

Official Administrator and Executive Expense Report

Name	Dr. Vanessa Maclean
Title	ZMD, South Zone
Location	Lethbridge
Expenses su	bmitted during the month of July 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 Jul-15	P-Card P-Card	Meetings Meetings			640 (640)	165	640 (475)			
Jul-15	Expense Claim	Meetings				1,421	1,421			
Total			\$	- \$ -	\$ (0)	\$ 1,586	\$ 1,586	\$ -	\$ -	\$
Total for the Month	\$ 1,586									

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



	, VANESSA 's Name	Cerdholder's Positi	DICAL Ion/Tibe	Billin	ng Reporting Pe	niod:	20/08/2016
Cardholder	's Dept	CHINOOK REGIO Cardholdar's Site/L		Tota	l Statement Amo	ount:	\$840.08
Cardholder	's e-mail add	ALBERTAHEALTHSERVICES.CA		Last	6 digits of the P	-Card #	*
*	17 10	Merchant Name & Description			,	1	
Transaction	I Irans ID		I rans Original	Currancy	Trans Amount	GST	FreighDescription
Date			Amount	C 19			
Date 29/05/2015	391874380	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTE HOLIDAY INN EXPRESS, HOLIDAY INN'S	Amount 155.32	CAD	155.32	7.40	

RUN DATE: 06/22/2015

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PAGE NO: 1

P-Card details Online ® Cardholder Statement Report

Carditolder Designate (if Applicable)		
 By signing this statement I have by certify that I have reviewed and record Program User Guide and Training, I have allo 	nclied this statement in BMO Online to the best of my ability cated the transaction(s) to the proper cost centre.	
Name of Cardholder Designate	<u>Exception</u> Control Co	dinator
Signature de ardholder pesignete/	Z2-6 -/5 Date of Signature	-
Cardholder		
By signing this statement	Trevel, Hospitality and Working Session Expense Policy (112 th such policy.	2)" of Alberta Health Services and confirm
claimed by me or on my behalf from Alberta H charged is attached.	e for valid business purposes for Alberta Health Services an ealth Services or any other Organization. A personal cheque	for any parsonal expenses inadvertently
 I attest that expenses submitted in this claim h provided. 	nave been incurred by using a cost effective method, otherwi	se rationale and supporting analysis is
MACLEAN, VANESSA Name of Cardholder	SOUTH ZONE MEDICAL	_
	Cardholder Position/Title	
Signature of Carononer	22-6-15 Date of Signature	-
Approver Designate (if Applicable) By signing this statement I attast that I have read and understand the "T expenses being claimed are in compliance with	ravel, Hospitality and Working Session Expense Policy (112) h such policy.	2)" of Alberta Health Services and confirm
claimed by the claimant or on their behalf from charged has been obtained.	a for 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	nal chaque for personal expenses inadvertently
Name of Approver Designate	Approver Designate Position/Title	
Signature of Approver Designate	Date of Signature	e e e e e e e e e e e e e e e e e e e
Approver By signing this statement		
	avel, Hospitality and Working Session Expanse Policy (1122 1 such policy.	2)" of Alberta Health Services and confirm
 charged has been obtained. I attest that expenses submitted in this claim has 	for 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, otherwis	al cheque for personal expenses inadvertently
provided.		
Dr. Vernally Name of Approver	VP Quality + C Approver Position/Title June 22/15 Date of Signature	10
Signature of Approve	June 22/15	
Attach:		· · · · · · · · · · · · · · · · · · ·
	nented business reasons including names of participants	Address: Alberta Health Services
 Signed Cardholder Statement Report (or copies or And where applicable; Copies of pre-approvals for travel 	f electronic signatures if signatures are not on report)	Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street
 Personal cheque payable to "Albarta Health Servi Return, refund and/or credit receipts 	ces"	Edmonton, AB T5J 3E4
 Return, returnd and/or credit receipts Disputes letter 		
 Business reasons for travel require detailed descrimes!), why travel was necessary and detailed exp 	iptions Include where travelled to, who attended (if fanation of reason.	
Reference #:	Reviewed by:	Date:

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PAGE NO: 2

MATRIX

* pland incorrectly choraid -credit issued

Room Number:	
Arrival Date:	05-28-15
Departure Date:	05-29-15
Page No:	1 of 1

Guest Name

INFORMATION INVOICE

Folio No:

