

Official Administrator and Executive Expense Report

Name Penny Rae
Title Chief Information Officer (Interim)
Location Calgary
 Expenses submitted during the month of January 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)
Jan-14	P-Card	Meetings & Conference Registration	1,437							
Jan-14	Expense Claim	Membership Renewal						304		(723)
Total			\$ 1,437	\$ -	\$ -	\$ -	\$ 1,437	\$ 304	\$ -	\$ (723)

Total for the Month \$ 1,018

Maximum meal expense claimed in the month \$ -
 Maximum daily 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

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

RAE, PENELOPE Cardholder's Name	SVP CAPITAL MANAGEMENT & Cardholder's Position/Title	Billing Reporting Period:	20/01/2014
CAPITAL MANAGEMENT & Cardholder's Dept	SOUTHPORT TOWER Cardholder's Site/Location	Total Statement Amount	\$713.63
PENNYRAE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card # XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
05/01/2014	339062321	HIMSS ORGANIZATIONS, CHARITABLE AND SOCIAL SERVICE	486.00	USD	723.70	✓	00	Credit received from HIMSS 2014 conference ①
06/01/2014	339442436	WESTJET 8382613743703 Westjet Airlines	25.00	CAD	21.00	✓	00	Seat selection on outgoing flight to Orlando on Feb 23 ②
06/01/2014	339442439	WESTJET 8382163164286 Westjet Airlines	763.17	CAD	763.17	✓	00	Airfare Calgary/Orlando Return Feb 23-Feb 27 ③
15/01/2014	340137346	AIR CAN 0142129852534 AIR CANADA	522.11	CAD	522.11	✓	00	Airfare Cgy/Edm Return on Jan 22 for Govt mig ④
16/01/2014	340137347	AIR CAN 0142129852534 AIR CANADA	131.25	CAD	131.25	✓	00	Airline change fee for flight change fr Jan 22 to Jan 21 ⑤

✓
Approved
online
pfb

Signatures
Cardholder Designate (if Applicable)

By signing this statement

- 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.

Dawn A Rand

Name of Cardholder Designate

Dawn A Rand

Signature of Cardholder Designate

Jan 28, 2014

Cardholder Designate Position/Title

Executive Assistant

Date of Signature

Cardholder

By signing this statement

- 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.

RAE, PENELOPE

Name of Cardholder

Pae

Signature of Cardholder

SVR CAPITAL MANAGEMENT & ACTING SVR CARDOLIO

Cardholder Position/Title

Jan 28/14

Date of Signature

Approver Designate (if Applicable)

By signing this statement

- 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.

Susan Best

Name of Approver Designate

Susan Best

Signature of Approver Designate

Executive Assistant

Approver Designate Position/Title

Feb 3, 2014

Date of Signature

Approver

By signing this statement

- 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.

Dorothy Rhodes

Name of Approver

Dorothy Rhodes

Signature of Approver

Acting VP Corp Serv. & CFO

Approver Position/Title

Feb 5/14

Date of Signature

Submit approved statement with attachments to Accounts Payable:
Attach:

- 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
- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter
- Business reasons for travel require detailed descriptions - include where travelled to, who attended (if meal); why travel was necessary and detailed explanation of reason

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference # _____

Reviewed by _____

Date _____

1

Dawn Rand

From: Event Customer Service [email_confirm@confmail.experient-inc.com]
Sent: January 03, 2014 8:01 AM
To: Penny Rae
Cc: Dawn Rand
Subject: [REDACTED] Annual Conference & Exhibiton Attendee Confirmation [REDACTED]



**Complementary registration given to AHS
for Penny Rae by the [REDACTED]
Conference. Confirmation of credit
attached. HIMSS is the largest IT
Conference in the world.**

*** Please do not reply to this e-mail. It was sent from an

Confirmation ID: [REDACTED]
Penny Rae
Alberta Health Services
10301 Southport Lane S.W.
Calgary, AB T2W 1S7 Canada

*** This record has been cancelled ***

Dear Penny Rae:

Thank you for registering for the [REDACTED] Conference & Exhibition located at the Orange County Convention Center (West Building) in Orlando, Florida. This letter serves as your confirmation of registration and your receipt. Your complete conference information is below.

[Click here to access your registration](#)

Registrant

Badge Information:
Penny Rae
Alberta Health Services
Calgary Canada



If you did not elect to have your badge mailed to you, bring this confirmation onsite to a registration location. Scan the Barcode at any registration counter to print your badge. Valid photo ID will be required.

