

## Official Administrator and Executive Expense Report

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

Expenses submitted during the month of November 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)
Nov-15	P-Card	Meetings			163	254	417			
Nov-15	Expense Claim	Meetings				751	751			
Nov-15	Direct Billing	Meetings	540				540			
<b>Total</b>			\$ 540	\$ -	\$ 163	\$ 1,005	\$ 1,708	\$ -	\$ -	\$ -

**Total for the Month**     \$     1,708

Maximum daily single meal expense claimed in the month     \$     -  
Maximum daily base hotel rate claimed in the month     \$     145  
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>20/11/2015</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location	Total Statement Amount: <u>\$417.40</u>
<u>VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/10/2015	407123209	ENTERPRISE RENT-A-CAR, ENTERPRISE RENT-A-CAR	51.15	CAD	51.15	.00	.00	ZMD Rental Car - Zone Leaders Mtg-Edmonton ✓
27/10/2015	407688909	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	182.79	CAD	182.79	7.76		ZMD Accom - CMO Quality Wkshp ✓
28/10/2015	407688908	ENTERPRISE RENT-A-CAR, ENTERPRISE RENT-A-CAR	102.31	CAD	102.31	.00	.00	ZMD Rental Car - Quality Summit ✓
18/11/2015	409770324	ENTERPRISE RENT-A-CAR, ENTERPRISE RENT-A-CAR	51.15	CAD	51.15	.00	.00	ZMD Rental Car -IM/IT & JVC PCN Mtgs ✓

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/10/2015	408909837	MPARK00020258U, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.18	.00	ZMD Parking - Zone Leaders Mtg ✓
13/11/2015	409493399	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.18	.00	Parking - IM/IT & JVC Mtgs ✓

**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 Tamayo  
Name of Cardholder Designate  
[Signature]  
Signature of Cardholder Designate

Executive Coordinator  
Cardholder Designate Position/Title  
Nov 23/15  
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  
[Signature]  
Signature of Cardholder

SOUTH ZONE MEDICAL  
Cardholder Position/Title  
Nov 25/15  
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  
[Signature]  
Signature of Approver Designate

Exec Asst  
Approver Designate Position/Title  
Nov. 24/15  
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.
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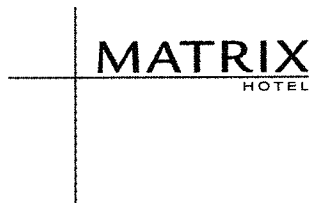
Dr. Verma Nijm  
Name of Approver  
[Signature]  
Signature of Approver

VP Quality + CMO  
Approver Position/Title  
Nov 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: \_\_\_\_\_



OMO Quality wksp

Ms Vanessa Maclean

Room Number:

Arrival Date: 10-26-15

Departure Date: 10-27-15

Page No: 1 of 1

Guest Name:

**INFORMATION INVOICE**

Folio No:

10-27-15

Date	Description	Charges	Credits
10-26-15	Room Revenue	145.00	
10-26-15	Destination Marketing Fee - 3%	4.35	
10-26-15	Tourism Levy - 4%	5.97	
10-26-15	Room GST - 5%	7.47	
10-27-15	Mastercard		162.79
<b>Total</b>		<b>162.79</b>	<b>162.79</b>
<b>Balance</b>		<b>0.00</b>	

**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

*Rental Car*

*Zone leaders  
Mtg - Edmonton*

Enterprise Plus

Emerald Club



**Rental Receipt - Thank you for your business**

ALBERTA HEALTH SERVICES  
VANESSA MACLEAN

Contract Number: [REDACTED]  
Receipt Date: **Oct 22, 2015**

**Enterprise Location:** 1, 1000 Airport Road  
Leduc, AB T9E8B7  
CA  
Tel.: 9802338

**Driver:** VANESSA MACLEAN

Start Date:	End Date:	Make/Model	Start km	End km	km Driven
Oct 20, 2015 @ 2:24 pm	Oct 23, 2015 @ 10:06 am	TERRAIN	6,344	6,408	64
<b>Total km</b>					<b>64</b>

