

## Official Administrator and Executive Expense Report

**Name** Dr. Paul Grundy  
**Title** SVP Cancer Care/Senior Medical Director Cancer Care  
**Location** Edmonton  
 Expenses submitted during the month of March 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)
Mar-14	Direct Billing	Meetings	641				641			
Mar-14	Expense Claim	Meetings & Conference		53	223	223	499	32		
<b>Total</b>			\$ 641	\$ 53	\$ 223	\$ 223	\$ 1,140	\$ 32	\$ -	\$ -

**Total for the Month** \$ 1,172

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 199  
 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

## 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: Dr. Paul Grundy

Reporting Period for the Month of: March 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-03-06	Direct Billing	Transportation	Fly to Calgary for all day meetings with Direct Reports and Joint Workforce Planning Committee kick off meeting	Marlin	\$432.96
2014-03-18	Direct Billing	Transportation	Fly to Calgary for meeting with TBCC radiation and medical oncologists and review campaign	Marlin	\$208.48

			prospects with the Alberta Cancer Foundation		
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$641.44

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

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

Invoice Number: [REDACTED]  
Date: February 27, 2014  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

For  
DR PAUL GRUNDY  
AC [REDACTED]

Thursday, March 6, 2014

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3D

Flight: 8161 W CLASS  
07:30 PM Equipment: DH4  
08:18 PM

Mile(s) Flown: 153

Friday, March 7, 2014

✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3D

Flight: 8154 V CLASS  
05:00 PM Equipment: D8 (300 SERIES)  
05:53 PM

Mile(s) Flown: 153

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

Invoice Number: [REDACTED]  
Date: February 27, 2014  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

**Cost:**

AIR CANADA WEB [REDACTED]

353.00

Tax: 69.96

Ticket Total: 422.96

10.00

**Total:**

**Grand Total:** 432.96

**Less Credit Card Payments:** 432.96

**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 2EC0

OUR PRIVACY POLICY CAN BE FOUND AT [WWW.MARLINTRAVEL.CA](http://WWW.MARLINTRAVEL.CA).

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, T5J 3E4

Invoice Number:

Date:

March 11, 2014

Page:

1/2

Our Reference:

Your Reference:

## INVOICE

For

DR PAUL GRUNDY

AC

Tuesday, March 18, 2014

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2D

Flight: 8133

W CLASS

07:00 AM Equipment: D8 (300 SERIES)

07:53 AM

Mile(s) Flown: 153

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2D

Flight: 8164

G CLASS

08:00 PM Equipment: D8 (300 SERIES)

08:53 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEE

172.00

Tax:

32.48

Ticket Total:

204.48

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

Invoice Number: [REDACTED]  
Date: March 11, 2014  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

Total:

Grand Total:	204.48
Less Credit Card Payments:	204.48
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	208.48
Total Charges Previous Invoices:	208.48
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 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT [WWW.MARLINTRAVEL.CA](http://WWW.MARLINTRAVEL.CA).

# 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: 6-Mar-14 To 7-Mar-14  
Travel Period from: 6-Mar-14 To 7-Mar-14 (if applicable)  
Out-of-Province Travel No

Name: Dr Paul Grundy

Position (Title): SVP/SrMD

Location: Sun Life Place

Dept: CancerControl

DOFA Level

(if applicable)

Union:

Business Phone #

Ext: N/A

Employee # (E-People):

## 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				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0000	71110000012	\$373.12
2B	101	0000	71110000012	
2C				
2D				
				\$373.12

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

Total - Section C&D: Other & Foreign Expenses - Pg 3				
Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense

\*\*User to enter Coding & \$ Amounts

NOTE: These fields do not automatically fill for Section C & D

TOTAL REIMBURSEMENT	
Total Section B	\$373.12
Total Section C&D	
Less Cash Advance	
<b>TOTAL CLAIM</b>	<b>\$373.12</b>

## SECTION F: AUTHORIZATION

I hereby certify 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 warrant the expenses evidenced 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, where a rationale and supporting analysis is provided above.

Travel, Hospitality and Working Session Expense Policy - Document 1122

I hereby sign this form to attest that I am compliant to all the above statements.

Employee Signature:

Date

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 warrant the expenses evidenced 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, where a rationale and supporting analysis is provided above.

Approved claim form with receipt should be sent by the Approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Rick Trimp

DOFA Level

Position #

Phone

Ext: N/A

I hereby sign this form to attest that I am compliant to all the above statements.

