

## Official Administrator and Executive Expense Report

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

Expenses submitted during the month of June 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) |
| Jun-15       | Expense Claim   | Meetings |         |       |               | 736          | 736          |                              |  |           |
| <b>Total</b> |                 |          | \$ -    | \$ -  | \$ -          | \$ 736       | \$ 736       | \$ -                         | \$ -   | \$ -      |

**Total for the Month** \$ 736

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

**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-Jun-15 To 30-08-15  
 Travel Period from: 1-Jun-15 To 30-08-15 (if applicable)  
 Out-of-Province Travel

Name: Dr. Vanessa Maclean

Location: Chinook Regional Hospital Dept: [REDACTED] DOFA Level: [REDACTED] (if applicable) Position (Title): Zone Medical Director

Employee # (E-People): [REDACTED] Union: [REDACTED] Business Phone #: [REDACTED] Ext: [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**

| Pg | Bal Unit | Location | Functional Centre (FC) | Total Expense |
|----|----------|----------|------------------------|---------------|
| 2A | 101      | 0014     | 71110106048            | \$736.02      |
| 2B |          |          |                        |               |
| 2C |          |          |                        |               |
| 2D |          |          |                        |               |
|    |          |          |                        | \$736.02      |

**Total - Section C&D: Other & Foreign Expenses - Pg 3**

| Bal Unit | Location | Functional Centre (FC) | Secondary/Expense | Total Expense |
|----------|----------|------------------------|-------------------|---------------|
|          |          |                        |                   |               |
|          |          |                        |                   |               |
|          |          |                        |                   |               |
|          |          |                        |                   |               |
|          |          |                        |                   |               |
|          |          |                        |                   |               |
|          |          |                        |                   |               |
|          |          |                        |                   |               |
|          |          |                        |                   |               |
|          |          |                        |                   |               |

**TOTAL REIMBURSEMENT**

|                    |                 |
|--------------------|-----------------|
| Total Section B    | \$736.02        |
| Total Section C&D  |                 |
| Less Cash Advance  |                 |
| <b>TOTAL CLAIM</b> | <b>\$736.02</b> |

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 that 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 22-6-15  
 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 that 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): Dr. Verma Yiu DOFA Level [REDACTED] Position # [REDACTED] Phone # [REDACTED] Ext [REDACTED]  
 Signature: [Signature] Title VP Quality + CHD Date 24 June 2015  
 Approved claim 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 that 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 \_\_\_\_\_

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 \_\_\_\_\_  
 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 0814 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 = Inter)  
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

| Date<br>dd-mmm-yy | Business Reason for Travel - Detailed Description Required<br>(include destination, who attended (if meal), why travel was necessary and detailed explanation of reason)<br>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? | Completion of the "Cost Effective Method Used" Column is REQUIRED.<br>If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page |                             |                   |  |       |      |                                     |                    |              |         |        |
|-------------------|--|---|----------------------------|--|-----------------------------|-------------------|--|-------|------|-------------------------------------|--------------------|--------------|---------|--------|
|                   |  |   |                            | 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   |       |      |                                     |                    |              |         |        |
| 2-Jun-15          | Travel to Medicine Hat - Return - ZMD Weekly site visit  | AB  | Meeting                    | Yes  |                             |                   |  |       |      |                                     |                    |              |         | 336.00 |
| 18-Jun-15         | Travel to Medicine Hat - Return - ZMD Weekly Site Visit  | AB  | Meeting                    | Yes  |                             |                   |  |       |      |                                     |                    |              |         | 336.00 |
| 24-Jun-15         | Travel to Bow Island - Return - Leadership Session   | AB  | Meeting                    | Yes  |                             |                   |  |       |      |                                     |                    |              |         | 222.00 |
| 25-06-15          | Travel to Medicine Hat - Return - ZMD Weekly Site Visit  | AB  | Meeting                    | Yes  |                             |                   |  |       |      |                                     |                    |              |         | 336.00 |
| 30-08-15          | Travel to Medicine Hat - Return - ZMD weekly site visit  | AB  | Meeting                    | Yes  |                             |                   |  |       |      |                                     |                    |              |         | 336.00 |
|                   |  |   |                            |  |                             |                   |  |       |      |                                     |                    |              |         |        |
|                   |  |   |                            |  |                             |                   |  |       |      |                                     |                    |              |         |        |
|                   |  |   |                            |  |                             |                   |  |       |      |                                     |                    |              |         |        |
|                   |  |   |                            |  |                             |                   |  |       |      |                                     |                    |              |         |        |
| <b>SUBTOTALS</b>  |  |   |                            |  |                             |                   |  |       |      |                                     |                    | Total Kms    | 1588.00 |        |

|  |   |
|--|---|
| <p align="center"><b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b><br/>                 → details of travel location to &amp; from must be included above under the purpose of travel column<br/>                 Rates applicable \$0.608 per km for <u>under 5,000km/yr</u> or \$0.47 per km for <u>over 5,000km/yr</u> or <u>per Union Agreement</u></p> | <p align="center">Enter \$0.608 km, \$0.47 km OR rate per Union Agreement<br/> <i>(see Mileage details to the left)</i></p> <p align="right">Mileage \$ <b>\$738.02</b></p> |
| <p align="center">Travel \$ Subtotal</p>   |   |
| <p align="center">Auto fills on page 1 - TOTAL TRAVEL \$ <b>\$738.02</b></p>   |   |

**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)