

Official Administrator and Executive Expense Report

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

Expenses submitted 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	P-Card	Meetings			640		640			
Jul-15	P-Card	Meetings			(640)	165	(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

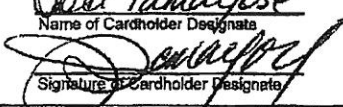
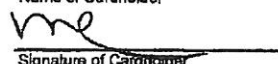

Instruction:

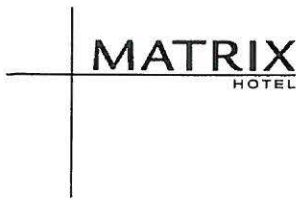
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>MACLEAN, VANESSA</u> Cardholder's Name	<u>SOUTH ZONE MEDICAL</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/08/2016</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location	Total Statement Amount: <u>\$840.08</u>
<u>VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: <u>[REDACTED]</u>

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 29/05/2015	391874380	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	155.32	CAD	155.32	7.40		ZCDH Accom- P Card incorrectly Charged by Merlin Travel - CREDIT ISSUED ON JUNE 22/15
② 08/08/2015	362834480	HOLIDAY INN EXPRESS, HOLIDAY INNS	484.76	CAD	484.76	23.08		Locum Accommodation - P Card incorrectly charged by Merlin - CREDIT ISSUED ON JUNE 22/15

mo

Cardholder Designate (if Applicable) By signing this statement <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. 		
<u>Vadi Tamayose</u> Name of Cardholder Designate  Signature of Cardholder Designate	<u>Executive Coordinator</u> Cardholder Designate Position/Title <u>22-6-15</u> Date of Signature	
Cardholder By signing this statement <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. 		
<u>MACLEAN, VANESSA</u> Name of Cardholder  Signature of Cardholder	<u>SOUTH ZONE MEDICAL</u> Cardholder Position/Title <u>22-6-15</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <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. 		
Name of Approver Designate _____ Signature of Approver Designate _____	Approver Designate Position/Title _____ Date of Signature _____	
Approver By signing this statement <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. 		
<u>Dr. Verna Yiu</u> Name of Approver  Signature of Approver	<u>VP Quality + CMO</u> Approver Position/Title <u>June 22/15</u> Date of Signature	
Attach: <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: <ul style="list-style-type: none"> • 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. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Reference #: _____	Reviewed by: _____	Date: _____



* p card incorrectly charged - credit issued

[Redacted]

Room Number: [Redacted]
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 [Redacted]		155.32
06-22-15	Mastercard [Redacted]		-155.32
Total		0.00	0.00
Balance		0.00	

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



* p card incorrectly charged - credit issued

17

06-22-15

[Redacted]	Folio No. :	[Redacted]	Room No. :	[Redacted]
	A/R Number :	[Redacted]	Arrival :	06-22-15
	Group Code :		Departure :	06-22-15
	Company :		Conf. No. :	
	Membership No. :		Rate Code :	[Redacted]
	Invoice No. :		Page No. :	[Redacted]

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	-109.00	
06-22-15	Marketing Fee - Adj	-2.18	
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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 [Redacted]		-484.76
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 liability 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

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

<u>MACLEAN, VANESSA</u> Cardholder's Name	<u>SOUTH ZONE MEDICAL</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/07/2015</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location	Total Statement Amount:	<u>(\$475.00)</u>
<u>VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA</u> 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
22/06/2015	394463912	HOLIDAY INN EXPRESS, HOLIDAY INNS	-484.76	CAD	-484.76	-23.06		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 ✓
14/07/2015	398868272	AHS SPT PARKING PND, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		ZMD Parking Mtg Calgary ✓
18/07/2015	398888847	MEDICINE HAT LODGE, BEST WESTERN HOTELS	150.08	CAD	150.08	7.16		ZMD Accom - Wkly 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. <p><u>Jodi Tamayo</u> <u>Executive Coordinator</u> Name of Cardholder Designate Cardholder Designate Position/Title</p> <p><u>[Signature]</u> <u>21 July 2015</u> Signature of Cardholder Designate Date of Signature</p>		
<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. <p><u>MACLEAN, VANESSA</u> <u>SOUTH ZONE MEDICAL</u> Name of Cardholder Cardholder Position/Title</p> <p><u>[Signature]</u> <u>23 July 2015</u> Signature of Cardholder Date of Signature</p>		
<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. <p><u>Audrey Maurice</u> <u>Exec. Asst</u> Name of Approver Designate Approver Designate Position/Title</p> <p><u>[Signature]</u> <u>July 24/15</u> Signature of Approver Designate Date of Signature</p>		
<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. <p><u>Dr. Verna Yu</u> <u>VP Quality + CMO</u> Name of Approver Approver Position/Title</p> <p><u>[Signature]</u> <u>July 27/15</u> Signature of Approver Date of Signature</p>		
<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) <p>And where applicable:</p> <ul style="list-style-type: none"> 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>	
Reference #: _____	Reviewed by: _____	Date: _____



