

Official Administrator and Executive Expense Report

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

Expenses submitted during the month of October 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)
Oct-15	P-Card	Meetings			244		244			
Oct-15	Expense Claim	Meetings				869	869			
Total			\$ -	\$ -	\$ 244	\$ 869	\$ 1,113	\$ -	\$ -	\$ -

Total for the Month \$ 1,113

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:			
<ul style="list-style-type: none"> • 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>	<u>SOUTH ZONE MEDICAL</u>	Billing Reporting Period:	<u>20/10/2015</u>
Cardholder's Name	Cardholder's Position/Title		
<u>MEDICAL AFFAIRS</u>	<u>CHINOOK REGIONAL HOSPITAL</u>	Total Statement Amount:	<u>\$244.16</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u> </u>
Cardholder's e-mail address			

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
22/09/2015	403821981	MEDICINE HAT LODGE, BEST WESTERN HOTELS	122.08	CAD	122.08	5.81		Accom - ZMD Weekly Site Visit
29/09/2015	404681362	MEDICINE HAT LODGE, BEST WESTERN HOTELS	122.08	CAD	122.08	5.81		Accom - ZMD Weekly Site Visit

Cardholder Designate (if Applicable)

By signing this statement

- 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.

Jodi Tanayose
Name of Cardholder Designate

Executive Coordinator
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

21 Oct 2015
Date of Signature

Cardholder

By signing this statement

- 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.

MACLEAN, VANESSA
Name of Cardholder

SOUTH ZONE MEDICAL
Cardholder Position/Title

[Signature]
Signature of Cardholder

Oct 22, 2015
Date of Signature

Approver Designate (If Applicable)

By signing this statement

- 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.

Audrey Malone
Name of Approver Designate

Exec Asst
Approver Designate Position/Title

[Signature]
Signature of Approver Designate

Oct 26/15
Date of Signature

Approver

By signing this statement

- 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.

Dr. Veeraj Yiu
Name of Approver

VP Quality + CMO
Approver Position/Title

[Signature]
Signature of Approver

Oct 27/15
Date of Signature

Attach:

- 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.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Reference #: _____

Reviewed by: _____

Date: _____



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

ZMD wkly 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

Mon Sep 21/15 - 9:22pm

Tue Sep 22/15 - 8:02am

1

109.00

Date	Description	Reference	Charges	Credits
Sep21	GOVERNMENT RATE		109.00	
Sep21	GST		5.45	
Sep21	Room Tax		4.36	
Sep21	Destination Marketing Fee		3.27	
Sep22	PAID BY MASTERCARD			122.08
	Total Outstanding	0.00	122.08	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





Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

ZMD wkly 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

Mon Sep 28/15 - 6:26pm

Tue Sep 29/15 - 8:54am

1

109.00

Date	Description	Reference	Charges	Credits
Sep28	GOVERNMENT RATE		109.00	
Sep28	GST		5.45	
Sep28	Room Tax		4.36	
Sep28	Destination Marketing Fee		3.27	
Sep29	PAID BY MASTERCARD			122.08
Total Outstanding 0.00			122.08	122.08

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STAGWEST *hospitality*
SINCE 1944



AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
MACLEAN, VANESSA	ZMD, South Zone	Lethbridge	868.56

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/1/2015	ZMD Site Visit to Cardston -Mtg with Site physicians		Mileage	74.26	Lethbridge	Cardston		1			158
10/5/2015	ZMD Meeting with Blood Tribe		Mileage	59.22	Lethbridge	Standoff		1			126
10/6/2015	ZMD Weekly Site Visit		Mileage	157.92	Lethbridge	Medicine Hat		1			336
10/7/2015	ZMD Travel to Calgary - PPEC Meeting		Mileage	209.62	Lethbridge	Calgary		1			446
10/13/2015	ZMD Weekly Site Visit		Mileage	157.92	Lethbridge	Medicine Hat		1			336
10/20/2015	ZMD Weekly Site Visit to Medicine Hat		Mileage	157.92	Lethbridge	Medicine Hat		1			336
10/23/2015	ZMD Travel to Taber - Physician Strategic Planning Session		Mileage	51.70	Lethbridge	Taber		1			110
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		30-Dec-15							