

## Official Administrator and Executive Expense Report

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

Expenses submitted during the month of March 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)
Mar-15	P-Card	Meetings	641		633	477	1,751			
Mar-15	Expense Claim	Meetings				339	339			
<b>Total</b>			\$ 641	\$ -	\$ 633	\$ 816	\$ 2,090	\$ -	\$ -	\$ -

**Total for the Month** \$ 2,090

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 172  
 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.

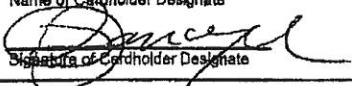
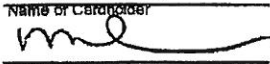

### 4) Other

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

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>• Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>• Cardholder AND Approver's signatures required where indicated below</li> </ul>			
<u>MACLEAN, VANESSA</u>	<u>SOUTH ZONE MEDICAL</u>	Billing Reporting Period:	<u>20/03/2015</u>
Cardholder's Name	Cardholder's Position/Title	Total Statement Amount:	<u>\$1,751.23</u>
<u>MEDICAL AFFAIRS</u>	<u>CHINOOK REGIONAL HOSPITAL</u>	Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
Cardholder's Dept	Cardholder's Site/Location		
<u>VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA</u>			
Cardholder's e-mail address			

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 25/02/2015	381723076	MEDICINE HAT LODGE, BEST WESTERN HOTELS	127.68	CAD	127.68	6.08		ZMD Accom - Weekly Site Visit ✓
② 26/02/2015	381723076	Enterprise (403)328-36, ENTERPRISE RENT-A-CAR	137.94	CAD	137.94	6.57		ZMD Travel - Rental Car - Various Zone Site Visits ✓
③ 04/03/2015	382388098	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	16.00	CAD	16.00	.00	.00	Parking - ZMD Prov Joint Venture Council Mtg ✓
④ 06/03/2015	382648212	THE WESTIN EDMONTON, WESTIN HOTELS	183.11	CAD	183.11	36.12	.00	ZMD Accom - CMO Off Site Mtg ✓
⑤ 07/03/2015	382836766	NATIONAL CAR RENTAL, NATIONAL CAR RENTAL	258.28	CAD	258.28	.00	.00	ZMD Rental Car - CMO Off Site Mtg ✓
⑥ 07/03/2015	382836767	DOUBLETREE FRONT DESK, DOUBLETREE HOTELS	312.12	CAD	312.12	.00	.00	ZMD Accom - PCN Leads Forum ✓
⑦ 16/03/2015	383741557	INTEGRA AIR INC, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	641.24	CAD	641.24	30.54	.00	ZMD Flight - Sr. Leaders Mtg ✓
⑧ 19/03/2015	384195806	Enterprise (780)980-33, ENTERPRISE RENT-A-CAR	85.85	CAD	85.85	3.14		ZMD Rental Car 27/01/15 -Sr. Leader Mtg ✓

<b>Cardholder Designate (if Applicable)</b> By signing this statement		
<ul style="list-style-type: none"> <li>• 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.</li> </ul>		
Name of Cardholder Designate <u>Jodi Tanase</u>	Cardholder Designate Position/Title <u>Executive Coordinator</u>	
Signature of Cardholder Designate 	Date of Signature <u>Apr 1, 2015</u>	
<b>Cardholder</b> By signing this statement		
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
Name of Cardholder <u>MACLEAN, VANESSA</u>	Cardholder Position/Title <u>SOUTH ZONE MEDICAL</u>	
Signature of Cardholder 	Date of Signature <u>Apr 2/15</u>	
<b>Approver Designate (if Applicable)</b> By signing this statement		
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
Name of Approver Designate _____	Approver Designate Position/Title _____	
Signature of Approver Designate _____	Date of Signature _____	
<b>Approver</b> By signing this statement		
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
Name of Approver <u>Dr. Vernd Yiu</u>	Approver Position/Title <u>VP Quality + Care</u>	
Signature of Approver 	Date of Signature <u>Apr 17/15</u>	
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:</li> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Reference #: _____	Reviewed by: _____	Date: _____



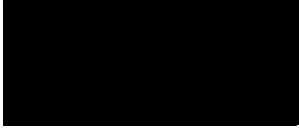
# Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE  
HEALTH SPA & INDOOR WATERSLIDE PARK

*Zone Medical Director Access  
w/ky site visit*

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

**Dr. Vanessa MacLean**



Page #  
Res. #  
Checked in 24/15 - 9:16pm  
Checked out Wed Feb 25/15 - 7:16am  
Nights 1  
Room Rate 114.00  
Room

