

## Official Administrator and Executive Expense Report

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

Expenses submitted during the month of May 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)
May-15	P-Card	Meetings			462	43	505			
May-15	Expense Claim	Meetings				1,113	1,113			
<b>Total</b>			\$ -	\$ -	\$ 462	\$ 1,156	\$ 1,618	\$ -	\$ -	\$ -

**Total for the Month**    \$    1,618

Maximum daily single meal expense claimed in the month    \$    -  
 Maximum daily base hotel rate claimed in the month        \$    159  
 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>			
MACLEAN, VANESSA	SOUTH ZONE MEDICAL	Billing Reporting Period:	20/05/2015
Cardholder's Name	Cardholder's Position/Title		
MEDICAL AFFAIRS	CHINOOK REGIONAL HOSPITAL	Total Statement Amount:	\$504.77
Cardholder's Dept	Cardholder's Site/Location		
VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
Cardholder's e-mail address			

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
28/04/2015	388501663	MEDICINE HAT LODGE, BEST WESTERN HOTELS	127.88	CAD	127.88	6.08		Accom - ZMD Weekly Site Visit
06/05/2015	389331081	ACCLAIM HOTEL, CALGARY, LODGING HOTELS, MOTELS, RESORTS	178.51	CAD	178.51	.00	.00	ZMD Accom - PPEC
06/05/2015	389542802	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	28.38	CAD	28.38	1.38	.00	ZMD - Parking PPEC
13/05/2015	380298130	AHS FMC PARKING   ZEAG, AUTOMOBILE PARKING LOTS AND GARAGES	14.28	CAD	14.28	.68		Parking - Exec Education Session
14/05/2015	390298129	HAMPTON INN AND SUITES, LODGING HOTELS, MOTELS, RESORTS	155.88	CAD	155.88	.00	.00	ZMD Accom - Exec Education Course

1  
2  
3  
4  
5

✓  
✓  
✓  
✓  
✓

<small>Cardholder Designate</small>		
<p><b>Cardholder Designate (If Applicable)</b> By signing this statement</p> <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>		
<p><u>Indi Tanayose</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Executive Coordinator</u> Cardholder Designate Position/Title</p> <p><u>25-5-15</u> Date of Signature</p>	
<small>Cardholder</small>		
<p><b>Cardholder</b> By signing this statement</p> <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>		
<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>26-5-15</u> Date of Signature</p>	
<small>Approver Designate</small>		
<p><b>Approver Designate (If Applicable)</b> By signing this statement</p> <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>		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
<small>Approver</small>		
<p><b>Approver</b> By signing this statement</p> <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>		
<p><u>Dr. Veritya Yiu</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>VP Equality + CAO</u> Approver Position/Title</p> <p><u>May 28/15</u> Date of Signature</p>	
<small>Attachments</small>		
<p><b>Attach:</b></p> <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)</li> </ul> <p>And where applicable:</p> <ul style="list-style-type: none"> <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>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<small>Account Payable Only</small>		
Reference #: _____	Reviewed by: _____	Date: _____



# Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE  
HEALTH SPA & INDOOR WATERSLIDE PARK

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

*Accommodation -  
ZMP Weekly rate  
visit*

**Dr. Vanessa MacLean**



Page #	[Redacted]
Res. #	[Redacted]
Checked in	Mon Apr 27/15 - 9:09pm
Checked out	Tue Apr 28/15 - 9:07am
Nights	1
Room Rate	114.00
Room	[Redacted]

Date	Description	Reference	Charges	Credits
Apr27	GOVERNMENT RATE		114.00	
Apr27	GST		5.70	
Apr27	Room Tax		4.56	
Apr27	Destination Marketing Fee		3.42	
Apr28	PAID BY MASTERCARD			127.68
	<i>Total Outstanding</i>	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

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



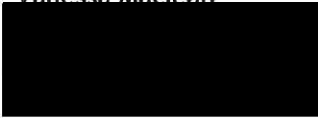
# Acclaim Hotel Calgary Airport

123 Freeport Blvd NE  
 Calgary, AB T3N 0A3  
 Ph: 403-291-8000 Fax: 403-532-9400  
 www.acclaimhotel.ca



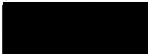
TAX ID: GST #:849702444RT0027

Vanessa Maclean



Room	Folio	CheckIn	CheckOut	Balance
		5/05/2015	06/05/2015	0.00
Master Folio		Best Available Rate		

Direct Bill:



Date	Room	Description / Voucher	Charges	Credits	Balance
05/05/2015		Room Taxable	159.00	0.00	159.00
05/05/2015		DMF - 3.000%	4.77	0.00	163.77
05/05/2015		GST - 5.000%	8.19	0.00	171.96
05/05/2015		ATL - 4.000%	6.55	0.00	178.51
06/05/2015		Mastercard [REDACTED] AP: [REDACTED]	0.00	178.51	0.00
		Balance Due			0.00
		<b>Summary and Taxes</b>			
		Taxable Sales			159.00
		DMF - 3%			4.77
		GST - 5%			8.19
		ATL - 4%			6.55