* p Card incorrectly charged - credit issued

17 06-22-15

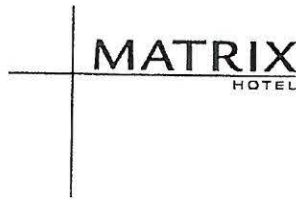
Canada	Folio No. :	[REDACTED]	Room No. :	[REDACTED]
	A/R Number :		Arrival :	06-22-15
	Group Code :		Departure :	06-22-15
	Company :		Conf. No. :	
	Membership No. :		Rate Code :	[REDACTED]
	Invoice No. :		Page No. :	[REDACTED]

Date	Description	Charges	Credits
06-22-15	*Accommodation - Adj	-109.00	
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	
06-22-15	MasterCard [REDACTED]		-484.76
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 liability 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



* p card incorrectly charged - credit issued

[Redacted]
Canada

Room Number: [Redacted]
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	[Redacted]	155.32
06-22-15	Mastercard	[Redacted]	-155.32
Total		0.00	0.00
Balance		0.00	

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

ON DASH FACE UP

PLACE ON DASH FACE UP

Central Parking - Mtg

PL

ALBERTA HEALTH SERVICES

SPT-1 GST R124072513

EXPIRES

15 JUL 15

09:22 AM PAID \$ 15.00C

ENTRY TIME **14 JUL 15 09:22 AM**

SPACE 20

EXPIRES

15 JUL 15

09:22 AM

PAID

\$ 15.00C

RECEIPT

SPACE 20

R LE TABLEAU DE BORD
CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DE BORD
CE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DE BORD
CE CÔTÉ VISIBLE

PLACE



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

ZMD weekly site visit

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

Dr. Vanessa 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	Description	Reference	Charges	Credits
Jul15	GOVERNMENT RATE		134.00	
Jul15	GST		6.70	
Jul15	Room Tax		5.36	
Jul15	Destination Marketing Fee		4.02	
Jul16	PAID BY MASTERCARD			150.08
<i>Total Outstanding</i>			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



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-Jul-15 To 31-Jul-15
 Travel Period from: 1-Jul-15 To 30-Jul-15 (if applicable)
 Out-of-Province Travel

Name: Dr. Vanessa Maclean Position (Title): Zone Medical Director
 Location: Dept: Medical Affairs 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				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
2A	101	0014	71110108048	\$1,339.50					
2B	101	0014	71110108048	\$11.78					
2C									
2D									
				\$1421.28					

TOTAL REIMBURSEMENT

Total Section B \$1421.28

Total Section C&D

Less Cash Advance

TOTAL CLAIM \$1421.28

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 Expenses 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: me Date: 22-07-15

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level: Position #: Phone #: Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

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

Signature: [Signature] Title: VP Quality + CMO Date: July 27/15

I attest that I have read and understand the "Travel, Hospitality and Working Session Expenses 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 71110106048**

Emp # (E-People) XXXXXXXXXX

*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 = 11 or 1)
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						
9-Jul-15	Travel to Brooks - Return (ZMD Site Visit Meet with AZMD, CMD)	AB	Meeting	Yes								308.00 ✓		
9-Jul-15	Travel to Standoff Return (ZMD mtg with Blood Tribe)	AB	Meeting	Yes								128.00 ✓		
10-Jul-15	Travel to Medicine Hat - Return - ZMD Weekly Site Visit	AB	Meeting	Yes								336.00 ✓		
14-Jul-15	Travel to Calgary - Return - ZMD - JVC Mtg	AB	Meeting	Yes								446.00 ✓		
16-Jul-15	Travel to Bassano to Medicine Hat to Lethbridge ZMD site visit Physician Mga	AB	Meeting	Yes								616.00 ✓		
22-Jul-15	Travel to Medicine Hat Return - ZMD Weekly Site visit	AB	Meeting	Yes								338.00 ✓		
28-Jul-15	Travel to Medicine Hat Return - ZMD Weekly site visit	AB	Meeting	Yes								338.00 ✓		
29-Jul-15	Travel to Calgary - Return - ZEL Workshop	AB	Meeting	Yes								448.00 ✓		
SUBTOTALS												Total Kms 2860.00		

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)

\$0.470 ✓

Mileage \$ \$1,339.50

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 \$ \$1,339.50

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)