				06-22-15
Date	Description		Charges	Credits
05-29-15	Mastercard			155.32
06-22-15	Mastercard			-155.32
		Total	0.00	0.00
		Balance	0.00	an a

Signature:

I agree that my liability for all charges 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. G.S.T. #866344302 RT 0001

10640 100th Avenue Edmonton, AB Canada T5J 398 Tel: (866) 465-8150 www.matrixedmonton.com

* poord incorrectly Charged-Credit issued



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		17	06-22-15
Folio No.	2	Room No.	:
A/R Number	4	Arrival	: 06-22-15
Group Code		Departure	06-22-15
Company	:	Conf. No.	
Membership No.	:	Rate Code	
Invoice No.	:	Page No.	1722

Date	Description		Charges	Credits
06-22-15	*Accommodation - Adj		-109.00	
06-22-15	Marketing Fee - Adj		-2.18	
06-22-15	GST- Adj		-5.56	
06-22-15	Tourism Levy - Adjustment		-4.45	
06-22-15	*Accommodation - Adj		-109.00	
06-22-15	Marketing Fee - Adj		-2.18	
06-22-15	GST- Adj		-5.56	
06-22-15	Tourism Levy - Adjustment		-4.45	
06-22-15	*Accommodation - Adj	ii	-109.00	
06-22-15	Marketing Fee - Adj		-2.18	
06-22-15	GST- Adj		-5.56	
06-22-15	Tourism Levy - Adjustment		-4.45	
06-22-15	**Accommodation - Adj		-109.00	
06-22-15	Marketing Fee - Adj		-2.18	
06-22-15	GST- Adj		-5.56	
06-22-15	Tourism Levy - Adjustment		-4.45	
06-22-15	MasterCard		4.40	-484.76
	a.	Total	-484.76	-484.76
		Balance	0.00	

Guest Signature:

I have received the goods and / or services in the amount shown heron. I agree that my liablity for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express Hotel & Suites Lethbridge 120 Stafford Drive South Lethbridge, Alberta T1J 4W4 Telephone: (403) 394-9292 Fax: (403) 394-9202 Toll Free: 1-866-494-9292 E-mail: sales_hiel@gmail.com

MACLEAN	, VANESSA	SOUTH ZONE MED	ICAL				
Cardholder	r's Name	Cardholder's Position	n/Title	Billin	ig Reporting Per	iod:	20/07/2015
MEDICAL	AFFAIRS	CHINOOK REGION	AL HOSPITAL				
Cardholder	r's Dept	Cardholder's Site/Lo	cation	Total	Statement Amo	ount:	(\$475.00)
VANESSA.	MACLEAN	ALBERTAHEALTHSERVICES.CA					
Cardholder	's e-mail add	1055		Last	6 digits of the P	-Card #	e 📂
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	1		and and	II. Jacobia			-
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	FreighDescription
22/06/2015	394463912	HOLIDAY INN EXPRESS, HOLIDAY INNS	-484.76	CAD	-484.76	-23.08	Credit - Card Incorrectly charged
23/08/2015	394463913	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	-155.32	CAD	-155.32	-7.40	Credit - Card Incorrectly Charged

RUN DATE: 07/21/2015

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P-Card details Online ® Cardholder Statement Report

