

Official Administrator and Executive Expense Report

Name Penny Rae
Title Chief Information Officer (Interim)
Location Calgary
 Expenses submitted during the month of February 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)
Feb-14	P-Card	Meetings	266		653	146	1,064			
Feb-14	Expense Claim	Meetings		143	98		242			
Total			\$ 266	\$ 143	\$ 751	\$ 146	\$ 1,306	\$ -	\$ -	\$ -

Total for the Month \$ 1,306

Maximum meal expense claimed in the month \$ 21
 Maximum daily hotel rate claimed in the month \$ 139
 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	20/02/2014
CAPITAL MANAGEMENT & Cardholder's Dept	SOUTHPORT TOWER Cardholder's Site/Location	Total Statement Amount	\$1,064.39
PENNY.RAE@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
20/01/2014	340517823	AIR CAN 0142130043050 AIR CANADA	131.25	CAD	131.25	✓ 00		00 Airfare Cpy/Edm Return Jan 3/14
27/01/2014	341359105	AIR CAN 0142130351805 AIR CANADA	55.00	CAD	55.00	✓ 00		00 fare differential re changing departing flight to evening flight on Jan 30
27/01/2014	341359106	AIR CAN 0142130351805 AIR CANADA	76.75	CAD	76.75	✓ 00		00 change fee re moving departure flight from Jan 31 to Jan 30 evening
30/01/2014	341538648	CO-OP TAXI LIMOUSINES AND TAXICABS	61.00	CAD	61.00	✓ 00		00 Taxi from EIA to Matrix Hotel on Jan 30th
31/01/2014	341750332	CO-OP TAXI LIMOUSINES AND TAXICABS	60.00	CAD	60.00	✓ 00		00 Taxi fr Savannah St Plaza to EIA on Jan 31
31/01/2014	341750333	THE CALGARY AIRPORT AU AUTOMOBILE PARKING LOTS AND	25.20	CAD	25.20	✓ 00		00 Parking at CIA Jan 30-Jan 31 while in Edm
01/02/2014	341750331	MATRIX HOTEL LODGING HOTELS, MOTELS, RESORTS	148.90	CAD	148.90	✓ 00		Edm hotel room the night of Jan 30th
10/02/2014	342054013	ROSEN HOTELS PLAZA ROSEN HOTELS & RESORTS	443.14	USD	503.64	✓ 00		00 pre-paid deposit on hotel room in Orlando for HIMSS Conference

①
②
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⑦
⑧

✓
PAB

Signatures	
Cardholder Designate (if Applicable) By signing this statement: <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. 	
<u>Down A Rand</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title
<u>[Signature]</u> Signature of Cardholder Designate	<u>Feb 28, 2014</u> Date of Signature
Cardholder By signing this statement: <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. 	
<u>RAE, PENELOPE</u> Name of Cardholder	<u>SYSPATIAL MANAGEMENT - Acting CIO</u> Cardholder Position/Title
<u>[Signature]</u> Signature of Cardholder	<u>March 3, 2014</u> Date of Signature
Approver Designate (if Applicable) By signing this statement: <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, 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. 	
<u>Susan Best</u> Name of Approver Designate	<u>Exco. Assistant</u> Approver Designate Position/Title
<u>[Signature]</u> Signature of Approver Designate	<u>March 10, 2014</u> Date of Signature
Approver By signing this statement: <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. 	
<u>Deborah Rhodes</u> Name of Approver	<u>Acting VP Corp Services & CFO</u> Approver Position/Title
<u>[Signature]</u> Signature of Approver	<u>March 11/14</u> Date of Signature
Submit approved statement with attachments to Accounts Payable:	
Attach: <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 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: Air Canada [confirmation@aircanada.ca]
Sent: January 20, 2014 7:06 AM
To: Penny Rae
Subject: Air Canada - 31-Jan: Calgary - Edmonton (booking ref: [REDACTED] - booking modified)

***** PLEASE DO NOT REPLY TO THIS

**Airfare Calgary/Edmonton return on
January 31/14 to attend IM/IT Strategy
Development & Engagement Session**



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]

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 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) Fri 31-Jan 2014 06:00	Edmonton, Edmonton Int'l (YEG) Fri 31-Jan 2014 06:59	0	0hr59	DH3	Tango, S	
AC8149 ¹	Edmonton, Edmonton Int'l (YEG) Fri 31-Jan 2014 15:00	Calgary (YYC) Fri 31-Jan 2014 15:53	0	0hr53	DH3	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: AC8149 4F

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

Dawn Rand

From: Air Canada [confirmation@aircanada.ca]
Sent: January 27, 2014 2:53 PM
To: Penny Rae
Subject: Air Canada - 30-Jan: Calgary - Edmonton (booking ref: [REDACTED]) - booking modified

***** PLEASE DO NOT REPLY TO TH

Airfare differential and change fee to change January 31st early morning flight to Edmonton to an evening flight on January 30th to attend IM/IT Strategy Development & Engagement Session at 8:00 am.. This ensures no chance of flight being late and arriving at meeting on time.