Signature:

Title

Interim Pres/CEO Pop Hlth & Prov Svcs

Date

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 warrant the expenses evidenced 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, where a rationale and supporting analysis is provided above.

Approved By (PRINT ONLY):

DOFA Level

Position #

Phone #

Ext

I hereby sign this form to attest that I am compliant to all the above statements.

Signature:

Title

Date

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 warrant the expenses evidenced 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, where a rationale and supporting analysis is provided above.

## EXPENSE CLAIM DETAILS

Enter Finance Coding

101

0000

71110000012

Emp # (E-People)

Page 2A

If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg 3) 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, Felona, etc, 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-mm-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						
6-Mar-14	Taxi expense traveling from Calgary airport to hotel in preparation for all day meetings in Calgary Mar 7/14	AB	Meeting	Yes						\$42.70				
7-Mar-14	Parking expense incurred at Edm airport. Dr. Grundy left car for 1 day	AB	Meeting	Yes						\$23.00				
7-Mar-14	Breakfast and lunch expense. Dr. Grundy in all day meetings Mar 7 and went up the night before	AB	Meeting	Yes	BL-\$20.80	\$20.80								
7-Mar-14	Hotel expense, one night stay in preparation for all day meetings Mar 7/14	AB	Meeting	Yes					\$223.42					
7-Mar-14	Taxi expense traveling from Calgary hotel to TBCC for all day meetings in Calgary Mar 7/14	AB	Meeting	Yes						\$19.60				
7-Mar-14	Taxi expense traveling from TBCC to Calgary airport after all day meetings Mar 7/14	AB	Meeting	Yes						\$43.60				
SUBTOTALS						\$20.80				\$223.42	\$105.90	\$73.00	Total Kms	

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 \$

Travel \$ Subtotal

\$373.12

Auto fills on page 1 - TOTAL TRAVEL \$

\$373.12

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)

Hotel charge is over the per diem by \$23.42. It is unlikely to find a hotel for cheaper in downtown Calgary and this makes the commute to TBCC easier than booking further out of downtown and incurring a more expensive taxi ride.

TBCC → airport (5)

\* TRANSACTION RECEIPT \*  
Checker/Yellow Cabs  
316 Meridian Road SE  
Calgary, AB, T2A 1X2  
403-299-9999

Taxi Service

TYPE: AMEX  
CARD: [REDACTED]  
EXP: [REDACTED]  
DATA: SWIPED  
TerminalID: 000014723A27  
Transaction Reference  
Number: [REDACTED]  
DATE: 2014/03/07 15:34:12  
AUTH: [REDACTED]  
IFID: 10411763  
DRV: [REDACTED]  
VEH: [REDACTED]  
GST: 871520920  
Meter Start Time:  
15:04:30  
Meter Stop Time:  
15:32:52  
Distance: 20.1 Km

FARE 1: \$ 38.10  
FLAT : \$ 0.00  
TAX : \$ 0.00  
TOTAL FARE: \$ 38.10  
PAYMENT AMOUNT: \$ 38.10  
TIP: \$ 5.50

TOTAL PAYMENT: \$ 43.60 (5)  
Purchase Auth Complete  
GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax CodeCA5%

POF 1st F1 07/03/14 18:36  
Receipt [REDACTED]

Short-term parking tkt  
HL - No. 059775  
06/03/14 18:54 -  
07/03/14 18:53 -  
Period 1d0h0'  
(Tax) \$23.00

Total \$23.00

Payment Received  
AMEX \$23.00 (2)

Type: Swiped

Sub Total \$21.90  
Tax 5% 1.10

00208205 - 1/1

ASSOCIATED CAB ALTA LTD  
387 - 41 AVE NE (403) 299-1111  
INSIST ON THE PROFESSIONALS

Airport → Hotel

DATE: 2014/03/06  
PICK-UP TIME: 20:29  
DROP-OFF TIME: 20:46  
TRIP ID: 8  
LOCATION: 073000-45024103707  
CAR NUMBER:  
CARD TYPE:  
CARD:  
EXPIRY:  
AUTH:

FARE (\$): 37.70  
EXTRA (\$): 8.00  
SUBTIL (\$): 37.70

TIP (\$): 5.00

TOTAL (\$): 42.70 (1)

SIGNATURE: [Signature]

FOR ONLINE TAXI BOOKINGS VISIT

CUSTOMER'S COPY  
receipt (1)

Hotel → TBCC

TRANSACTION RECEIPT = (4)

ALTA CAB LTD.  
BOOK TAXI ON LINE AT  
WWW.ALTA.CAB.CA  
403-299-9999

ACCOUNT TYPE: CREDIT CARD

[REDACTED]