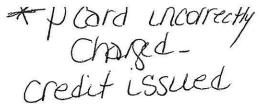
Cardholder Dealgnate (If Applicable)	the second s					
By signing this statement	ciled this statement in BMO Online to the best of my ability	in providence in AHS Comprete Dalider				
	cated the transaction(s) to the proper cost centre.	Malutator				
Name of Catolholder Designate	Cardholder Designate Position/Title	Allactor				
Margas	ZI July 2015					
Signature of Canditokler Designate	Date of Signature	-				
expenses being claimed are in compliance with	ravel, Hospitality and Working Session Expense Policy (112 h such policy. s for valid business purposes for Alberta Health Services an					
claimed by me or on my behalf from Alberta He charged is attached.	saith Services or any other Organization. A personal cheque	for any personal expenses inadvertently				
provided.	ave been incurred by using a cost effective method, otherwi	se rationale and supporting analysis is				
MACLEAN, VANESSA Name of Caldroider	SOUTH ZONE MEDICAL Cardholder Position/Title	-				
me	23 July 2015					
Signature of Cardholder	Date of Signature	-				
Approver Designate (if Applicable) By signing this statement • I attest that I have read and understand the "Tr expenses being claimed are in compliance with	avel, Hospitality and Working Session Expense Policy (112) 1 such policy.	2)" of Alberta Health Services and confirm				
claimed by the claimant or on their behalf from charged has been obtained.	for valid business purposes for Alberta Hasitin Services and Alberta Health Services or any other Organization. A person ave baen incurred by using a cost effective method, otherwi	al cheque for personal expenses inadvertently				
Hidrey Marcul	Approver Designate Position/Title					
Stoneture of Approver Designate	Usite or signations - 24/15					
Approver By signing this statement						
	avel, Hospitality and Working Session Expense Policy (112; such policy.	2)" of Alberta Health Services and confirm				
claimed by the claimant or on their behalf from oharged has been obtained.	for valid business purposes for Alberta Health Services and Alberta Health Services or any other Organization. A persor	al cheque for personal expenses inadvertently				
 I attest that expenses submitted in this claim has provided. 	we been incurred by using a cost effective method, otherwis	se rationale and supporting analysis is				
Dr. Verna Yili Name of Approver	VP Quality + C	40				
Signature of Approver	Date of lignature					
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Attach:		Address;				
	nented business reasons including names of participants	Alberta Health Services				
 Signed Cardholder Statement Report (or copies of And where applicable: Copies of pre-approvals for travel 	electronic signatures if signatures are not on report)	Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street				
 Personal cheque payable to "Alberta Health Servic Return, refund and/or credit receipts 	xes"	Edmonton, AB T5J 3E4				
 Disputes latter Business reasons for travel require detailed descrimeal), why travel was necessary and detailed expl 						
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	1	and the second s				
leference #.	Reviewed by:	Date;				

Alled RUN DATE: 07/21/2015

Alberta Health Services

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PAGE NO: 2



		& Suites	Clear
			17
Folio No.	:	1	Room No
A/R Number	:		Arrival
Group Code	:		Departure

:

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Company

Invoice No.

Membership No. :

Holiday Inn

	06-22-15
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:	06-22-15
•	06-22-15
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Date		Description		Charges	Credits
06-22-15	*Accommodation - Adj			-109.00	
06-22-15	Marketing Fee - Adj			-2.18	
06-22-15	GST- Adj			-5.56	
06-22-15	Tourism Levy - Adjustment			-4.45	
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06-22-15	Marketing Fee - Adj	×		-2.18	
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06-22-15	GST- Adj			-5.56	
06-22-15	Tourism Levy - Adjustment			-4.45	
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06-22-15	Marketing Fee - Adj			-2.18	
06-22-15	GST- Adj		and the second second second second	-5.56	
06-22-15	Tourism Levy - Adjustment			-4.45	
06-22-15	MasterCard				-484.7
		*	Total	-484.76	-484.7
			Balance	0.00	

Guest Signature:

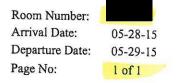
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Canada

I have received the goods and / or services in the amount shown heron. I agree that my liablity for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express Hotel & Suites Lethbridge 120 Stafford Drive South Lethbridge, Alberta T1J 4W4 Telephone: (403) 394-9292 Fax: (403) 394-9202 Toll Free: 1-866-494-9292 E-mail: sales_hiel@gmail.com

* pland incorrectly choraed -credit issued



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Guest Name

INFORMATION INVOICE

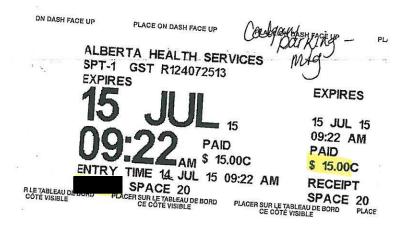
Folio No:

Date	Description			06-22-15
			Charges	Credits
05-29-15	Mastercard			155.32
06-22-15	Mastercard			-155.32
1 1 4 100000 11	and and an an an and a second start of the second start of the second start of the second start of the second s	Total	0.00	0.00
		Balance	0.00	