Charge Description	Quantity	Per	Rate	Total
Rate	1	Day	40.00	40.00
Subtotal:				CAD 40.00

**DUPLICATE**

Taxes and Charges				
Charge Description	Quantity	Per	Rate	Total
AIRPORT CONCESSION FEE 15.6 PCT				6.36
CUSTOMER FACILITY CHARGE 4.00/DAY				4.00
VEHICLE LICENSE FEE .79/DAY				0.79
Subtotal:				CAD 51.15
<b>Total Charges:</b>				<b>CAD 51.15</b>

Payment Information				
Payment Method	Card Number	Card Type	Amount	Total
CREDIT CARD	MC		51.15	
Subtotal:				CAD 51.15
<b>Total Payment Amount:</b>				<b>CAD 51.15</b>

If you have any questions about this receipt please contact our support staff at 9802338 or [Email us](#).



ZMD-Rental Car - Quality  
Submit

Enterprise Plus

Emerald Club



**Rental Receipt - Thank you for your business**

ALBERTA HEALTH SERVICES  
DR VANESSA MACLEAN

Contract Number: [REDACTED]  
Receipt Date: **Oct 27, 2015**

**Enterprise Location:** 1, 1000 Airport Road  
Leduc, AB T9E8B7  
CA  
Tel.: 9802338

**Driver:** DR VANESSA MACLEAN

Start Date:	End Date:	Make/Model	Start km	End km	km Driven
Oct 23, 2015 @ 4:55 pm	Oct 27, 2015 @ 5:00 pm	CHARGER	15,942	16,009	67
<b>Total km</b>					<b>67</b>

Charge Description	Quantity	Per	Rate	Total
Rate	2	Day	40.00	80.00
<b>Subtotal:</b>				<b>CAD 80.00</b>

**DUPLICATE**

AIRPORT CONCESSION FEE 15.6 PCT				12.73
CUSTOMER FACILITY CHARGE 4.00/DAY				8.00
VEHICLE LICENSE FEE .79/DAY				1.58
<b>Subtotal:</b>				<b>CAD 102.31</b>
<b>Total Charges:</b>				<b>CAD 102.31</b>

Payment Information				
CREDIT CARD	MC			102.31
<b>Subtotal:</b>				<b>CAD 102.31</b>
<b>Total Payment Amount:</b>				<b>CAD 102.31</b>

If you have any questions about this receipt please contact our support staff at 9802338 or [Email us](#).

ZMD  
 Rental Car - 1M/IT and JVC PCN mtg  
 Enterprise Plus Emerald Club



**Rental Receipt - Thank you for your business**

ALBERTA HEALTH SERVICES  
 VANESSA MACLEAN

Contract Number: [REDACTED]  
 Receipt Date: **Nov 13, 2015**

**Enterprise Location:** 1, 1000 Airport Road  
 Leduc, AB T9E8B7  
 CA  
 Tel.: 9802338

**Driver:** VANESSA MACLEAN

Start Date:	End Date:	Make/Model	Start km	End km	km Driven
Nov 13, 2015 @ 8:45 am	Nov 13, 2015 @ 4:00 pm	GOLF	1,146	1,200	54
<b>Total km</b>					<b>54</b>

Charge Description	Quantity	Per	Rate	Total
Rate	1	Day	40.00	40.00
<b>Subtotal:</b>				<b>CAD 40.00</b>

DUPLICATE

AIRPORT CONCESSION FEE 15.6 PCT				6.36
CUSTOMER FACILITY CHARGE 4.00/DAY				4.00
VEHICLE LICENSE FEE .79/DAY				0.79

**Subtotal:** CAD 51.15  
 feedback

**Total Charges:** **CAD 51.15**

**Payment Information**

CREDIT CARD MC				51.15
<b>Subtotal:</b>				<b>CAD 51.15</b>

**Total Payment Amount:** **CAD 51.15**

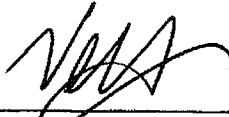
If you have any questions about this receipt please contact our support staff at 9802338 or [Email us](#).