Registration Detail

Purchases for Penny Rae

Registration Type: GVT - Government,

Item Code	Description	Date/Time	Qty.	Item Price	Item Total
CANCEL	Cancellation ShowItem		1	\$0.00	\$0.00

Total Registration Fees:	\$0.00
Total Registration Paid:	\$0.00
Current Balance:	\$0.00
 Total of All Fees:	 \$0.00
Total Amount Applied to All Fees:	\$0.00
Total Balance Due:	\$0.00

Payment History

Payment #1				
	12/17/2013	Applied to	Penny Rae's Registration	\$695.00
	01/02/2014	Returned from	Penny Rae's Registration	(\$695.00)
			Total Amount Applied:	\$0.00

\$723.40 US Dollars

Questions

Please check the conference website frequently as we will continue to update our website with any program changes and important information. [Click Here](#) to proceed to the HIMSS14 conference website.

For registration information and assistance, please contact the HIMSS conference registrar Experient at himss@experient-inc.com or 240-439-2981 (local) or 800-465-1272 (toll free long distance).

Conference Policies

Badge Pickup

If you selected to have your badge mailed, you will receive your badge in the mail approximately two weeks prior to the conference to the above address. If the address is incorrect, please edit your registration and enter the correct mailing address. Remember to bring your badge with you to the conference. HIMSS does not ship badges internationally. International attendees can pick up their conference badges onsite.

If you selected to print your badge onsite, you may do so at any Attendee Registration counter at the Orange County Convention Center conveniently located in Lobby A, B or D in the West Building. You may also pick up your badges at the Registration counters located at the Peabody, Hilton, Rosen Centre, Rosen Plaza or Rosen Shingle Creek hotels. You will need your confirmation email with the Barcode or your registration Confirmation ID and a Government-issued picture ID.

Lost Badges/Replacement Badge

Lost or damaged badges can be replaced for a \$50 service fee onsite.

Cancellation/Refund Policy

Full conference registrations, exhibit hall only passes, and single day registrations, less a \$100 cancellation fee, are refundable only if submitted in writing to himss@experient-inc.com on or before Monday, January 27, 2014. Registrations and cancellations received after January 27 are not refundable. You cannot reinstate a registration after you cancel it. HIMSS membership fees are non-refundable and non-transferable. If you cancel and are entitled to a refund, expect the refund within 30 days. Registrations must be charged to Visa, Mastercard, American Express or Discover. No purchase orders are accepted. All refunds will be issued back to the original payment type. Cash payments will be refunded by check.

Substitution Policy

Registrants unable to attend may send a substitute. If the substitute is not a member, the non-member fee will be required. Substitution requests must be made in writing to himss@experient-inc.com

Online substitutions will be accepted until January 27, 2014. Substitutions after January 27 will be accepted only if the original badge is produced with a company letter authorizing the substitution.

HIMSS14 Official Hotel Partner, onPeak

onPeak is the official and sole housing provider for HIMSS14. If you booked accommodations through any party other than onPeak, we urge you to immediately cancel the reservations and book your rooms through onPeak.

If you still need to arrange accommodations for HIMSS14, you can do so safely [here](#).

Other Policies

By registering for the conference you are providing permission to receive emails, mailings and faxes related to HIMSS. If you wish to opt out of receiving any of these materials you may do so during the online registration process or by emailing the HIMSS office at annualconference@himss.org.

I understand that I am prohibited from recording any educational session content unless I have obtained written permission in advance from HIMSS.

For security reasons, badge swapping is not permitted. Anyone found wearing a badge that does not match his/her identification will be evicted from the conference without a refund. In addition, the badge/name will be cancelled.


By registering, I agree to all the terms and conditions set forth above including the use of photographic images. Noncompliance will result in registration cancellation without refund.

For your colleagues who are unable to attend HIMSS14 due to time and/or budget constraints, we are offering HIMSS14 Online which provides access to selected portions of both live and on-demand events for just \$49.00. Or add it to your HIMSS14 registration to gain access to highlights – during and after the conference.

Checks may be mailed to:

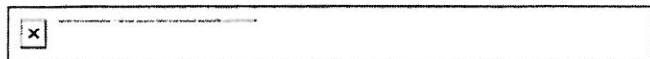
HIMSS
6923 Eagle Way
Chicago, IL 60678-1692

Or fax your form to (301) 694-5124.