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Signature: I agree that my liability for all charges 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. G.S.T. #866344302 RT 0001

10640 100th Avenue Edmonton, AB Canada T5J 398 Tel: (866) 465-8150 www.matrixedmonton.com





ZMD weekly site visit

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

Dr.Var	nessa MacLean		Page # Res. # Checked in Checked out Nights Room Rate Room	Wed Jul 15/15 - 11:26pm Thu Jul 16/15 - 8:09am 1	
Date Jul15 Jul15 Jul15 Jul15 Jul16	Description GOVERNMENT RATE GST Room Tax Destination Marketing Fee PAID BY MASTERCARD		Reference	Charges 134.00 6.70 5.36 4.02	Credits 150.08
	Total Outstanding	0.00		150.08	150.08

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	6.70
Room Tax	5.36

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





Alberta Health Services

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

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SECTION A: EN	PLOYEE DETAILS	(for AHS Staff ON	VLY)	and the party of the second	HERE CONTRACTOR OF CONTRACTOR		and the second			
 Enter employed 	e # (old) and Employee # ((E-People) if your new	mil Has mi	rated to the Ne	w E-People payroli system		Expense Date From			
mulcale IWA III	une Employee # (E-Peopl	e) if your naymil has n	of migrato	to the Man E	Joople annuall and		Travel Period from			Jul-15
Name: Dr. Vaness	w employee and your payr a Maclean	on is E-People you wi	l only have	an Employee #	and the second		Out-of-Province T		To <u>30-Jul-15</u>	(ii applica
Location:		Dank Made to the			Position (Title):	Zone Medical Din	ector			
		Dept: Medical Affe	urs :	DOFA Level:	(if applicable)	Union:	Bus	iness Phone #	t:	
Employee # (E-Peop	e):	-								
SECTION E: FIN	ANCE CODING & TO	OTAL CLAIM	11	-			a and a second			
CAPITAL PROJ	ECT CODING ONLY →	Project Nur Expenditure (on		Project	Task Number Expenditure Type			
Total	- Section B: Travel	- Pg 2		Total - S	ection C&D: Other & Fore		D- 2			
Pg Bat Loc	ation Functional	Total	Bal			Secondary/	T	TOTAL RE	EIMBURSEME	INT
Unit	Centre (FC)	Expense	Unit	Location	Functional Centre (FC)	Expense	Total Expense	Total Section	nB \$143	1.28
	14 71110106048	\$1,339.50	<u>9</u>					Total Section	C&D	
2B 107 00	14 71110106046	\$81.78	4					Less Cash Adv		
20 2D		<u> </u>	<u>8</u>					TOTULOU		
		the second	12					TOTAL CLA	AIM \$142	1.58
NOTE: This sec	tion auto fills from page 2	\$1421.28	1		er to enter Coding & \$ Amount			. Marine and the second se		
SECTION F: AUT		ri, 20, 20 0 20	127	NO(E:	These fields do not automatica	lty fill for Section C	&D			
I astest that I have read and undered	tand the "Travel, Hospitality and Worldon Be	malos Expense Policy (1122)" of Albe	nta Heider Service	e and confirm expenses b	ing claimed are in compliance with such palicy,			· · · · · · · · · · · · · · · · · · ·		
and the state of the state of the state of a little	as claim are for very business purposes for a this claim have been insurred by using a cos	ABYORIZ HOUGH Servines and their while	the set have been and been	at a day and a shift of the state	or on my baball from Alberta Health Services or any of					
i, by signing this form, attest that	am compliant to all the above statements	me	2-		Trave, Ho		on Expenses Policy - Docum	tent# 1122		
I attest that I have read and underst	ee Signature: and the "Travel, Hospitality and Working So	etton Exetute Policy (1122)' of Albe	ata Heinita Randes		regrammed are in compliance with such policy.	Date 22-07-1	5			
· annual () a substrate bit that all the	is claim are for valid business purposes for A his claim have been incurred by using a cost	Voorte Health Services and that this e	Joint Fine and hear	manine why obside and has the	ngrammu are is complemented with such policy. clefmant of on their beisulf from Alberta Health Sarvices	or any other Organization.		Approved claim form with race	altin should be sent burg	
			1	initiate is biological spore.		2	1	directly to Accounts	s Payable for processing.	r en abhrunat
Approved By (PRINT	am compliant in all the above statements		HH.	A	DOFA Lev	Position #		Phone #	t	
	inature:		100	/	THE VPQU	ality+	CMA	Date Qui	4 27/1	71
i attest that I have read and underst	and the "Travel, Hospitality and Working Ba-	mion Expense Polloy (1122)" of Alog	ta Hijath Service	s and contian expenses be	ing claimed are in compliance with such policy. Minimit or on this bahalf from Alberta Health Berylcos	and an other statement of the second statement of the	0110	pu	4-11	
I attact that expenses submitted in th	the claim have been incurred by using a cost	l effective method, otherwise reformie	and supporting a	previously claimed by the r relysis is provided above.	isiment or on their bahalf from Alberta Health Berylcog	or any other Organization.				
Approved By (PRINT	ONLY):			2014 U.	DOFA Level	Position #		Phone #		
The second se	am compliant to all the above statements	021 <u>00000000000000000000000000000000000</u>	li.						Ext	
	nature;		4		Title			Date		
idministering AHS Procure	to Pay program.	And under the authority of	section 20(b)	of the Health Inform	nation Act (HIA) and sections 33(c) and 3	4(2) of the Freedom of In	normation and Protection	of Privecy (FOIP) Act, respect	lvely, for the purpose	of
			1		- 1 of 3-					