17/03/07 07:49:28  
AUTH#:

VEH/DRV: 0411 / 0210  
GST#: 819315300  
TXN ID: [REDACTED]

FARE: \$ 16.29  
FLAT: \$000.00  
EXTRAS: \$000.00  
GST: \$ 0.81

FA+FL+EX+TAX: \$ 17.10  
TIP: \$ 2.50 = \$19.60 (4)



133 9th Avenue SW,  
Calgary, AB, Canada T2P 2M3  
T (403) 262-1234 F (403) 260-1260  
G.S.T. Registration # 846543619

Room :  
Folio # :  
Cashier # :  
Page # : 1 of 1

Dr Paul Grundy

Arrival : 03-06-14  
Departure : 03-07-14

Fairmont President's Club

Date	Description	Additional Information	Charges	Credits
03-06-14	Room Charge		199.00	
03-06-14	Calgary Destination Marketing F		5.97	
03-06-14	Alberta Tourism Levy (4%)		8.20	
03-06-14	Room GST		10.25	
03-07-14	American Express			246.52
Total			246.52	246.52
Balance Due			0.00	

**GST Summary**

Room	10.25
F&B	1.10
Other	0.00
Total	11.35

Thank you for choosing Fairmont Hotels & Resorts.

To provide feedback about your stay, please contact Dan McGowan, General Manager, at [Dan.McGowan@fairmont.com](mailto:Dan.McGowan@fairmont.com).  
We also invite you to share memories of your experience on our community forum - visit [www.everyonesanoriginal.com](http://www.everyonesanoriginal.com).

Merci d'avoir choisi Hôtels Fairmont.

Vous pouvez nous faire part de vos commentaires au sujet de votre séjour en écrivant au Directeur général, Dan McGowan à [Dan.McGowan@fairmont.com](mailto:Dan.McGowan@fairmont.com).

Nous vous invitons également à partager vos observations ou photos sur notre forum communautaire [www.everyonesanoriginal.com](http://www.everyonesanoriginal.com) (anglais seulement).

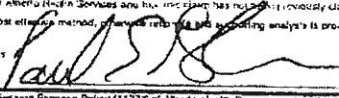
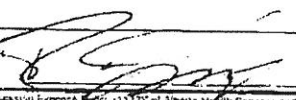
For information or reservations, visit us at  
[www.fairmont.com](http://www.fairmont.com) or call Fairmont Hotels & Resorts from:  
United States or Canada 1 800 441 1414  
Pour information et réservations visitez notre web au  
[www.fairmont.com](http://www.fairmont.com) ou téléphoner au Hôtels Fairmont de:  
tats-Unis ou Canada 1 800 441 1414

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. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné ne refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1.5% par mois après un mois. (18.00% par année) J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1,00\$ par jour (du Lundi au Vendredi) et de 2,00\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts  
Merci d'avoir choisi les Hôtels Fairmont

# 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 # (E-People) and employee # (E-People) if your payroll has migrated to the New E-People payroll system.</li> <li>Indicate N/A in the employee # if it is a new employee and 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: 18-Mar-14 To: 18-Mar-14 Travel Period from: 18-Mar-14 To: 18-Mar-14 Out-of-Province Travel No			
Name: Dr. Paul Grady		Position (Title): SVP/SMAD		Location: Sun Life Plaza		Dept: CancerControl		DOFA Level	
Employee # (E-People):		Union:		Business Phone #		Ext: N/A			
<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
2A	101	0000	71110000012	\$126.75	101	0000	71110000012	61540000	\$31.50
2B	101	0000	71110000012						
2C									
2D									
				\$126.75	**User to enter Coding & \$ Amounts				\$31.50
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: 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 that the expenses entered 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 reasonable and supporting analysis is provided above.									
Employee Signature: 					Date: Mar 21/14				
Approved By (PRINT ONLY): Rick Trimp DOFA Level Position # Phone # Ext N/A Signature:  Title: Interim Pres/CEO Pop, Hlth & Prov. Svcs Date: March 25 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 that the expenses entered 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 reasonable 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 Programs to Pay program

## Emp # (E-People)

## Enter Finance Coding

101 0000 71110000012

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.

**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'l)  
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

**SUBTOTALS**

**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

**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 \$

Travel \$ Subtotal	\$126.75
--------------------	----------

Auto fills on page 1 - TOTAL TRAVEL \$	\$126.75
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**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)

Hotel charge is over the per diem by \$23.42. It is unlikely to find a hotel for cheaper in downtown Calgary and this makes the commute to TBCC easier than booking further out of downtown and incurring a more expensive taxi ride.