Make checks payable to: 

Dawn Rand

From: noreply@itinerary.westjet.com on behalf of WestJet Airlines [noreply@itinerary.westjet.com]
Sent: January 08, 2014 3:09 PM
To: Dawn Rand
Subject: Reservation Confirmation



WestJet
22 Aerial Place N.E.
Calgary, Alberta,
Canada
Tel: 1-888-9378538

Thank you for choosing WestJet. Please read these important details carefully regarding your purchase and itinerary.

Please keep this information for your records as WestJet cannot provide this information to you later than seven days after the completion of your last flight.

This is an automated message system. Please do not respond. If you have any concerns about this message or if you have received this message in error, please contact WestJet at 1-888-9378538 (1-888-WESTJET).

Your reservation code is [REDACTED]

Main contact: **Mrs Penelope Rae**

E-mail: [REDACTED]

Phone Number: [REDACTED]

For more information on flying with WestJet, including baggage fees, please visit [Travel Info](#)

Mrs. Penelope Rae Flight Calgary (YYC)-Orlando (MCO), Orlando (MCO)-Calgary (YYC)
Ticket Number [REDACTED]
Seat [REDACTED]

WS1408 WestJet	Calgary, CA Sun 23 Feb, 2014 01:30 PM	Orlando, US Sun 23 Feb, 2014 08:21 PM	Fare type: Flex Non-stop
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WS1415 WestJet	Orlando, US Thu 27 Feb, 2014 05:39 PM	Calgary, CA Thu 27 Feb, 2014 09:20 PM	Fare type: Flex Non-stop
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Fare breakdown

Guest type	Base fare per guest	Air transportation charges per guest	Taxes, fees and charges per guest	Total fare per guest	Number of guests	Total fare
adult	CAD 607.99	CAD 15.00	CAD 140.18	CAD 763.17	x 1	CAD 763.17
						Total airfare: CAD 763.17

Tax details

Rate code	Description	Amount
XA	APHIS User Fee - Passengers	CAD 5.45
US	UNKNOWN	CAD 38.14
XG	Goods and Services Tax (GST)	CAD 33.25
XF	U.S. Passenger Facilitation Charge	CAD 4.90
XY	Immigration User Fee	CAD 7.63
AY	U.S. September 11th Security Fee	CAD 2.72
CA	Air Travellers Security Charge (ATSC)	CAD 12.10
YC	Customs User Fee	CAD 5.99
SQ	Airport Improvement Fee (AIF)	CAD 30.00
		Total taxes: CAD 140.18

Fare family benefits

YYC-MCO: Flex Seat Sale Benefits

- One complimentary checked bag *
- Fully refundable if cancelled within 24 hours of booking **
- Advance seat selection - \$5-53.10*
- \$50-59 itinerary change fee + applicable fare difference
- \$50-59 name change fee
- \$50-59 cancellation fee, balance credited toward future WestJet flight purchases-
- * Not applicable on flights operated by our airline partners
- ** Excluding flights departing within 24 hours of booking
- - Non-refundable to original form of payment

Fare family benefits

MCO-YYC: Flex Seat Sale Benefits

- One complimentary checked bag *
- Fully refundable if cancelled within 24 hours of booking **
- Advance seat selection - \$5-53.10*
- \$50-59 itinerary change fee + applicable fare difference
- \$50-59 name change fee
- \$50-59 cancellation fee, balance credited toward future WestJet flight purchases-
- * Not applicable on flights operated by our airline partners
- ** Excluding flights departing within 24 hours of booking
- - Non-refundable to original form of payment

Regular seat - less desirable

WS 1408 YYC - MCO Seat 8F Mrs Penelope Rae

CAD 20.00 + CAD 1.00 Tax

(2) Total Seats: CAD 21.00

Charged to MASTERCARD

(3) CAD 763.17

Charged to MASTERCARD

CAD 21.00

Total

CAD 784.17

Rent a car

Reserve a car in three easy steps, compare side by side pricing at a glance and earn WestJet dollars® when you make your rental car reservation with WestJet. [Reserve now](#)

Book a hotel

Whether it's a weekend getaway or a last minute business trip, WestJet has a hotel for you. Choose from over 155,000 hotels worldwide and earn WestJet dollars® when you book your hotel with WestJet. [Book now](#)

Get travel insurance

Don't forget to include travel insurance as part of your trip. WestJet has partnered with RBC Insurance® to provide you with the right coverage for your travel experience. [Get a quote](#)

Th
QS

Seat selection on flight from Calgary to Orlando on Sunday, February 23rd to attend HIMSS 2014 IT Conference. (2)

2

(3) Air fare Calgary / Orlando Return from February 23rd to February 27th to attend HIMSS 2014 Conference. Largest IT conference in the world.

