		Rental Carl		
dd-mmm-yy	(Include destination, who why travel was necessary and de	alled explanation of reason}	N.Amer where	related to?	Effective	Meat Allowance		Meal with Receipt		policy limit stated in Appendix "A" rationale is required			Bus/LRT/	Per Diem	Mileage
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3-Feb-15	Medicine Hat - Return - ZMO Weekly S	ba Vizit	AB	Meating	Yes										336.00 V
5-Feb-15	Calgary Return - Zone Operationa/Medi	si Leadarship Mig	AB	Meating	Yes										448.00 🗸
11-Feb-15	Madicine Hat - Return - ZMD Weakly St	o Vialt	AB	Maating	Yes										336.00 🗸
17-Fab-15	Medicine Hat - Roburn - ZMD Weekly Si	ie Vieli	AB	Maaiing	Yes						_				336.00 🦴
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 		SUBTOTALS	<u> </u>							-					Total Krits
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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										age 1 - TOTA	L TRAVEL \$	\$903.95			
Raffonal	e is Required for expens	s that are not Cost	ffective												
	lysis supporting the meth			ss shoul	d be attac	hed to the	claim forn	n)							
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