

AHS Board and Executive Expense Report

Name Dr. Vanessa MacLean
Title Zone Medical Director South Zone
Location Lethbridge

Expenses submitted during the month of December 2015

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-15	P-Card	Meetings			207	8	215			
Dec-15	Expense Claim	Meetings				1,386	1,386			
Total			\$ -	\$ -	\$ 207	\$ 1,394	\$ 1,601	\$ -	\$ -	\$ -

Total for the Month \$ 1,601

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 184
 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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, 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>	<u>SOUTH ZONE MEDICAL</u>	Billing Reporting Period:	<u>20/12/2015</u>
Cardholder's Name	Cardholder's Position/Title		
<u>MEDICAL AFFAIRS</u>	<u>CHINOOK REGIONAL HOSPITAL</u>	Total Statement Amount:	<u>\$214.58</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			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/11/2015	410590789	WILPARK CANADA INC., AUTOMOBILE PARKING LOTS AND GARAGES	8.00	CAD	8.00	.38		ZMD Parking - IM/IT&JVC ✓
02/12/2015	411820807	DELTA CALGARY AIRPORT, DELTA HOTELS	206.58	CAD	206.58	.00	.00	ZMD Accomodations - Calgary - PPEC ✓

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

Dec 17/15
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

Dec 17/15
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

Dec. 17/15
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. Veronique King
Name of Approver

[Signature]
Signature of Approver

VP Quality + CMO
Approver Position/Title

Dec. 18/15
Date of Signature

<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) 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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
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Reference #: _____ Reviewed by: _____ Date: _____

*parking -
M/T
JVCmtg*

County of Lethbridge

Airport Parking

GST #106989023

Space # : [REDACTED]

Transaction #:
[REDACTED]

Date : NOV/13/15

Time : 04:38 AM

Paid : \$8.00

Card : [REDACTED]

Parking Expires At:

NOV/14/15

04:38 AM

Please Retain Ticket.

Lock your vehicle and

secure all valuables.

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

ZMD Accommodations


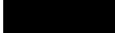

- PPEC




DELTA

CALGARY AIRPORT
2001 Airport Road NE, Calgary, Alberta T2E 6Z8
Tel: 403-291-2600 Fax: 403-250-8722

Dr Vanessa Maclean

Room: 
Folio: 
Cashier: 
Arrival: 12-01-15
Departure: 12-02-15

Date	Description	Additional Information	Charges	Credits
12-01-15	Room Charge		184.00	
12-01-15	Rooms Destination Marketing Fee		5.52	
12-01-15	Rooms Tourism Levy		7.58	
12-01-15	Rooms GST		9.48	
12-02-15	Master Card			206.58

GST Summary	
Registration No:	826085417
Room	9.48
F&B	0.00
Other	5.52
Total	15.00

Total	206.58	206.58
Balance Due	0.00	CDN

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
MACLEAN, VANESSA	ZMD, South Zone	Lethbridge	1385.56

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/1/2015	ZMD Weekly Site Visit		Mileage	157.92	Lethbridge	Medicine Hat		1			336
12/1/2015	Attend PPEC		Mileage	136.77	Medicine	Calgary		1			291
12/2/2015	Return following PPEC Meeting		Mileage	104.81	Calgary	Lethbridge		1			223
12/7/2015	Attend Brooks Medical Issues Committee Meeting		Mileage	144.76	Lethbridge	Brooks		1			308
12/8/2015	ZMD Weekly Site Visit		Mileage	157.92	Lethbridge	Medicine Hat		1			336
12/11/2015	U of C Leadership Meeting		Mileage	209.62	Lethbridge	Calgary		1			446
12/15/2015	ZMD Weekly Site Visit		Mileage	157.92	Lethbridge	Medicine Hat		1			336
12/17/2015	Physician Leaders Meeting		Mileage	157.92	Lethbridge	Medicine Hat		1			336
12/22/2015	ZMD Weekly Site Visit		Mileage	157.92	Lethbridge	Medicine Hat		1			336
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		30-Dec-15							