Written Attestation for Lost Receipt

Date/Location Nov 13/15 - Edmonton - SSP & Telus N  
Amount \$ 25.00  
Description parking - Edmonton IM/IT mtg  
& JVC mtg.

- The above receipt has been misplaced
- The expense was incurred and related to AHS business
- The expense has not been previously claimed

  
\_\_\_\_\_  
Vanessa Maclean  
Employee Authorization

  
\_\_\_\_\_  
Verna Yiu  
Claim Approver

Date Signed: NOV 25/15

Date Signed: NOV 27/15



Written Attestation for Lost Receipt

Date/Location Oct 21/15 - Edmonton  
Amount \$ 25.00  
Description parking - Edmonton - Zone Leaders mtg

- The above receipt has been misplaced
- The expense was incurred and related to AHS business
- The expense has not been previously claimed



Vanessa Maclean  
Employee Authorization



Verna Yiu  
Claim Approver

Date Signed: Nov 25/15

Date Signed: Nov 27/15

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
MACLEAN, VANESSA	ZMD, South Zone	Lethbridge	751.06

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/3/2015	ZMD Weekly Site Visit		Mileage	157.92	Lethbridge	Medicine Hat		1			336
11/4/2015	ZMD Meeting with Clinic Physicians		Mileage	15.98	Lethbridge	Coaldale		1			34
11/9/2015	ZMD Weekly Site Visit		Mileage	157.92	Lethbridge	Medicine Hat		1			336
11/17/2015	ZMD Weekly Site Visit		Mileage	157.92	Lethbridge	Medicine Hat		1			336
11/20/2015	ZMD Attend TIA Workshop in Taber		Mileage	51.70	Lethbridge	Taber		1			110
11/23/2015	ZMD Weekly Site Visit		Mileage	157.92	Lethbridge	Medicine Hat		1			336
11/24/2015	South Zone Physician Leaders Strategic Planning Session		Mileage	51.70	Lethbridge	Taber		1			110
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
YIU, VERNA		Approve		30-Dec-15							

## Expenses Report Direct Bill Summary

### Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

### Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

### Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: **YES**

<b>Name :</b> Dr. Vanessa Maclean	<b>Reporting Period for the Month of :</b> Nov-15
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
29-10-2015	Direct Billing	Airline Ticket	██████ - Air Travel from Lethbridge to Edmonton- Attend IM/IT Executive meeting and JVC PCN meeting	Marlin Travel	539.60
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
<b>Total Paid in the Month</b>					<b>\$ 539.60</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

ZMD flight - Attend IM/IT Exec.  
- Attend JVC PCN mtg

Branch: [REDACTED]

Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]

Date:

October 29, 2015

Page:

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Our Reference: [REDACTED]

## INVOICE

For

DR VANESSA MACLEAN

Friday, November 13, 2015

✈ Air

AIR CANADA  
From: LETHBRIDGE  
To: CALGARY AB  
Stops: 0 Arrival: 13Nov15

Flight: 7212 G CLASS  
05:20 AM Equipment: BEH  
06:09 AM

Mile(s) Flown: 115

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2A

✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 13Nov15

Flight: 8130 G CLASS  
07:30 AM Equipment: D8 (300 SERIES)  
08:22 AM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 5C

✈ Air

OTHER TRAVEL  
From: EDMONTON INTL AB  
To: LETHBRIDGE  
Stops: 0 Arrival: 13Nov15

Flight: 829 ECONOMY CLASS  
05:05 PM  
06:15 PM

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: October 29, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Friday, November 13, 2015

Cost:	
INTEGRA [REDACTED]	306.00
	Tax: 37.12
	<b>Ticket Total: 343.12</b>
AIR CANADA WE [REDACTED]	174.00
	Tax: 22.48
	<b>Ticket Total: 196.48</b>
Total:	

<b>Grand Total:</b>	539.60
<b>Less Credit Card Payments:</b>	539.60
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.