

Official Administrator and Executive Expense Report

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

Expenses submitted during the month of April 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)
Apr-15	P-Card	Meetings	(641)		122	113	(406)			
Apr-15	Expense Claim	Meetings				842	842			
Total			\$ (641)	\$ -	\$ 122	\$ 955	\$ 436	\$ -	\$ -	\$ -

Total for the Month \$ 436

Maximum daily single meal expense claimed in the month \$ -
Maximum daily base hotel rate claimed in the month \$ 109
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:	20/04/2015
MEDICAL AFFAIRS Cardholder's Dept	CHINOOK REGIONAL HOSPITAL Cardholder's Site/Location	Total Statement Amount:	(\$408.13)
VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX	

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 18/03/2015	384514339	INTEGRA AIR INC, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	-841.24	CAD	-841.24	-30.84	.00	Refund - Flight Charged Incorrectly ✓
② 01/04/2015	386888324	AHS RAH SE PARKADE, HEALTH PRACTITIONERS, MEDICAL SERVICES	14.25	CAD	14.25	.68	.00	Parking - Sr. Leaders Meeting ✓
③ 04/04/2015	385888323	ENTERPRISE RENT-A-CAR, ENTERPRISE RENT-A-CAR	51.16	CAD	51.16	.00	.00	Rental Car - AHS Sr. Leaders Meeting ✓
④ 08/04/2015	388423779	NATIONAL CAR RENTAL, NATIONAL CAR RENTAL	47.63	CAD	47.63	.00	.00	ZMD Rental Car - Phys Wellness Conference ✓
⑤ 14/04/2015	388966438	MEDICINE HAT LODGE, BEST WESTERN HOTELS	122.08	CAD	122.08	6.81	.00	ZMD Accom - Weekly Site Visit ✓

<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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>Vanessa Maclean</i> Name of Cardholder Designate</p> <p><i>Vanessa Maclean</i> Signature of Cardholder Designate</p> </div> <div style="width: 45%;"> <p><i>Executive Coordinator</i> Cardholder Designate Position/Title</p> <p><u>22-04-15</u> Date of Signature</p> </div> </div>	
<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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MACLEAN, VANESSA Name of Cardholder</p> <p><i>me</i> Signature of Cardholder</p> </div> <div style="width: 45%;"> <p>SOUTH ZONE MEDICAL Cardholder Position/Title</p> <p><u>22-04-15</u> Date of Signature</p> </div> </div>	
<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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p> </div> <div style="width: 45%;"> <p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p> </div> </div>	
<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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>Dr. Verna Yip</i> Name of Approver</p> <p><i>Verna Yip</i> Signature of Approver</p> </div> <div style="width: 45%;"> <p><i>VP Quality + CMO</i> Approver Position/Title</p> <p><u>27/04/15</u> Date of Signature</p> </div> </div>	
<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) 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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4</p>
<p>Reference #: _____ Reviewed by: _____ Date: _____</p>	



152 Kenyon Drive
 Lethbridge Alberta T1K 7N3
 Phone: 1-403-381-8359 Fax: 1-403-320-9993
 Toll Free: 1-877-213-8359
 email: office@integrair.com
 web: www.integrair.com

*flight incorrectly
 charged
 credit received*
MCO

MCO: [REDACTED]

The following information describes an adjustment to an existing ticket. The original ticket has been adjusted by the amounts shown below.

LOCATOR: [REDACTED]
DATE CREATED: March 16, 2015
FORM OF PAYMENT: MASTERCARD
ACCOUNT NUM: Mastercard
TICKET NUMBER: [REDACTED]
EMPLOYEE: Scott
PASSENGER: MACLEAN, VANESSA
ADS #: [REDACTED]

Out Bound Fare:	-294.00
In Bound Fare:	-264.00
FARE:	-558.00
Nav Canada	-24.00
Customs Fees	0.00
Change Fee	0.00
Security Fee	-14.24
PFF	0.00
AIF	-45.00
Fuel Surcharge	0.00
SUBTOTAL:	-641.24
GST:	0.00
TOTAL:	-641.24

COMMENTS:

Canceled Ticket

 SIGNATURE

PARKING
ZMD - Sr Leadership
ntj.

ROYAL ALEXANDRA HOSPITAL
SE PARKADE - PUBLIC PARKING

RAH SouthEast Parkade Booth
Rcpt# [REDACTED]
04/01/15 13:24 L# 1 A# 10 Txn [REDACTED]
04/01/15 08:44 In 04/01/15 13:24 Out
Tkt# [REDACTED]
RAH SE PARK \$ 14.25
Total Fee \$ 14.25
MASTERCARD \$ 14.25-Charge Due
\$ 0.00

Parking Rates are GST Exempt

Comments? - email us :
parkingedmonton@
albertahealthservices.ca



Rental Receipt - Thank you for your business

Enterprise Plus

Emerald Club

ZMD Rental Car - SE Leadership mtg.