Date	Description	Reference	Charges	Credits
Feb24	GOVERNMENT RATE		114.00	
Feb24	GST		5.70	
Feb24	Room Tax		4.56	
Feb24	Destination Marketing Fee		3.42	
Feb25	PAID BY MASTERCARD			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



ZMD Rental Car  
Zone Site Visits

ENTERPRISE RENT A CAR, 1106 - 3 AVENUE SOUTH, LETHBRIDGE, AB T1J0J6 (403) 328-3517

RENTAL AGREEMENT REF#

SUMMARY OF CHARGES

RENTER

MACLEAN, VANESSA

DATE & TIME OUT

23/02/2015 09:06 AM

DATE & TIME IN

26/02/2015 08:30 AM

BILLING CYCLE

24-HOUR

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	23/02 - 26/02	3	DAY	\$43.00	\$129.00
REFUELING CHARGE	23/02 - 26/02				\$0.00
				<b>Subtotal:</b>	<b>\$129.00</b>

Taxes & Surcharges

GST	23/02 - 26/02			5%	\$6.57
VLF	23/02 - 26/02	3	DAY	\$0.79	\$2.37
				<b>Total Charges:</b>	<b>\$137.94</b>

Total Amount Due

\$0.00

VEH #1 2014 KIA OPTI 4CLX

VIN#

LIC#

KM DRIVEN 366

PAYMENT INFORMATION

AMOUNT PAID

TYPE

\$137.94

Mastercard

CREDIT CARD NUMBER

PENDING

PARKING

ATB PLACE  
GST:887315638RT001  
RECEIPT C1

IN: 04.03.15 10:13  
PAY: 04.03.15 13:03  
AMOUNT: \$ 15.00

*Provo Joint  
Venture  
Council*

----- TRANSACTION  
RECORD -----

Card # [REDACTED]

Card Entry:CHIP  
Account:MASTERCARD

Trans:PURCHASE \$ 15.00

Auth [REDACTED]  
Sequence [REDACTED]

Term ID: 002  
Date:15/03/04  
Time:13:02:59

APPROVED

BY ENTERING A VERIFIED  
PIN, CARDHOLDER  
AGREES TO PAY ISSUER  
SUCH TOTAL IN  
ACCORDANCE WITH ISSUERS  
AGREEMENT WITH  
CARDHOLDER

Application Label:  
MasterCard

TVR: 0000008000  
AID: A0000000041010  
IST: F800

TC: [REDACTED]

\*\*\* CUSTOMER  
COPY \*\*\*

-----  
Thank you for  
Visiting!

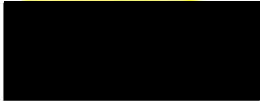
CMO offsite

The Westin Edmonton  
10135 100 St  
Edmonton, AB T5J 0N7  
Canada  
Tel: 780-426-3636 Fax: 780-428-1454

# WESTIN®

## HOTELS & RESORTS

Ms. Vanessa Maclean  
Alberta Health Services



Page Number : [Redacted] Invoice Nbr [Redacted]  
Guest Number : [Redacted]  
Folio ID : [Redacted]  
Arrive Date : 04-MAR-15 20:38  
Depart Date : 05-MAR-15 07:30  
No. Of Guest : 1  
Room Number : [Redacted]  
Club Account : [Redacted]

Copy Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 05-MAR-15 07:40 [Redacted]

Date	Reference	Description	Amount	Balance
04-MAR-15	[Redacted]	Room Charge	172.00	
04-MAR-15	[Redacted]	GST	8.86	
04-MAR-15	[Redacted]	DMF	5.16	
04-MAR-15	[Redacted]	Tourism Levy	7.09	
05-MAR-15	[Redacted]	Mastercard		-193.11
		** Total	193.11	-193.11
		*** Balance	0.00	

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Continued on the next page

The Westin Edmonton  
 10135 100 St  
 Edmonton, AB T5J 0N7  
 Canada  
 Tel: 780-426-3636 Fax: 780-428-1454

# WESTIN®

## HOTELS & RESORTS

Ms. Vanessa Maclean  
 Alberta Health Services

Page Number : [REDACTED] Invoice Nbr : [REDACTED]  
 Guest Number : [REDACTED]  
 Folio ID : [REDACTED]  
 Arrive Date : [REDACTED] 20:38  
 Depart Date : 05-MAR-15 07:30  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Club Account : [REDACTED]

