

Official Administrator and Executive Expense Report

Name Vickie Kaminski
Title President & Chief Executive Officer
Location Edmonton
 Expenses submitted during the month of March 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)
Mar-15	Expense Claim	Meetings				326	326			
Mar-15	Direct-Billing	Meetings	363				363			
Total			\$ 363	\$ -	\$ -	\$ 326	\$ 689	\$ -	\$ -	\$ -

Total for the Month \$ 689

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

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)		Expense Date From: 30-Mar-15 To _____	
<ul style="list-style-type: none"> • 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) 		Travel Period from: _____ To _____ (if applicable)	
Name: Vickie Kaminski		Position (Title): President & CEO	
Location: [REDACTED]	Dept: [REDACTED]	DOFA Level: [REDACTED]	Union: _____ 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																																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Pg</th> <th>Bal Unit</th> <th>Location</th> <th>Functional Centre (FC)</th> <th>Total Expense</th> </tr> </thead> <tbody> <tr> <td>2A</td> <td>101</td> <td>0006</td> <td>71110100074</td> <td style="text-align: right;">\$325.73</td> </tr> <tr> <td>2B</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2C</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2D</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">\$325.73</td> </tr> </tbody> </table>	Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	2A	101	0006	71110100074	\$325.73	2B					2C					2D									\$325.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Bal Unit</th> <th>Location</th> <th>Functional Centre (FC)</th> <th>Secondary/ Expense</th> <th>Total Expense</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense																									
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NOTE: This section auto fills from page 2A, 2B, 2C & 2D	NOTE: These fields do not automatically fill for Section C & D																																																												

TOTAL REIMBURSEMENT	
Total Section B	\$325.73
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$325.73

SECTION F: AUTHORIZATION			
<p>I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.</p> <p>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.</p> <p>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.</p> <p style="text-align: right;">Travel, Hospitality and Working Session Expenses Policy - Document# 1122</p>			
1. by signing this form, attest that I am compliant to all the above statements		Employee Signature: <u>Vickie Kaminski</u> Date: <u>Apr 01/15</u>	
<p>I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.</p> <p>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.</p> <p>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.</p> <p style="text-align: right;">Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.</p>			
Approved By (PRINT ONLY): <u>Deb Rhodes</u>		DOFA Level: [REDACTED] Position # [REDACTED] Phone: [REDACTED] Ext: [REDACTED]	
1. by signing this form, attest that I am compliant to all the above statements		Signature: <u>Deborah Rhodes</u> Title: <u>VP Corporate Services & CFO</u> Date: <u>Apr. 2/15</u>	
<p>I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.</p> <p>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.</p> <p>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.</p>			
Approved By (PRINT ONLY): <u>Dr. Carl Amrhein</u>		DOFA Level: _____ Position # _____ Phone: [REDACTED] Ext: _____	
1. by signing this form, attest that I am compliant to all the above statements		Signature: <u>Carl Amrhein</u> Title: <u>Official Administrator</u> Date: <u>Apr. 2/15</u>	

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.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

Executive Expenses Report Direct Billing 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions.
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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 No

Name: **Vickie Kaminski**

Reporting Period for the Month of: **March 2015**

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-03-16	Direct Billing	Transportation	Airline ticket from Edmonton to Calgary and return on March 18/15 (Work out of the Calgary office; meet with externals, present at the Emerging Health Leaders Lunch Meeting)	Marlin Travel	\$362.96

	Choose One	Choose One			\$
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$362.96

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

Branch:
Agent:

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

Invoice Number:
Date: March 16, 2015
Page: 1/2
Our Reference:
Your Reference:

INVOICE

For
MS VICTORIA KAMINSKI
AC

Wednesday, March 18, 2015

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 18Mar15
AIR CANADA E
BOOKING REFERENCE
TICKET NUMBER
SEAT SELECTION 4D

Flight: 8133 W CLASS
07:00 AM Equipment: DH4
07:53 AM

Mile(s) Flown: 163

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 18Mar15
AIR CANADA E
BOOKING REFERENCE
TICKET NUMBER

Flight: 8150 W CLASS
03:30 PM Equipment: D8 (300 SERIES)
04:25 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB
AIR CANADA WEB

Tax: 74.96
Ticket Total: 362.96

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

Invoice Number: [REDACTED]
Date: March 16, 2015
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	362.96
Less Credit Card Payments:	362.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	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 2ECO
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.