

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 November 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)
Nov-14	P-Card	Meetings			816	241	1,057			
Nov-14	Expense	Meetings	406	53		98	557			
Total			\$ 406	\$ 53	\$ 816	\$ 339	\$ 1,614	-	-	-

Total for the Month \$ 1,614

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 351
 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 			
YIU, VERNA	VP QUALITY & CMO	Billing Reporting Period:	20/11/2014
Cardholder's Name	Cardholder's Position/Title		
QUALITY & MEDICAL AFFAIRS	SEVENTH STREET PLAZA	Total Statement Amount:	\$1,056.64
Cardholder's Dept	Cardholder's Site/Location		
VERNA.YIU@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #: XXXXXXXXXX	
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 27/10/2014	368921051	MPARK00020004U, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	12.00	.57	.00	Parking: Gardner Foundation Symposium, Hotel MacDonald
② 28/10/2014	369031887	MPARK00020001U, AUTOMOBILE PARKING LOTS AND GARAGES	32.00	CAD	32.00	1.52	.00	Parking: Quality Patient Safety Summit, Shew Conference Ctr
③ 03/11/2014	368713869	YELLOW CARD SERVICES I, LIMOUSINES AND TAXICABS	62.20	USD	60.58	.00	.00	Taxi: San Francisco airport to hotel - attend CXO Roundtable
④ 05/11/2014	370246708	INTER-CONTINENTAL HOTE, INTERCONTINENTAL HOTELS	695.58	USD	815.69	.00	.00	Accommodation: attend Vocera CXO Roundtable, San Francisco
⑤ 05/11/2014	370246707	AIRPORT EXPRESS SF, TRANSPORTATION SERVICES NOT	107.75	USD	126.36	.00	.00	Taxi: hotel to San Francisco International Airport, attend Vocera CXO Roundtable
⑥ 08/11/2014	370437051	MPARK00020154U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.46	.00	Parking: Province Wide Advisory Council meeting, Coast Edmonton Plaza Hotel

Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <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. 		
<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>NOV. 25/14</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <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. 		
<p><u>YIU, VERNA</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>VP QUALITY & CMO</u> Cardholder Position/Title</p> <p><u>NOV. 25/14</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <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. 		
<p><u>Susan Best</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>Exec. Assistant</u> Approver Designate Position/Title</p> <p><u>NOV. 28, 2014</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <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. 		
<p><u>Deborah Rhodes</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>VP Corp Services & CFO</u> Approver Position/Title</p> <p><u>Dec. 1/14</u> Date of Signature</p>	
<p>Submit approved statement with attachments to Accounts Payable:</p>		
<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>	
<p>Accounts Payable only:</p>		
Reference #: _____	Reviewed by: _____	Date: _____

①

PLACE FACE UP ON DASH

NO IN AND OUT PRIVILEGES
IMPARK LOT 4

Expiration Date/Time

11:00 PM
OCT 27, 2014

Purchase Date/Time: 06:43pm Oct 27, 2014

Total Parking: \$11.43

Total gst: \$0.57

Total Due: \$12.00

Rate: \$12- until 11pm

Total Paid: \$12.00

Payment Type: Card

Ticket

S/N #: 520014000141

Setting: Lot 4

Mach Name: Meter 2

[Redacted]

RECEIPT

NO IN AND OUT PRIVILEGES

Expiration Date/Time: 11:00pm Oct 27, 2014

Purchase Date/Time: 06:43pm Oct 27, 2014

Total Parking: \$11.43

Total gst: \$0.57

Total Due: \$12.00

Rate: \$12- until 11pm

Total Paid: \$12.00

Payment Type: Card

Ticket

Setting: Lot 4

Mach Name: Meter 2

[Redacted]

Parking: Gardiner
Foundation Symposium,
Hotel Macdonald.