EXPENSE SUMMARY REPORT

Currency: CAD

DATE	Room	Tax	Other	Tip	Service	Port	Other	Balance	Payment
03-04-2015	172.00	8.86	7.09	0.00	0.00	5.16	193.11	0.00	
03-05-2015	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-193.11	
<b>Total</b>	<b>172.00</b>	<b>8.86</b>	<b>7.09</b>	<b>0.00</b>	<b>0.00</b>	<b>5.16</b>	<b>193.11</b>	<b>-193.11</b>	



CMD offsite  
Rental  
Car



GST/HST 889365621  
PST 1021523719

RA 167913751 Bill 0  
Rental 04-MAR-2015 08:00 AM  
03-MAR-2015 04:47 PM  
EDMONTON INTL ARPT  
Return 07-MAR-2015 02:04 PM  
EDMONTON INTL ARPT

DR VANESSA MACLEAN  
Vehicle # [REDACTED]  
Model ELANTRA  
Class Driven ICAR Class Charged ECAR  
License [REDACTED] State/Province AB  
M/Kms Driven [REDACTED]  
M/Kms Out 2004  
M/Kms In 2120

INTEGRA AI [REDACTED]  
Billing Re [REDACTED]  
Charges No Unit Price Amount  
REFUELING 6 Litre 1.30 7.79\*  
T & H 4 Days 47.00 188.00\*  
UNL IN M/KM 0 M/Kms 0.00\*  
AP CONCESSION FEE 31.04\*  
CUSTOMER FACILITY CHARGE 16.00\*  
VEHICLE LICENSE FEE 3.16\*  
CA GST ALBERTA @5.000 % 12.30  
Total Charges CAD 258.29  
Deposit [REDACTED]  
Amount Due CAD 258.29

\* Taxable Items  
Subject to Audit  
Customer Service Number 1-800-468-3334



16615 - 109 Avenue • Edmonton, AB T5P 4K8  
 Phone (780) 484-0821 • Fax (780) 486-1634  
 For reservations across the nation  
 www.westedmonton.doubletree.com or 1-800-222-TREE

Name & Address

MACLEAN, VANESSA  
 [Redacted Address]

Room [Redacted]  
 Arrival Date 3/5/2015 3:52:00 PM  
 Departure Date 3/7/2015  
 Adult/Child 1/0  
 Room Rate 129.00  
 Rate Plan: [Redacted]  
 HH # [Redacted]  
 AL: [Redacted]  
 Car: [Redacted]

*ZMD Accom-  
 PCN Leads Forum*

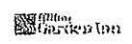
*Folio*

Confirmation Number [Redacted]

3/7/2015



DATE	REFERENCE	DESCRIPTION	AMOUNT
3/5/2015	[Redacted]	GUEST ROOM	\$139.00
3/5/2015	[Redacted]	AB TOURISM LEVY	\$5.73
3/5/2015	[Redacted]	DMF	\$4.17
3/5/2015	[Redacted]	GST	\$7.16
3/6/2015	[Redacted]	GUEST ROOM	\$139.00
3/6/2015	[Redacted]	AB TOURISM LEVY	\$5.73
3/6/2015	[Redacted]	DMF	\$4.17
3/6/2015	[Redacted]	GST	\$7.16
3/7/2015	[Redacted]	MC *7873	(\$312.12)
		**BALANCE**	\$0.00



ACCOUNT NO. [Redacted]

CARD MEMBER NAME [Redacted]

ESTABLISHMENT NO. & LOCATION [Redacted] ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

CARD MEMBER'S SIGNATURE  
 X

DATE OF CHARGE [Redacted] FOLIO NO./CHECK NO. 80874 A

AUTHORIZATION [Redacted] INITIAL [Redacted]

PURCHASES & SERVICES [Redacted]

TAXES [Redacted]

TIPS & MISC. [Redacted]

TOTAL AMOUNT -312.12

PAYMENT DUE UPON RECEIPT

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

ZMD Flight - SR Leaders mtg.  
 Itinerary  
 www.integraair.com

**Passenger Itinerary for MACLEAN, VANESSA**

Please print/retain this page for your records. Thank you for choosing Integra Air.