# 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 &amp; Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.</p> <p>→ If expenses are for travel, gas, etc., go to Section B on pg 2.</p> <p>• ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</p> <p>***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-mm-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				TOTAL OTHER \$	
		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 (fill slip/receipt, enter total amount in this column WITH GST		GST is NOT on (fill slip/receipt, enter total amount in this column
14-Mar-14	Dr. Grundy paid to attend the Quality, Safety and Value in Health Care Health Policy Speakers Series at the Westin on Friday March 14/14	101	0000	71110000012	61540000	Yes	Conference	\$31.50	4	\$31.50

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		<a href="#">Bank of Canada Currency Converter</a> → 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-mm-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

<p><b>Rationale is Required for expenses that are not Cost Effective</b></p> <p>(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)</p>
--

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

Airport → TBCC ①

ASSOCIATED CAB  
404-35 AVENUE N E T2E2K7  
CALGARY AB  
932650000710

|||| PURCHASE ||||

03-10-2014 09:09:14

Acct #

Exp Date

Name: DR FARE GROUND

A000000025010001

AMERICAN EXPRESS

Trace #

Inv. #

Auth #

RRN 001002767

Purchase \$44.70

Tip \$6.30

Total \$51.00

( 00 ) APPROVED-THANK YOU

Retain this copy for your  
records

Customer copy

www.associatedcab.ca  
403-299-1111

GST# R128599776

Edmonton Airports

Can-TS3 2T2 Edmonton  
Tax CodeCA5%

POF 1st 18/03/14 20:50  
Receipt

Short-term parking tkt

HL - No. 085043

18/03/14 06:07 -

19/03/14 06:06 -

Period 1d0h0'

(Tax) \$23.00

Total \$23.00

Payment Received \$23.00

Type: Swiped

Sub Total \$21.90  
Tax 5% 1.10

00031840 - 1/1

TBCC → offsite meeting

\* TRANSACTION RECEIPT \* ②  
Checker/Yellow Cab:  
316 Meridian Road SE  
Calgary, AB. T2A 1X7  
403-299-9999

Taxi Service

TYPE: AMEX

CARD

EXP

DATA: SWIPEU

TerminalID: 00001556E393

Transaction Reference Number:

DATE: 2014/03/18 17:18:23

AUTH:

IFID: 10497619

DRV:

VEH:

GST:

Meter Start Time: 17:00:14

Meter Stop Time: 17:17:10

Distance: 7.3 Km

FARE 1: \$ 1.00  
FLAT : \$ 0.00  
TAX : \$ 0.00  
TOTAL FARE: \$ 1.00  
PAYMENT AMOUNT: \$ 1.00  
TIP: \$ 0.00

TOTAL PAYMENT: \$ 2.00  
Purchase Auth Complete  
Cardholder Copy

Print | Email

④ pg 1 of 2

*Health Policy Speaker Series presents:*

**Dr. Harvey V. Fineberg**  
**Quality, Safety and Value in Health Care**

*Presented by the Institute of Health Economics and Alberta Innovates - Health Solutions*

Friday, March 14, 2014 7:30am - 9:00am

Westin Edmonton | Breakfast Included



INSTITUTE OF  
HEALTH ECONOMICS  
AND INNOVATION



Alberta  
Innovates  
Health  
Solutions

Invoice

Reference Number

Issued By

BUKSA Associates Inc.

Date Registered

Monday, February 24, 2014

Statement Date

Monday, February 24, 2014

Event

Health Policy Speaker Series

Event Details

The Westin Edmonton  
10135 - 100 Street NW  
Edmonton Alberta  
Canada

Event Date

Friday, March 14, 2014 - Friday, March 14, 2014

Selection

Ticket fee:: Paul Grundy

**Sub Total:****Cost**

\$CAD30.00

**\$CAD30.00**

Sales Tax

\$CAD1.50

**Total****\$CAD31.50**Billed To

Billing Company

Alberta Health Services

Name

Paul Grundy

Address Line 1

Address Line 2

City

US State

Billing Zip/Postal Code

Country

Canada

Email Address

paul.grundy@albertahealthservices.ca

Date

Transaction Type

④ Pg 2 of 2

Monday, February 24, 2014	Transaction Amount	\$CAD30.00
Monday, February 24, 2014	Sales Tax	\$CAD1.50
	<b>Balance</b>	<b>\$CAD31.50</b>

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