②

Expiration Date/Time

05:00 PM
OCT 28, 2014

Purchase Date/Time: 07:35am Oct 28, 2014

Total Parking: \$30.48

Total gst: \$1.52

Total Due: \$32.00

Rate: \$32.00 until 5pm

Total Paid: \$32.00

Payment Type: Card

Ticket

S/N #: [Redacted]

Setting: Lot 1

Mach Name: Meter 1

[Redacted]

RECEIPT

NO IN AND OUT PRIVILEGES

Expiration Date/Time: 05:00pm Oct 28, 2014

Purchase Date/Time: 07:35am Oct 28, 2014

Total Parking: \$30.48

Total gst: \$1.52

Total Due: \$32.00

Rate: \$32.00 until 5pm

Total Paid: \$32.00

Payment Type: Card

Ticket

S/N #: [Redacted]

Setting: Lot 1

Mach Name: Meter 1

[Redacted]

③

Yellow Cab Coop

San Francisco

415-333-3333

AIRPORT

TO

HOTEL

Start Time

2014/11/3 14:3

End Time

2014/11/3 14:4

Vehicle: 968/0968

Trx: [Redacted]

Card [Redacted]

Aprv: Pending

Fare: 44.20 ✓

Extras: 2.00 ✓

Tip: 6.00 ✓

Total: 52.20 ✓

Taxi: San Francisco
International Airport
to Intercontinental
Mark Hopkins
Hotel - a Hend
Vocera CXO Roundtrip

4

INTERCONTINENTAL
MARK HOPKINS SAN FRANCISCO

11/05/14

Verna Yiu	Folio No. :	[REDACTED]	Room No. :	[REDACTED]
[REDACTED]	A/R Number :	[REDACTED]	Arrival :	11/03/14
[REDACTED]	Group Code :	[REDACTED]	Departure :	11/05/14
CA	Company :	[REDACTED]	Conf. No. :	[REDACTED]
	Membership No. :		Rate Code :	
			Page No. :	1 of 1

Date	Description	Charges	Credits
11/03/14	Package Rate	299.00	
11/03/14	Room Tax	48.78	
11/04/14	Package Rate	299.00	
11/04/14	Room Tax	48.78	
11/05/14	Mastercard [REDACTED]		695.56
Total		695.56	695.56
Balance		0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Accommodation: Attend Vocera CxO Roundtable
in San Francisco

5



Received \$ 107.75
Name V YIU / D GORDON / C. HOFFMAN TRANSPORT
Date NOV 5 Time 1600hrs
Driver

107.75

Taxi: Hotel to San Francisco International Airport:
Attend Vocera Cxo Roundtable

6

PLACE FACE UP ON DASH
Impark Lot 154
Expiration Date/Time
EXP 06:00AM HRC
NOV 09, 2014 cmf.

Purchase Date/Time: 06:12am Nov 08, 2014
Total Parking: \$9.52
Total gst: \$0.48
Total Due: \$10.00
Total Paid: \$10.00
Rate: \$10 - All Day
Payment Type: Card

S/N #: 100008440035
Setting: Lot 154
Mach Name: Meter 1
GST #007315538RT0001
NO IN AND OUT PRIVILEGES

*RECEIPT
Impark Lot 154

Expiration Date/Time: 06:00am Nov 09, 2014
Purchase Date/Time: 06:12am Nov 08, 2014

Total Parking: \$9.52
Total gst: \$0.48
Total Due: \$10.00
Total Paid: \$10.00
MasterCard
Rate: \$10 - All Day
Payment Type: Card

Setting: Lot 154
Mach Name: Meter 1

Parking: Prestenter:
Province Wide Advisory
Council meeting, Coast
Edmonton Plaza Hotel

Travel Approval Form (Out-of Province Only) / Request for Advance

A. TRAVEL PARTICULARS			
Out-of-Province: <input checked="" type="checkbox"/>		Advance Request: <input type="checkbox"/>	Destination: San Francisco, California
Name: Dr. Verna Yiu		Employee #: [REDACTED]	Report To: Vickie Kaminski
Department: [REDACTED]		Office Location: [REDACTED]	Business Phone #: [REDACTED]
What former entity payroll systems is the employee currently being paid from? (Please <input checked="" type="checkbox"/> one from below).			
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central	
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights	
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health	
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country	
Finance Code/Accounting Distribution (if applicable):			
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account
101	0000	71110000087	
Dates: From (day/month) 3/11 (year) 2014 to (day/month) 5/11 (year) 2014			
Purpose of Trip: Attend the Experience Innovation Network roundtable: Innovations in Human Experience - leaders/researchers engaged in demonstrating the impact of the human experience on core outcomes in health care			
Employee Signature: <i>[Signature]</i>			Date: Oct 8/14
APPROVALS: (Sr. VP prior approval required for all Out-of-Province Travel) (Travel Advance Approval – Travel Policy Appendix A)			
Approved By: (please print) Vickie Kaminski		Title: President + CEO	Phone #: [REDACTED]
Signature: <i>Vickie Kaminski</i>			Date: Oct. 9, 2014
Approved By: (please print)		Title:	Phone #
Signature:			Date:

B. ESTIMATE OF EXPENSES <input type="checkbox"/> Canadian Dollars <input type="checkbox"/> US Dollars		
Category	Description	Amount
1. Accommodation Charge	# 3 Nights at \$299.00 (plus taxes/fees)USD/night	\$1,100.00 ✓
2. Meals		
3. Registration	by invitation only	0.00
4. Airfare or Other Travel Costs		410.00
5. Other Expenses (please specify)	ground transportation/airport parking	150.00
Total Estimated Travel Costs		\$1,660.00

C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE (only if amount required is \$500 or above)	
Advance Amount (\$) Requested:	Date Required:

- > If an advance is being requested the original approved Travel Approval Form should be forwarded to Accounts Payable 3 weeks prior to departure date, where possible.
- > All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services Travel Policy.



CXO Roundtable: Innovations in Human Experience November 4- November 5, 2014 | San Francisco, CA

FEATURED SPEAKERS



David T. Feinberg, M.D.
M.B.A.
President, UCLA Health
System, Chief Executive
Officer, UCLA Hospital
System



M. Bridget Duffy, MD
Chief Medical Officer,
Vocera Communications



Arnold Mittleman, MD, FACC
Professor of Medicine
Director, Stanford Clin
Excellence Research Ce



Valerie Ulstad, MD,
MPA, MPH, FACC,
Chief Engagement Officer of
Partners at Cascade Bluff LLC



Penny Wheeler, MD
Chief Clinical Officer,
Allina Hospitals & Clinics



Tony Schwartz
Founder and CEO,
The Energy Project

CREATING EMPLOYEE AND PHYSICIAN LOYALTY THAT DRIVE OUTCOMES.

Please save the date for the seventh semi-annual CXO Roundtable on **November 4th-5th** in San Francisco. This invitation-only event will convene leaders in experience transformation from across the continent together with top researchers engaged in demonstrating the impact of the human experience on core outcomes in health care. Our objective is to engage clinicians, leaders, and researchers in a way that accelerates the discovery and implementation of breakthrough solutions that improve healthcare outcomes, create value for patients, and restore the human connection in healthcare. We strive to disrupt the status quo, surpass incremental improvements, and redefine the delivery of care.

WHO SHOULD ATTEND

Attendance at Roundtable events is limited to senior executives, CEOs, CMOs, CNOs, CXOs, and executives responsible for quality, safety, and innovation in healthcare from Collaborative member health systems and key partner organizations.

LOGISTICS

Date: Noon Tuesday, November 4th, 2014 to one o'clock Wednesday, November 5th, 2014.

Location: San Francisco, CA

Meeting Location: The InterContinental Mark Hopkins, 999 California Street, San Francisco, California 94108
Room of the Dawns, Lobby Level



TRAVEL AND ACCOMMODATIONS

Attendees are responsible for their own travel/hotel arrangements. A room block has been negotiated for the event at the **InterContinental Mark Hopkins**. Please call the hotel reservations and mention Vocera Communications' Room Block July 27th-29th

- **Address:** 999 California Street, San Francisco, California 94108
- **Phone:** 1-800-662-4455 and identify yourselves as participants of the Group "Vocera Communication CXO Roundtables" in order to receive the negotiated rates.
- ****Please make reservations by October 13, 2014**

QUESTIONS? PLEASE CONTACT:

Katie Balestreri
Associate, Experience Innovation Network



REGISTER ONLINE:

Attendance is limited. Register online at <https://novembercxo.eventbrite.com> by **October 15th, 2014**.

ABOUT THE EXPERIENCE INNOVATION NETWORK

EXPERIENCE Innovation Network

The Experience Innovation Network supported by Vocera Communications and the Stanford Clinical Excellence Research Center fosters partnerships across organizations to revolutionize healthcare experience and outcomes. Founded by Dr. Bridget Duffy, the first Chief Experience Officer in the nation, this network of healthcare pioneers is accelerating the discovery and adoption of innovations that restore the human connection in healthcare that ultimately improves clinical outcomes, increases patient and staff satisfaction, drives physician loyalty, and creates market differentiation in an uncertain healthcare environment.