- Terms and conditions of carriage, baggage allowances, baggage fees and service fees may differ significantly if you are travelling on one of our [airlines partners](#) ; it is important to familiarize yourself with the terms and conditions of the airline operating the flight. To view the baggage allowances and fees of our code-share partners, visit our [code-share baggage](#) info page.
- [Positive identification](#) is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in the cancellation of the return segment or remaining segments. The fare paid for these segments will be forfeited and compensation will not be issued.
- For detailed information on your flight visit:
 - [Fares, taxes and fees](#) (For [change/cancel guidelines](#), [baggage fees](#), [service fees](#) and other [taxes and fees](#))
 - [Baggage allowances](#) (Carry-on, checked, sporting goods, restricted items)
 - [Seat selection](#) (How it works, changing your seat and more)
 - [Inflight services](#) (Buy on board, [up! magazine](#) and more)
 - [Inflight entertainment](#) for information on our live seatback television.
- Carbonzero and WestJet have teamed up to provide you the opportunity to help reduce the effects of climate change and mitigate the greenhouse gas emissions associated with air travel through the [purchase of carbon offsets](#).
- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our [contact us](#) page and select the give feedback tab. You may also send us a letter at: WestJet Campus, Attention Guest Relations, 22 Aerial Place N.E. Calgary, Alberta Canada T2E 3J1.

[Important Legal Notice](#)

[Terms and Conditions](#)

If you have questions about your reservation, call WestJet at 1-888-937-8538 (1-888-WESTJET) and have the itinerary number ready. Thank you for choosing WestJet.



Alberta Health Services

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: Orlando, Florida			
Name: Penny Rae		Employee #: [REDACTED]	
Report To: Duncan Campbell			
Department: Information Technology		Office Location: Quarry Park	
Business Phone #: [REDACTED]			
What former entity payroll systems is the employee currently being paid from? (Please ✓ one from below).			
<input type="checkbox"/> AADAC	<input checked="" 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	0005	71125000069	62314000
Dates: From (day/month) 23 (year) Feb. to (day/month) 27 (year) February, 2014			
Purpose of Trip: Attendance at HIMSS 2014 Conference (largest IT Conference in the world)			
Employee Signature: <i>Penny Rae</i>			Date: Jan 28/14
APPROVALS: (Sr. VP prior approval required for all Out-of-Province Travel) (Travel Advance Approval – Travel Policy Appendix A)			
Approved By: (please print) Deborah Rhodes		Title: Acting CFO	Phone # [REDACTED]
Signature: <i>Deborah Rhodes</i>		Date: Jan. 28/14	
Approved By: (please print)		Title:	Phone #
Signature:		Date:	

B. ESTIMATE OF EXPENSES <input checked="" type="checkbox"/> Canadian Dollars <input type="checkbox"/> US Dollars		
Category	Description	Amount
1. Accommodation Charge	# 4 Nights at \$260.00	\$1,040.00
2. Meals	\$41.55 x 5	207.75
3. Registration	Complementary registration	0.00
4. Airfare or Other Travel Costs	including baggage fees	884.17
5. Other Expenses (please specify)	transportation, taxis, etc.	300.00
Total Estimated Travel Costs		\$2,431.92

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.

4

Dawn Rand

From: Air Canada [confirmation@aircanada.ca]
Sent: January 15, 2014 10:44 AM
To: Penny Rae
Subject: Air Canada - 22-Jan: Calgary - Edmonton (booking ref: [REDACTED]) - seat selected

Airfare Calgary/Edmonton Return on January 22nd to attend the Health Information Executive Committee between Alberta Health and Alberta Health Services.

***** PLEASE DO NOT REPLY *****



Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check in kiosk.



Hotels in Edmonton

Why book your hotel stay at aircanada.com?



Hotels provided by WWTMS.

- **Lowest price** guaranteed
- Great choice of hotels
- Aeroplan Mile offer exclusive to aircanada.com



☐ **Need a car in Edmonton?** Great rates and additional Aeroplan Miles. ☐

Booking Information

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:

Mrs Penelope J Rae
penny.rae@albertahealthservices.ca

Mobile: [REDACTED]

Home: [REDACTED]

Work: [REDACTED]

At destination: [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?