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EXPENSE CLAIM DETAILS

	nter Finance Coding 101 0014	7111010			Emp # (E-F	eople)	Second Concerns			and the second		the state of the s	P	age 2A
lf expenses amount on :	Incurred are for multiple FC's please use pages 28, slip, <u>DO NOT</u> separate any taxes (eg. GST). Secon	2C,2D (aft dary/Expe	ter pg3) as	there should are not real	d be one FC µ uired in this s	er page O	R if m	ore lines are	required for	the same FC	use these ac	ditional pages	a. Enter tota	196 ZA 1\$
ECTION	B: TRAVEL EXPENSES NOTE: If expense	es do not fat	I Into these ce	ategories such	as Hospitality, W	orlong Seasion	Reloca	tion Continuina	Education Dunie	er lournes a	- CEATON A			
lect from drop	pdawn (column Prov) where expenses were incurred (Oul of N.Ame e lines ere used for dahn items thet differ in Province, US and Out o	adea to little	S	T T										
oure departed	Businese Reason for Travel - Detailed Description	Prov, US,		1	F			If you	select "No"	hod Used" C in this column ationale is Re				
Date	Required	or Out of	What is travel	Cost	Meal	Allowance	ORR	acaint)	Hamount	auonale is Re	quired" sect	on on this page	3 0	
d-mmm-yy	(include destination, who attended (if meal), why travel was necessary and detailed explanation of reason)	N.Amer where	related	Effective	Moat All		The second second	with Receipt	policy lim	it stated in App	endlx "A"	Rental Car/ Bus/LRT/		-
	A description of just. "Meeting" will be returned for clarification	expenses incurred?	to?	Used? Y/N	Masi Type with value	Allowance	Мезі Туре	with receipt	Airfare	ionale is requi	Taxi	Parking / Fuel	Per Diem Allowance	Mileage (km)
Jul-15	Travel to Brocks - Return (ZMD Sile Visit Meet with AZMD, GMD)	AB	Meating	Yes										308.00
Jui-15	Traivel to Standoff Rolum (2MD mtg with Blood Tribe	AB	Mesting	Yes										128,00
0-Jui-15	Travel to Medicine Hat - Return - ZMD Weekly Site Visit	AB	Meeting	Yes										336,00
4-Jul-15	Travel to Calgery - Return - ZMD - JYC Mig	AB	Meeting	Yes										446.00
5-Jul-16	Travel to Bassano to Medicine Hat to Lethbridge ZMD site visit Physician Miga	AB	Meeting	Yes										518.00
2-Jui-15	Travel to Medicina Hat Roturn - ZMD Weekly Site visit	AB	Meeting	Yes										338.00
3-Jul-16	Travel to Modicine Het Return - ZMD Weekly site visit	AB	Meeting	Yes										338.00 \
9-Jul-15	Travel to Calgary - Refum - ZEL Workshop	AB	Meeting	Yes										448.00
	SUBTOTALS	1			1					* ******				Total Kms
		*			<u>, </u>									2860.00
	MiLEAGE - Business Kilome → details of travel location to & from must Rates applicable \$0.505 per km for <u>under 5.000km</u>	be included	above unde	er the purpos	e of travel colur	nn Agreement			Em	er \$0.505 km, \$	0.47 km <u>OR</u> <u>(see</u>	nate per Union Mileage detail	Agreement s to the left)	\$0.470 L
						UNGERIGUI			L				Mileage \$	\$1,339.50
N	ote: Total will auto fill into pg 1, Section E, if form com	pleted elec	ctronically	- Additional	og 2's can be	found after	Page	3				Trave	\$ Subtotal	
				ă.					L	A	uto fills on p	ige 1 - TOTAL	TRAVEL \$	\$1,339.50
tationale	is Required for expenses that are not Cost E	fective			-									
ny analy	sis supporting the method to assess cost eff	ectivene	ss should	d be attacl	hed to the c	laim form)							
		I.												
		54												

