

## Official Administrator and Executive Expense Report

**Name** Dr. Verna Yiu  
**Title** Vice President, Quality & Chief Medical Officer  
**Location** Edmonton  
 Expenses submitted during the month of July 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jul-14	P-Card	Meetings				53	53			
Jul-14	Expense	Meetings				59	59			
							-			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 112	\$ 112	\$ -	\$ -	\$ -

**Total for the Month** \$ 112

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

## TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

<b>SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)</b>		
<ul style="list-style-type: none"> <li>• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system</li> <li>• Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system</li> <li>• If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)</li> </ul>		Expense Date From: <u>9-Jun-14</u> To <u>25-Jul-14</u> Travel Period from: <u>9-Jun-14</u> To <u>25-Jul-14</u> (if applicable) Out-of-Province Travel <u>No</u>
Name: <u>Dr. Verna Yiu</u>		Position (Title): <u>VP Quality &amp; CMO</u>
Location: <u>Seventh Street Plaza</u>		Dept: <u>Quality &amp; Medical Affairs</u> DOFA Level: <span style="background-color: black; color: black;">[REDACTED]</span> (if applicable)
Employee # (E-People): _____		Union: _____ Business Phone #: <span style="background-color: black; color: black;">[REDACTED]</span>

<b>SECTION E: FINANCE CODING &amp; TOTAL CLAIM</b>												
CAPITAL PROJECT CODING ONLY →		Project Number _____	Project Task Number _____									
		Expenditure Organization _____	Expenditure Type _____									
<b>Total - Section B: Travel - Pg 2</b>		<b>Total - Section C&amp;D: Other &amp; Foreign Expenses - Pg 3</b>										
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense		Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	<b>TOTAL REIMBURSEMENT</b>	
2A	101	0000	71110000087	<b>\$58.58</b>							Total Section B	<b>\$58.58</b>
2B											Total Section C&D	
2C											Less Cash Advance	
2D											<b>TOTAL CLAIM</b>	<b>\$58.58</b> ✓
				<b>\$58.58</b>			<b>**User to enter Coding &amp; \$ Amounts</b>					
<b>NOTE:</b> This section auto fills from page 2A, 2B, 2C & 2D					<b>NOTE:</b> These fields do not automatically fill for Section C & D							

<b>SECTION F: AUTHORIZATION</b>		
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. 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		Travel, Hospitality and Working Session Expenses Policy - Document# 1122
Employee Signature: <u>[Signature]</u>	Date: <u>July 25/14</u>	
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. 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): <u>Deborah Rhodes</u>		Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.
Signature: <u>Deborah Rhodes</u>	Title: <u>VP Corp Services &amp; CFO (acting)</u>	Date: <u>July 28/14</u>
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. 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 _____
Signature: _____	Title _____	Date _____

Health and Personal information on this form is collected by AHS under the authority of section 20(L) 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**

<b>Enter Finance Coding</b> 101   0000    71110000087	<b>Emp # (E-People)</b> _____	Page <b>2A</b>
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*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 = Inter!)  
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

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-Jun-14	Travel to Nisku - co-chair the ACC Meeting (return)	AB	Meeting	Yes										116.00
<b>SUBTOTALS</b>														Total Kms
														116.00

<b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> --> 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 <i>(see Mileage details to the left)</i>
	\$0.505

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3	Mileage \$      \$58.58
	Travel \$ Subtotal
	Auto fills on page 1 - TOTAL TRAVEL \$      \$58.58

**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)

**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

YIU, VERNA Cardholder's Name	VP QUALITY & CMO Cardholder's Position/Title	Billing Reporting Period: 20/07/2014
QUALITY & MEDICAL AFFAIRS Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount: \$53.00
VERNA.YIU@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address	Last 6 digits of the P-Card # [REDACTED]	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/06/2014	356094175	GAS BAR #1774 - B, FUEL DISPENSER, AUTOMATED	53.00	CAD	53.00	2.52		Travel to Calgary - attend CMO QI Launch and several other meetings

\* Fleet vehicle gas card was not in the information folder.

Signatures		
<p><b>Cardholder Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
<p><u>Audrey Malone</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Exec. Asst</u> Cardholder Designate Position/Title</p> <p><u>July 24/14</u> Date of Signature</p>	
<p><b>Cardholder</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>YIU, VERNA</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>VP QUALITY &amp; CMO</u> Cardholder Position/Title</p> <p><u>July 25/14</u> Date of Signature</p>	
<p><b>Approver Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>Susan Best</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>Executive Assistant</u> Approver Designate Position/Title</p> <p><u>July 25, 2014</u> Date of Signature</p>	
<p><b>Approver</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>Deborah Rhodes</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>VP Corp Services &amp; CFO (Acting)</u> Approver Position/Title</p> <p><u>July 28/14</u> Date of Signature</p>	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:             <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<b>Accounts Payable only.</b>		
Reference #: _____	Reviewed by: _____	Date: _____

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Superstore GasBar#1774  
18506 Southport Road SW  
Calgary AB

Pump 7  
REGULAR \$53.00  
41.439L x 1.279\$/L  
TOTAL \$53.00

Taxes included in fuel:  
GST# 122235922 \$2.52



Approved  
Pre Auth Completion  
MasterCard

AID: 80000000001010



Host Date: 06/23/2014

Host Time: 18:26:21

AUTHCO [Redacted]

S793000000000000000000000

TUR: 0000001000 TSI: E800

1774-7

Superbucks

Travel to Calgary attend  
CMIO @ I launch as well  
as other meetings

\* Fleet vehicle fuel card was  
not in the information folder.