The Experience Innovation Network supported by Vocera Communications and the Stanford Clinical Excellence Research Center fosters partnerships across organizations to revolutionize healthcare experience and outcomes.

Tweet at or about this event!
@EINHealth
hashtag: #cxrt

EXPERIENCE
Innovation Network

vocera 

①

United Express/Skywest

Passenger Information

1: Dr Verna Yiu : Adult (16+), Ticket Number: [REDACTED]

Air Canada - [REDACTED] Meal Preference : None
Aeroplan : [REDACTED]
Payment Card: [REDACTED] Special Needs: None
Seat Selection: None

2: Mr Kung doh Lau : Adult (16+), Ticket Number: [REDACTED]

Air Canada - [REDACTED] Meal Preference : None
Aeroplan : [REDACTED]
Payment Card: [REDACTED] Special Needs: None
Seat Selection: None

Purchase Summary

Fare Summary

Passenger Type	<u>Adult</u>
Air Transportation Charges	
Departing Flight - Tango	152.00
Return Flight - Tango	111.00
Surcharges	15.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	30.00
U.S.A Transportation Tax	39.24
U.S Agriculture Fee	5.61
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	16.01
U.S Passenger Facility Charge	5.05
U.S.A Immigration User Fee	7.85
Air Travellers Security Charge (ATSC)	12.10
September 11 Security Fee	6.28
U.S. Federal Customs Fee	6.17
Total airfare and taxes before options (per passenger)	<u>406.31</u>
Number of passengers	x 2
Total airfare, taxes and options	<u>812.62</u>
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	812.62

Attend Vocera
CXC Roundtable,
San Francisco
\$406.31

Payment Information

Credit/Debit Card [REDACTED] Amount paid: \$812.62
The following charges (tax inclusive) will appear on your credit or debit card statement:

Air Canada: \$406.31 (Airfare - per ticket)

Ticket number(s): [REDACTED]

enRoute City Guide

San Francisco

Booking Information

①

Booking Reference: [REDACTED]

Customer Care
 Air Canada
 1-888-247-2262
Flight Arrivals and Departures
 1-888-422-7533

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:
 Dr Verna Yiu
 verna.yiu@albertahealthservices.ca
 Mobil [REDACTED]
 Home [REDACTED]
 Work [REDACTED]

Online Services

Manage my booking online (view/change my booking; select seats*).
Select Seats
Maple Leaf Lounge | Meal Vouchers | On My Way
Alert me of flight status changes directly to my mobile phone or email.
Flight Arrivals & Departures - check online if my flight is on time.
Check-in online and print my boarding pass.

* Can my booking be changed online?



Additional passenger information is required

Your current flight itinerary includes travel to a country that requires additional passenger information.

We strongly encourage you to provide this information ahead of time from the comfort of your home or office with our secure online form.

Provide Passenger Information

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC4130 ¹	Edmonton, Edmonton Int'l (YEG) Sat 01-Nov 2014 12:40	San Francisco, San Francisco Int'l (SFO) Sat 01-Nov 2014 14:53 - Terminal 3	0	3hr13	CR7	Tango, A	
 Flight AC4130 is operated by United Express/Skywest. Please check in directly at the United Express/Skywest counter. Certain smaller carriers conduct airport operations through the ticketing counters of larger airlines.							
AC4139 ¹	San Francisco, San Francisco Int'l (SFO) Wed 05-Nov 2014 19:25 - Terminal 3	Edmonton, Edmonton Int'l (YEG) Wed 05-Nov 2014 23:23	0	2hr58	CR7	Tango, K	
 Flight AC4139 is operated by United Express/Skywest. Please check in directly at the United Express/Skywest counter. Certain smaller carriers conduct airport operations through the ticketing counters of larger airlines.							

Operated by:



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 1-Nov-14 To 30-Nov-14
 Travel Period from: 1-Nov-14 To 30-Nov-14 (if applicable)
 Out-of-Province Travel Yes

Name: Dr. Verna Yiu Position (Title): VP Quality & CMO
 Location: [Redacted] DOFA Level: [Redacted] (if applicable) Union: [Redacted] Business Phone: [Redacted]
 Employee # (E-People): [Redacted]

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Project Task Number _____
 Expenditure Organization _____ Expenditure Type _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0000	71110100100	\$530.76 ✓	101	0000	71110100100	62314001	\$25.93 ✓	\$530.76	\$25.93	
2B										Less Cash Advance		
2C										TOTAL CLAIM	\$556.69	
2D												
				\$530.76	**User to enter Coding & \$ Amounts				\$25.93			

NOTE: This section auto fills from page 2A, 2B, 2C & 2D
 NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

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. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements.
 Employee Signature: [Signature] Date: Dec. 5/2014

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 claim form with receipts should be sent by the claimant directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level: [Redacted] Ext: [Redacted]
 Signature: Deborah Rhodes Title: VP Corp Services + CFO Date: Dec. 8/14

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(b) 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

Enter Finance Coding 101 0000 71110100100 Emp # (E-People) _____ Page **2A**

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.