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8170 ¹	Calgary (YYC) Wed 22-Jan 2014 06:00	Edmonton, Edmonton Int'l (YEG) Wed 22-Jan 2014 06:59	0	0hr59	DH3	Tango, S	
AC8151 ¹	Edmonton, Edmonton Int'l (YEG) Wed 22-Jan 2014 16:00	Calgary (YYC) Wed 22-Jan 2014 16:48	0	0hr48	DH4	Flex, U	

Operated by:

¹ Air Canada Express - Jazz

Passenger Information

1: Mrs Penelope J Rae : Adult (16+), Ticket Number: [REDACTED]			
Air Canada - [REDACTED]	Meal Preference : None		
Aeroplan : [REDACTED]			
Payment Card: [REDACTED]	Special Needs: None		
Seat Selection: AC8151 5D			

Purchase Summary

Fare Summary

Passenger Type	Adult
Air Transportation Charges	
Departing Flight - Tango	152.00
Return Flight - Flex	252.00
Surcharges	24.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	55.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	24.86
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	522.11
Number of passengers	1
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$522.11

Payment Information

Credit/Debit Card [REDACTED] - Amount paid: **\$522.11**

The following charges (tax inclusive) will appear on your credit or debit card statement:

Air Canada: \$522.11 (Airfare - per ticket)

Ticket number(s): [REDACTED]

enRoute City Guide

Edmonton



Dawn Rand

From: Air Canada [confirmation@aircanada.ca]
Sent: January 16, 2014 9:09 AM
To: Penny Rae
Subject: Air Canada - 21-Jan: Calgary - Edmonton (booking ref: [REDACTED]) - booking modified

***** PLEASE DO NOT REPLY TO

Meeting date changed from Jan. 22nd to January 21st.
Change fee for flight change Calgary/Edmonton Return
to attend the Health Information Executive Committee
meeting between Alberta Health and Alberta Health
Services.



Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check in kiosk.



Need a car in Edmonton? Great rates and additional Aeroplan Miles.



Booking Information

Booking Reference: [REDACTED]

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

Main Contact:

Mrs Penelope Rae

penny.rae@albertahealthservices.ca

Mobile: [REDACTED]

Home: [REDACTED]

Work: [REDACTED]

At destination: [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?

Customer Care

Air Canada

1-888-247-2262

Flight Arrivals and Departures

1-888-422-7533

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8170 ¹	Calgary (YYC) Tue 21-Jan 2014 06:00	Edmonton, Edmonton Int'l (YEG) Tue 21-Jan 2014 06:59	0	0hr59	DH3	Tango, S	
AC8151 ¹	Edmonton, Edmonton Int'l (YEG) Tue 21-Jan 2014 16:00	Calgary (YYC) Tue 21-Jan 2014 16:48	0	0hr48	DH4	Flex, Q	

Operated by:
1 Air Canada Express - Jazz

Passenger Information

1: Mrs Penelope Rae : Adult (16+), Ticket Number: [REDACTED]
Air Canada - [REDACTED] Meal Preference : Regular
Aeroplane : [REDACTED]
Payment Card: [REDACTED] Special Needs: None
Seat Selection: AC8151 5F

Additional charges and/or refund summary

	Additional charges
Passenger Type	Adult
Air Transportation Charges	
Airfare (includes Surcharges)	0.00
Extra Charges (Change Fee)	
Change Fee	125.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	6.25
Total Extra Charge (Change Fee)	131.25
Number of passengers	1
Grand Total - Canadian dollars	\$131.25

Payment Information

Credit/Debit Card [REDACTED] - Amount paid: \$131.25

The following charges (tax inclusive) will appear on your credit or debit card statement:

Air Canada: \$131.25 (Change Fee per ticket)

Ticket number(s): [REDACTED]

enRoute City Guide

Edmonton

Sitting on the 53rd parallel, Edmonton is the most northern city in the Americas with a population of over one million. Though it does feel northerly, it doesn't feel particularly crowded, maybe because it straddles the North Saskatchewan River to create the largest urban green space in North America...



[Read the complete guide](#)



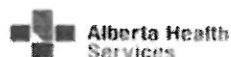
What do you think of our new City Guide feature?