**RECEIPT**  
**GST NO. R122556194**

EXIT No. [REDACTED]  
IN: 05/06/15 07:33  
OUT: 05/06/15 16:04  
DURATION: 0 08: 31  
PAID: \$ 28.35  
(GST INCLUDED)  
MASTERCARD

[REDACTED]  
KEY  
THANK YOU FOR  
YOUR VISIT

*Parking  
PPE*  
Calgary International Airport Parkade

ZMP Parking  
Exec Education  
Session

Alberta Health  
Services  
FMC Lot 6

RECEIPT C8

\*\*\*\*\*

ENTRY DATE/TIME:

13/05/15 08:00

PAY DATE/TIME:

13/05/15 14:15

PARK-DUR.: HRS:MIN

0:06:15

\*\*\*\*\*

ALLOWED EXIT TO:

14.05.15 08:15

\*\*\*\*\*

PAID: \$ 14.25

MASTERCARD

REF. [REDACTED]

\*\*\*\*\*

\* Parking Rates \*

\* Are GST Exempt \*

\*\*\*\*\*

\* Please Exit \*

\* Site Within \*

\* 15 Minutes \*

\* After Payment \*

\* Is Made \*

\*\*\*\*\*

\* No In/Out \*

\* Privileges \*

\*\*\*\*\*

\* Managed by \*

\* Alberta \*

\* HealthServices \*

\*\*\*\*\*

\* Have Questions \*

\* Or Concerns? \*

\* Call Us \*

\* 903-944-1014 \*

\*\*\*\*\*



# Hampton Inn & Suites by Hilton - Calgary University N.W.

2231 Banff Trail NW • Calgary, AB T2M 4L2  
Phone (403) 289-9800 • Fax (403) 289-9200

*ZHD Assoc - Executive Education Season*

MACLEAN, VANESSA	name address	room number: arrival date: departure date: adult/child: room rate:	██████████ 5/12/2015 10:53:00 PM 5/13/2015 1/0 143.10	If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.
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Confirmation Number ██████████	Rate Plan: HH # AL: Car:	██████████
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5/13/2015

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have accepted delivery of the National Post. If refused, a \$1.00 (Mon-Fri) & \$2.00 (Sat) credit will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here:

signature: \_\_\_\_\_

date	reference	description	amount
5/12/2015	██████████	GUEST ROOM	\$143.10
5/12/2015	██████████	ROOM TAX	\$5.72
5/12/2015	██████████	GST 129123600 RT 0004	\$7.16
5/13/2015	██████████	MO ██████████	(\$155.98)
		**BALANCE**	\$0.00

for reservations call 1.800.hampton or visit us online at hampton.com thanks.

account no. ██████████	date of charge 5/13/2015	folio/check no. ██████████
card member name MACLEAN, VANESSA	authorization ██████████	initial ██████████
establishment no. and location establishment agrees to transmit to card holder for payment	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	-155.98





# 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 Data From: 1-May-15 To 31-May-15  
 Travel Period from: 1-May-15 To 31/5/15 (if applicable)  
 Out-of-Province Travel

Name: Dr. Vanessa Maclean Position (Title): Zone Medical Director  
 Location: Chinook Regional Hospital Dept: DOFA Level: 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				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense
2A	101	0014	71110108046	\$1,112.49					
2B									
2C									
2D									
				\$1,112.49					

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

TOTAL REIMBURSEMENT	
Total Section B	\$1,112.49
Total Section C&D	
Less Cash Advance	
<b>TOTAL CLAIM</b>	<b>\$1,112.49</b>

**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: [Date]

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

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: Date: May 26/15

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

Signature: [Signature] Title: EVP & CMO

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.  
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Approved By (PRINT ONLY): DOFA Level: Position #: Phone #: Ext: Date:

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 71110106048

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 = 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 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							
6-May-15	Travel to Medicine Hat to Calgary - ZMD Weekly site Visit/ PPEC	AB	Meeting	Yes											
6-May-15	Travel from Calgary to Medicine Hat to Lethbridge - Physiatrist Meetings	AB	Meeting	Yes											459.00 ✓
12-May-15	Travel to Calgary - Return - Executive Education Session	AB	Meeting	Yes											459.00 ✓
14-May-15	Travel to Medicine Hat - Return - Meditech Meetings	AB	Meeting	Yes											441.00 ✓
19-May-15	Travel to Medicine Hat - Return - ZMD weekly site visit	AB	Meeting	Yes											336.00 ✓
28-May-15	Travel to Medicine Hat - Return - ZMD Weekly Site Visit	AB	Meeting	Yes											336.00 ✓
<b>SUBTOTALS</b>															Total Kms 2897.00

**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 \$0.606 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.606 km, \$0.47 km OR rate per Union Agreement  
(see Mileage details to the left)

\$0.470 ✓

Mileage \$ \$1,112.48

Travel \$ Subtotal

Auto fills on page 1 - TOTAL TRAVEL \$ \$1,112.48

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)