Completion of the "Cost Effective Method Used" Column is **REQUIRED**.
If you select "No" in this column,
Further Explanation is **REQUIRED** in the "Rationale is Required" section on this page

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							
1-Nov-14	Travel to Edmonton International Airport (return) - attend Vocera CXO Roundtable, San Francisco	AB	Conf	Yes										70.00	✓
1-Nov-14	Airfare and Baggage Fee: attend Vocera CXO Roundtable, San Francisco	AB	Conf	Yes					\$406.31	✓					
4-Nov-14	Dinner: attend Vocera CXO Roundtable, San Francisco	US	Conf	Yes	D-\$20.75	\$20.75	✓								
5-Nov-14	Lunch & Dinner: attend Vocera CXO Roundtable, San Francisco	US	Conf	Yes	LD-\$32.35	\$32.35	✓								
5-Nov-14	Parking at Edmonton International Airport: attend Vocera CXO Roundtable, San Francisco	AB	Conf	Yes							\$36.00	✓			
SUBTOTALS						\$53.10			\$406.31		\$36.00			Total Kms 70.00	

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
→ 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 (see Mileage details to the left)	\$0.505
Mileage \$	\$35.35
Travel \$ Subtotal	\$495.41
Auto fills on page 1 - TOTAL TRAVEL \$	\$530.76

Note: Total will auto fill into pg 1, Section E, If form completed electronically - Additional pg 2's can be found after Page 3

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)

EXPENSE CLAIM DETAILS

*If **NOT** claiming any expenses in Sections C or D, this page does **NOT** have to be submitted.*

SECTION C: OTHER EXPENSES					Emp # (E-People)		Page 3			
<p>• Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses. → If expenses are for <u>travel, gas, etc., go to Section B on pg 2.</u> • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</p> <p align="center">***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>										
Date dd-mmm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bal Unit	Location	Functional Centre	Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column	TOTAL OTHER \$

SECTION D: FOREIGN CURRENCY										
ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement) If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.										
Please click on the following link for the Bank of Canada exchange rate using the date of expense			Bank of Canada Currency Converter →		Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column					
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	Finance Coding			Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
1-Nov-14	Baggage Fees: Attend Vocera CXO Roundtable, San Francisco	101	0000	71110100100	82314001	Yes	\$23.10	USD	1.1226	\$25.93 ✓

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)

Expenses Paid (Retain a copy for your records)
 Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

①



Baggage Receipt

Issue Date: 01 NOV 2014 YEG A10

A STAR ALLIANCE MEMBER

Baggage Document	Description	Qty	Fees	Method of Payment
[REDACTED]	First Bag Fee	1	\$22.00	[REDACTED]
	Tax	--	\$1.10	

Ticket Number
[REDACTED]

Cardholder Name
VERNA YIU

BAGGAGE FEES

Total Fees

USD \$23.10

Confirmation: [REDACTED]

Excess Baggage Terms and Conditions:

- All excess baggage is subject to space availability.
- Receipt for payment must be presented at bag check.
- For refunds or adjustments, see a United representative.

Carrier: UA Routing: YEG - SFO

\$ 25.93 CDN ✓

AGENT REFERENCE: [REDACTED]

Attend Vocera CxO Roundtable, San Francisco,

②

IMPARK0020408A
 INT'L AIRPORT SERVICE ROAD
 EDMONTON, AB, T5J2T2
 MID: 07169800005
 GST#: 00000000000000

TID: 102

SALE

Visa CHIP

11/05/2014 23:37:56 Inv [REDACTED]

AG000000031010 Visa Credit
 TVR 0080000000 TSI F800

Total: \$36.00 ✓

[REDACTED]

Customer copy

Parking:
 Edmonton International
 Airport
 Attend Vocera CxO
 Roundtable, San Francisco