

AHS Board and Executive Expense Report

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

Expenses submitted during the month of April 2016

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)
Apr-16	P-Card	Meetings				14	14			
Apr-16	Expense Claim	Meetings				931	931			
Total			\$ -	\$ -	\$ -	\$ 945	\$ 945	\$ -	\$ -	\$ -

Total for the Month \$ 945

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.

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.

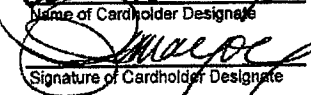
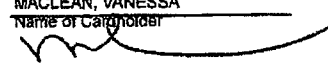
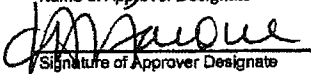
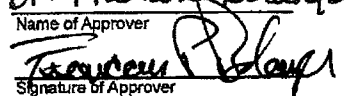
Instruction:

- 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> Cardholder's Name	<u>MEDICAL DIRECTOR</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/04/2018</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>CRH</u> Cardholder's Site/Location	Total Statement Amount: <u>\$14.25</u>
<u>VANESSA.MACLEAN@AHS.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	Freigh	Description
06/04/2018	425074240	AHS PLC PARKING ZEAG, AUTOMOBILE PARKING LOTS AND GARAGES	14.25	CAD	14.25	.66		Parking-JVC Mtg Calgary



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>Jodi Tarnopse</u> <small>Name of Cardholder Designate</small>  <small>Signature of Cardholder Designate</small>	<u>Executive Coordinator</u> <small>Cardholder Designate Position/Title</small> <u>21-4-16</u> <small>Date of Signature</small>	
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> <small>Name of Cardholder</small>  <small>Signature of Cardholder</small>	<u>MEDICAL DIRECTOR</u> <small>Cardholder Position/Title</small> <u>21-4-16</u> <small>Date of Signature</small>	
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. 		
<u>Audrey Malone</u> <small>Name of Approver Designate</small>  <small>Signature of Approver Designate</small>	<u>Exec Admin Coord</u> <small>Approver Designate Position/Title</small> <u>Apr. 27/16</u> <small>Date of Signature</small>	
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. Francois Belanger</u> <small>Name of Approver</small>  <small>Signature of Approver</small>	<u>A/VP Quality + CMO</u> <small>Approver Position/Title</small> <u>May 9 2016</u> <small>Date of Signature</small>	
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: _____

parking
JVC Calgary

Alberta Health
Services
PLS Lot11

RECEIPT C5

ENTRY DATE/TIME:

06/04/18 11:52

PAY DATE/TIME:

06/04/18 16:41

PARK-DUR.: HRS:MIN

0:04:49

ALLOWED EXIT TO:

07.04.18 12:07

PAID: \$ 14.25

MASTER CARD

REF. 54

* Parking Rates *

* Are GST Exempt *

* Please Exit *

* Site Within *

* 15 Minutes *

* After Payment *

* Is Made *

* No In/Out *

* Privileges *

* Managed by *

* Alberta *

* Health Services *

* Have Questions *

* Or Concerns? *

* Call Us *

* 403-943-4067 *

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
MACLEAN, VANESSA	ZMD, South Zone	Lethbridge	930.90

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/5/2016	ZMD Weekly Site Visit		Mileage	169.68	Lethbridge	Medicine Hat		1			336
4/6/2016	ZMD attend JVC Mtg		Mileage	225.23	Lethbridge	Calgary`		1			446
4/12/2016	ZMD Weekly Site Visit		Mileage	138.37	Lethbridge	Medicine Hat		1			274
4/19/2016	ZMD Weekly Site Visit		Mileage	157.92	Lethbridge	Medicine Hat		1			336
4/25/2016	ZMD Site Visit with CMD		Mileage	81.78	Lethbridge	Milk River		1			174
4/26/2016	ZMD Weekly Site Visit		Mileage	157.92	Lethbridge	Medicine		1			336

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	18-May-16