ALBERTA HEALTH SERVICES
DR VANESSA MACLEAN

Contract Number: [REDACTED]
Receipt Date: **Apr 1, 2015**

Enterprise Location: 1, 1000 Airport Road
Leduc, AB T9E8B7
CA
Tel.: 9802338

Driver: DR VANESSA MACLEAN

Start Date:	End Date:	Make/Model	Start km	End km	km Driven
Mar 31, 2015 @ 11:46 am	Apr 1, 2015 @ 4:30 pm	MALIBU	21,129	21,300	171
Total km					171

Charge Description	Quantity	Per	Rate	Total
Rate	1	Day	40.00	40.00
				Subtotal: CAD 40.00

DUPLICATE

AIRPORT CONCESSION FEE 15.6 PCT				6.36
CUSTOMER FACILITY CHARGE 4.00/DAY				4.00
VEHICLE LICENSE FEE .79/DAY				0.79
				Subtotal: CAD 51.15

Total Charges: CAD 51.15

Payment Information

CREDIT CARD	MC			51.15
				Subtotal: CAD 51.15

Total Payment Amount: CAD 51.15

If you have any questions about this receipt please contact our support staff at 9802338 or [Email us](#).





1, 1000 AIRPORT ROAD
LEDUC, AB T9E8B7
Federal GST# :889365821

ZMD Rental car - EDM -
DR VANESSA MACLEAN
Rental Agreement #: [REDACTED]
Bill Ref #: [REDACTED]
Invoice Date: 08/04/2015
Account #: [REDACTED]

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	1 DAY	36.95	36.95
Subtotal			36.95
CUSTOMER FACILITY CHARGE 4.00	1 DAY	4.00	4.00
AIRPORT CONCESSION FEE 15.60	PCT	15.60	5.89
VEHICLE LICENSE FEE .79/DAY	1 DAY	0.79	0.79
Total Charges (CAD)			47.63

BILL TO

DR VANESSA MACLEAN
[REDACTED]

RENTAL INFORMATION

Date/Time Out: 04/07/2015 11:00
Start Charges: 04/07/2015 18:00
Date/Time In: 04/08/2015 07:00

Renter: MACLEAN, DR VANESSA

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out	Miles/Kms In
BLACK	K93953	ALTIMA	7KVG36	7,522	7,689

VIN: 1N4AL3AP5FN359824

CLAIM INFORMATION

Claim# / PO# / RO# Insured
Date of Loss Type of Loss Type of Vehicle
Repair Shop

PAYMENTS

Payment: Master Card -47.63

Total Payments (CAD) **-47.63**

Amount Due (CAD) **0.00**

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

For Billing Inquiries / Payment Terms :

Tel#: (403) 216-3490
ALBARADMIN@ehi.com
Payment Due within days of invoice date
Late payments are subject to a finance charge.

Thank You For Choosing National Car Rental

Please Return This Portion With Remittance	Amount Due (CAD)	0
Remit To : ENTERPRISE RENT-A-CAR 5821 - 6 STREET SE CALGARY, AB T2H1M4	Paid By: DR VANESSA MACLEAN [REDACTED]	
Account #	Rental Agreement	Amount
[REDACTED]	[REDACTED]	0
		GPBR
		[REDACTED]





Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

ZMD Weekly Site
Visit

1051 Ross Glen Drive SE, Medicine Hat, AB T1B 3T8

Dr. Vanessa MacLean

Page # [REDACTED]
Res. # [REDACTED]
Checked in Mon Apr 13/15 - 10:03pm
Checked out Tue Apr 14/15 - 9:13am
Nights [REDACTED]
Room Rate 109.00
Room [REDACTED]

Date	Description	Reference	Charges	Credits
Apr13	GOVERNMENT RATE		109.00	
Apr13	GST		5.45	
Apr13	Room Tax		4.36	
Apr13	Destination Marketing Fee		3.27	
Apr14	PAID BY MASTERCARD			122.08
			0.00	122.08

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

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-Apr-15 To 30-Apr-15
 Travel Period from: 1-Apr-15 To 30-Apr-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	71110106046	\$842.34						\$842.34		
2B												
2C												
2D												
				\$842.34							TOTAL CLAIM	\$842.34

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.

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

Employee Signature: [Signature] Date: Apr 27/15

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

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level: Position #: Phone #: Ext:

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

Signature: [Signature] Title: VP Quality and Chief Medical Officer Date: 27/04/15

Approved claims form with receipts should be sent by the approver directly to Accounts Payable for processing.

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.

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 = 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-mmm-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								
13-Apr-15	Lethbridge to Medicine Hat - Return - ZMD Weekly Site Visit	AB	Meeting	Yes											336.00	
16-Apr-15	Lethbridge to Crowsnest Pass - Return - ZMD Site Visit	AB	Meeting	Yes											296.00	
21-Apr-15	Lethbridge to Medicine Hat - Return - ZMD Weekly Site Visit	AB	Meeting	Yes											336.00	
24-Apr-15	Lethbridge to Taber - Return - Physician Leadership Meeting	AB	Meeting	Yes											110.00	
27-Apr-15	Lethbridge to Brooks to Medicine Hat- Physician Meetings	AB	Meeting	Yes											312.00	
28-Apr-15	Medicine Hat to Lethbridge (Return home)	AB	Meeting	Yes											168.00	
29-Apr-15	Lethbridge to Taber Return - Physician Meetings	AB	Meeting	Yes											110.00	
SUBTOTALS																Total Kms 1668.00

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 \$ \$842.34

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 \$ \$842.34

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)