09704 pos(Rev2013-05)

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EXPENSE CLAIM DETAILS

	nter Finance Coding 101 0014	7111010	6046		Emp # (E-	People)		0108134	8				-	
If expenses amount on	incurred are for multiple FC's please use pages 28, slip, <u>DO NOT</u> separate any taxes (eg. GST). Seco	2C,2D (at	ter pg3) as	there should			R if m			the enme FO			P	age 28
RECTION													s. Enter tot	s/ \$
		the circ most fa	Into theme or	riegories such i	as Hospitality, Vi	konking Sassion	Reloca	fion Continuine	Education Drut			and and the		
Select morn and Ensure seperate	odawn (oolumn Prav) where expenses were incurred (Out of N.Ara a lines are used for clean items that offer in Province, US and Out o	erica = teteri	Ĵ	I	Vinter and a street							the second s		
	Business Reason for Travel - Detailed Description	Prov. US,								thod Used" Co in this column, tationale is Req				
Date	Required	Outof	What is travel	Cost	Maal	(Aliowance	OPP	anainti	Hamount	peing cisimed i	uned section	on this page		
dd-mm-yy	(Anclude destination, who attended-(if mest), why bavel was necessary and detailed explanation of reason)	NAmer	related	Effective	and the second se	owance	Y	and the second design of the s	polley lim	et stated in Ap	endix "A"	Rantal Carl		
	A description of just "Meeting" will be returned for clarification	whell expenses incurrent?	to?	Method Used? Y/N	Medi Type with	y	Meal Type	with Receipt	ral Aktare	Hotel	Taxl	Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
31-Jul-15	Traivel to Milk River - Return - ZMD MI with CMD & Physician Group	AB	Meeting	Yes			Type				+#X1	FU8(
	19 99 - 1999 - 1997 - 199										ļ	ļ	\$0.47	174,00 🔪
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<u> </u>									`					
1000-00% 043-04	SUBTOTALS	1: 					1						\$0,47	Total Kms
	MiLEAGE - Business Kliome -> details of travel location to & from must l	tre R te fo	Personally	-Owned Veh	licia		<u> </u>		Ent.	er \$0.605 km, \$	0,47 km <u>QR</u> n	te per Union	Agreement	174.00 \$0.470
	Rates applicable \$0.506 per km for under 5.000km/	T or \$0,47	per km for o	r me pulpose ler 5.000km/s	of the vel column	nn <u>Agræement</u>					(399	Mileage det R	Mileage S	\$81.78
No	nte: Total will auto fill into pg 1, Section E, If form comp	pleted elec	tronically	Additional p	g 2's can be	found after	Page 3					Travel	\$ Subtotal	401.70
		<u></u>								A	uto filis on pa	ge 1 - TOTAL	TRAVEL \$	-
Rationale Any analy	is Required for expenses that are not Cost Ef sis supporting the method to assess cost eff	fective	es oboule	i ho atta ol									t O.	
	,	CONTAIN	ad subult	i de attach	nea to the C	aaim form)					, ,	\$81.	40
		;												
		1 I			- 2B of 3-			,						

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