Fare Rules

Departing Flight Calgary (YYC) To Edmonton (YEG) - Tango

- **Changes:**

- Prior to day of departure - **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

<ul style="list-style-type: none">Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll systemIndicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll systemIf you are a new employee and your payroll is E-People you will only have an Employee # (E-People)		Expense Date From: 26-Sep-13 To: 29-Jan-14	
Name: Penny Rae		Position (Title): Acting SVP & Chief Information Officer	
Location: Quarry Park		Dept: Information Technology DOFA Level: (if applicable) Union: Business Phone #: Ext:	
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					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	Less Cash Advance	TOTAL CLAIM
2A	101	0005	71125000069		101	0005	71125000069	62020000	\$304.50		\$304.50		\$304.50 ✓
2B													
2C													
2D													
					**User to enter Coding & \$ Amounts				\$304.50				
					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 included 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			
By signing this form, attest that I am compliant to all the above statements.			
Employee Signature:		Date: 29-Jan-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 included 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 approver directly to Accounts Payable for processing.			
Approved By (PRINT ONLY): Deborah Rhodes		DOFA Level	
Signature:		Position #	
Title: Acting CFO		Phone # Ext	
Date: Feb. 2/14			
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 included 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):			
Signature:		Title	
Date:		Phone # Ext	

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 0005 71125000069	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'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										
Date dd-mm-yy	Business Reason for Travel - Detailed Description Required <small>(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</small>	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						
SUBTOTALS														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 \$0.605 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>	\$0.505			
										Mileage \$				
										Travel \$ Subtotal				
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3										Auto fills on page 1 - TOTAL TRAVEL \$				
Rationale is Required for expenses that are not Cost Effective <u>(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)</u> For the first two items, Capital Management Fleet Vehicle in shop for repairs so not available for travel to Red Deer. Drove own vehicle with winter tires rather than rent a vehicle. for last time, when not carpooling or using an AHS Fleet vehicle, flying is a better option when considering productivity. I am able to work at the airport using either my Blackberry, iPad or laptop or just catching up on my reading (e-mails / documentation) prior to the flight, during the flight and in taxis to and from the airport.														

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 travel, gas, etc., go to Section B on pg 2. • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</p> <p style="text-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-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					
		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 \$
26-Sep-13	Association of Professional Engineers and Geoscientists of Alberta - Professional Dues September 1st, 2013 to August 31st, 2014	101	0005	71125000069	62020000	Yes		\$304.50		\$304.50

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		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-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

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

OFFICIAL RECEIPT

For Membership Dues

Retain for Income Tax Purposes

GST# 106728603

For: **Penny Rae**

Member No: [REDACTED]

Receipt No: [REDACTED]

Receipt Date: **September 26, 2013**

Amount: **\$290.00**

GST: **\$14.50**

Valid Dates: **September 01, 2013 to August 31, 2014**

Total: **\$304.50**



The Association of Professional
Engineers and Geoscientists of Alberta

Head Office | 1500 Scotia One | 10060 Jasper Avenue NW | Edmonton AB T5J 4A2
PH 780-426-3990 TOLL FREE 1-800-661-7020 FAX 780-426-1877 www.apega.ca email@apega.ca

MEMBERSHIP RENEWAL

G.S.T.# 106728603

Penny Rae, P.Eng
Member Number: [REDACTED]

Order Number 1124873
Invoice Date July 25, 2013
Due Date August 30, 2013

Balance Forward:	\$0.00
Professional Member Dues for September 01, 2013 to August 31, 2014	\$290.00
GST:	\$14.50
New Balance:	\$304.50

Membership dues, AEF donations, CPD reports and personal information can be submitted/updated online at www.apega.ca/ebusiness/members.

VISA, MasterCard and American Express payments are also accepted by mail, fax and phone. Internet and telephone banking may be used as well.

If paying by cheque, please write your Member number on the back of the cheque.

If you do not intend to continue your membership please inform APEGA in writing or by email to email@apega.ca prior to your renewal due date. If your membership is cancelled for non-payment of dues there will be an administration fee for reinstatement.

APEGA publishes a membership Register on its website. Corrections or requests to limit the information displayed can be submitted in writing or email to email@apega.ca.

Included in your annual dues is a \$6.00 premium for Secondary Professional Liability Insurance. Please visit the member benefits section of our website at www.apega.ca/members/benefits/toc.html for details of the coverage or to print a certificate for the current year of coverage.

- STEP ONE** Submit your APEGA annual membership dues. Refer to the reverse for possible dues deferment or reduction.
- STEP TWO** Consider a donation to the APEGA Education Foundation (AEF). Refer to the reverse for more AEF information.
- STEP THREE** Professional Members, Foreign Licensees and Professional Licensees must submit a Continuing Professional Development (CPD) report.
- STEP FOUR** Update your personal information (if required).



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Date Printed: July 25, 2013