**integraair**

**Customer Care**  
 Toll Free 1-877-213-8359  
 Local 403-381-UFly (8359)

**Booking Information**  
 - Booking Reference/Locator#: [REDACTED]  
 - Booked On: 03/16/2015 14:11

**Passenger**  
 Name: MACLEAN, VANESSA  
 Phone #: [REDACTED]  
**Contact**  
 Name: MARLIN TRAVEL - YEG  
 Form of Payment: MASTERCARD

**Flight Information**

918	Lethbridge (YQL)	Executive Flt Ctr (YEG)	04/01/2015	06:45	08:00	CONFIRMED
829	Executive Flt Ctr (YEG)	Lethbridge (YQL)	04/01/2015	18:05	19:20	CONFIRMED

**Fare Summary**

Fare	\$558.00	
<b>Taxes, Fees and Charges</b>		
Nav Canada Surcharge	\$24.00	
Security Fee	\$14.24	
Other Charges	\$45.00	
Subtotal	<b>\$641.24</b>	
GST(100411966RG0001)	\$0.00	
<b>Total - CAD</b>		<b>\$641.24</b>
<b>Balance Due</b>		<b>\$0.00</b>

\*\*\*Check-In time is 45 minutes prior to scheduled departure time. Passengers arriving less than 15 minutes prior to scheduled departure time will be denied boarding\*\*\*

**\*\*Directions\*\***  
 Directions to Edmonton Boarding Location

From Highway #2 or the Queen Elizabeth Highway traveling south from Edmonton, take Exit 525 onto Highway 19 West and take the first left turn onto the Airport Service Road and travel 2.1 kilometers and turn right at the first set of lights on 53rd Ave East. Free Parking is located on the South side of 53rd Ave. The Executive Flight Center is located on the North side.

**Notes**

**Terms and Condition**

**\*\*Fare Information\*\***  
 1.) Integra Air flights may be cancelled or changed up to 2 hours prior to flight time. Applicable change/cancellation fees will apply. If changes or cancellations are made less than 2 hrs

Enterprise Plus



Rental Receipt - Thank you for your business

VANESSA MACLEAN

Contract Number: [REDACTED]  
 Receipt Date: Jan 27, 2015

**Enterprise Location:** EDMONTON INTL ARPT  
 LEDUC, AB T9E8B7  
 CA  
 Tel.: [REDACTED]

**Driver:** VANESSA MACLEAN

Start Date:	End Date:	Make/Model	Start km	End km	km Driven
Jan 26, 2015 @ 8:37 am	Jan 27, 2015 @ 11:59 pm	TOYO CAMR	100	200	100
<b>Total km</b>					<b>100</b>

Charge Description	Quantity	Per	Rate	Total
Rate	1	Day	50.00	50.00
VLF				0.79
<b>Subtotal:</b>				<b>CAD 50.79</b>

DUPLICATE

Taxes and Surcharges				Total
CFC				4.00
GST				3.14
CFC				7.92
<b>Subtotal:</b>				<b>CAD 65.85</b>

**Total Charges: CAD 65.85**

**Payment Information**

CREDIT CARD	MC		65.85
<b>Subtotal:</b>			<b>CAD 65.85</b>
<b>Total Payment Amount:</b>			<b>CAD 65.85</b>

If you have any questions about this receipt please contact our support staff at (780) 980-2338 or [Email us](#).

**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-Mar-15 To 31-Mar-15  
 Travel Period from: 1-Mar-15 To 31-Mar-15 (if applicable)  
 Out-of-Province Travel

Name: Dr. Vanessa Maclean Position (Title): Zone Medical Director

Location: [Redacted] DOFA L [Redacted] (if applicable) Union: Business Phone [Redacted]

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	\$339.36						\$339.36		
2B												
2C												
2D												
				\$339.36							<b>TOTAL CLAIM</b>	\$339.36

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.

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: Apr. 2/15

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 L [Redacted] Position # [Redacted] Phone [Redacted] Ext [Redacted]

Signature: [Signature] Title: VP Quality and Chief Medical Officer Date: April 7/15

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 \_\_\_\_\_

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 71110108046** 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.

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 meet), 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.America 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								
10-Mar-15	Medicine Hat - Return - ZMD Weekly Site Visit	AB	Meeting	Yes											336.00	
31-Mar-15	Medicine Hat Return - ZMD Weekly Site Visit	AB	Meeting	Yes											336.00	
<b>SUBTOTALS</b>																Total Kms 672.00

**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 \$0.605 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.605 km, \$0.47 km OR rate per Union Agreement  
*(see Mileage details to the left)* **\$0.505**

Mileage \$	\$339.36
Travel \$ Subtotal	
Auto file on page 1 - TOTAL TRAVEL \$	\$339.36

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)

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