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]

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 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
AC8225 ¹	Calgary (YYC) Thu 30-Jan 2014 19:30	Edmonton, Edmonton Int'l (YEG) Thu 30-Jan 2014 20:23	0	0hr53	DH3	Flex, Q	
AC8149 ¹	Edmonton, Edmonton Int'l (YEG) Fri 31-Jan 2014 15:00	Calgary (YYC) Fri 31-Jan 2014 15:53	0	0hr53	DH3	Flex, Q	

Operated by:
1 Air Canada Express - Jazz

Passenger Information

1: Mrs Penelope Rae : Adult (16+), Ticket Number: [REDACTED]

Air Canada -
Aeroplan :

Meal Preference : **Regular**

Payment Card: [REDACTED]

Special Needs: **None**

Seat Selection: AC8225 3A , AC8149 4F

Additional charges and/or refund summary

	Additional charges
Passenger Type	Adult
Air Transportation Charges	
Airfare (includes Surcharges)	53.00
Taxes, Fees and Charges	
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	2.65
Total Additional Fare	55.65
Extra Charges (Change Fee)	
Change Fee	75.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	3.75
Total Extra Charge (Change Fee)	78.75
Number of passengers	1
Grand Total - Canadian dollars	\$134.40

Payment Information

Credit/Debit Card [REDACTED] - Amount paid: **\$134.40**

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

Air Canada: \$55.65 (Airfare)

Air Canada: \$78.75 (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) - **Flex**

Return Flight Edmonton (YEG) To Calgary (YYC) - **Flex**

RAE PENELOPE

ECONO OPERATED BY / EXPLOITE PAR JAZZ

Frequent Flyer/Voyageur assidu

Flight/Vol Date From/De
AC 8164 30JAN CALGARY

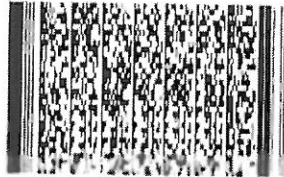
Destination
EDMONTON-YEG

Boarding time/Heure d'embarquement **19:25** Gate/Porte **A02** Seat/Place **02D**

Departure Time/Heure de depart **20:00**

Airline Use/A usage interne **0050 KYC408**

Boarding Pass | Carte d'accès à bord



RAE PENELOPE

ECONO OPERATED BY / EXPLOITE PAR JAZZ

Frequent Flyer/Voyageur assidu

Flight/Vol Date From/De
AC 8149 31JAN EDMONTON-YEG

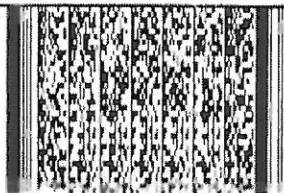
Destination
CALGARY

Boarding Time/Heure d'embarquement **14:25** Gate/Porte **49** Seat/Place **06F**

Departure Time/Heure de depart **15:00**

Airline Use/A usage interne **0002 KYG1226**

Boarding Pass | Carte d'accès à bord



= TRANSACTION RECEIPT =

4

ALBERTA COOP TAXI
10538 - 114 ST
EDMONTON, AB T5H 3J7
(780) 425-2525

**Taxi from Edm. International Airport to
Matrix Hotel on January 30th to attend
8:00 a.m. IM/IT Strategy Development
and Engagement Session.**

ACCT TYPE: CREDIT CARD

CARD NUMBER:

CARD TYPE: MC

DATE/TIME:

14/01/30 21:33:28

AUTH#:

VEH/DRV:

GST#:

TXN ID: 1936503

FARE: \$ 52.38
FLAT: \$000.00
EXTRAS: \$000.00
TAX: \$ 2.62
FA+FL+EX+TAX: \$ 55.00
TIP: \$ 6.00
DISCOUNT: \$000.00
TOTAL: \$ 61.00

SIGNATURE:

= TRANSACTION RECEIPT =

ALBERTA COOP TAXI
10538 - 114 ST
EDMONTON, AB T5H 3J7
(780) 425-2525

ACCT TYPE: CREDIT CARD

CARD NUMBER:

CARD TYPE: MC

DATE/TIME:

14/01/31 13:54:17

AUTH#:

VEH/DRV: 0335 / 1622

GST#:

TXN ID: 1938309

FARE: \$ 51.43
FLAT: \$000.00
EXTRAS: \$000.00
TAX: \$ 2.57

FA+FL+EX+TAX: \$ 54.00
TIP: \$ 6.00
DISCOUNT: \$000.00

TOTAL: \$ 60.00

SIGNATURE:

**Taxi on January 31st from Seventh
Street Plaza to the Edm. International
Airport after attending the IM/IT
Strategy Development & Engagement Session.**

5

**RECEIPT
GST NO. R122556194**

EXIT No. 44
IN: 01/30/14 18:13
OUT: 01/31/14 16:09
DURATION: 0 21: 51
PAID: \$ 25.20
(GST INCLUDED)
MASTERCARD

REF. 7
THANK YOU FOR
YOUR VISIT

**Parking at Calgary International Airport
January 30-31st while attending IM/IT
Strategy Development & Engagement
Session in Edmonton.**

6

Mrs. Penelope Rae



Room Number: 0411
Arrival Date: 01-30-14
Departure Date: 01-31-14
Page No: 1 of 1
Confirmation No: [Redacted]

INVOICE

Folio No: [Redacted]

01-31-14

Date	Description	Charges	Credits
01-30-14	Room Revenue	139.00	
01-30-14	Destination Marketing Fee - 3%	4.17	
01-30-14	Tourism Levy - 4%	5.73	
01-31-14	Mastercard [Redacted]		148.90
Total		148.90	148.90
Balance		0.00	

Signature:

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #86634 4302 RT 0001

Hotel in Edmonton the night of January 30th in order to attend 8:00 a.m. IM/IT Strategy Development & Engagement Session.

8

Dawn Rand

From: himss@onpeak.co
Sent: January 28, 2014 11:54 AM
To: Dawn Rand
Subject: CONFIRMATION

Partial Prepayment of Hotel in Orlando, Florida while attending HIMSS 2014 Conference. HIMSS is the largest IT conference in the world.

Your reservation for HIMSS14 Annual Conference and Exhibition | [Access your reservation online »](#)



HIMSS14 Annual Conference and Exhibition
Feb 24 - Feb 27, 2014
Orange County Convention Center • Orlando FL

January 28, 2014

Penny Rae,

Thank you for booking in the hotel block with onPeak. As the official housing partner of HIMSS14 Annual Conference and Exhibition, we're here to make sure you have the best possible stay.

Your Account



Login Email

dawn.rand@albertahealthservices.ca

onPeak ID



[View/Edit your reservation >](#)

Reservation Details



Rosen Plaza



9700 International Dr,
Orlando, FL 32819-
8114
0.05 miles to Event
Location

**Double Occupancy
Standard Room**

Check-in

Sun Feb 23, 2014

Check-out

Thu Feb 27, 2014

[Add to your calendar »](#)

Occupant Name

Penny Rae

Alberta Health Services

dawn.rand@albertahealthservices.ca

Hotel Confirmation Number: Available approximately 2 weeks prior to the event for participating hotels.

Shuttle Service: Shuttle service between the hotel and the event is NOT provided.

Exclusive Promotions: Complimentary in-room Internet access for guests who book in the block/through onPeak.

Special Requests:

Two Double Beds

Requests are based on availability and are NOT guaranteed.

Rate & Payment Guarantee Details

NOTE: Your credit card is being used as a guarantee only at this time. Please review all hotel policies related to this reservation.

Payment Guarantee: Multiple Credit Cards. [Access your reservation online for more details](#)

Rosen Plaza

Double Occupancy Standard Room

\$195.00 | Avg nightly event rate

1 Reservation (4 Room Nights)	\$780.00
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Taxes & Fees	\$106.32
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Estimated Total	\$886.32
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Amount charged to credit today	\$0.00
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Guarantee ¹	\$443.16
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Hotel Policies

Guarantee Policy

A two night room and tax deposit is required by credit card or company check. Checks must be received by December 20, 2013 and should be payable to onPeak. Checks must be sent to onPeak at 350 N. Clark Suite 200 Chicago, IL 60654. The hotel will charge the credit card deposit 2-3 weeks prior to the event.

Cancellation Policy

Reservations must be cancelled by January 10, 2014 to avoid loss of deposit. Changing hotels after January 10th is considered a cancellation and will result in being charged by hotel.

Changes Policy

If you need to make any changes or cancellations to your reservation on or before 02/13/2014, make your changes online or call (877) 517-3038. Changes or cancellations to your reservation after this date must be made directly with Rosen Plaza at (407) 996-9700. All changes are based on availability.

Special Policy

The hotel rooms being provided have been contracted by HIMSS and the official housing provider onPeak. Hotel reservations booked in the HIMSS 2014 official hotel block are subject to approval by HIMSS and unauthorized use of the room block will result in the hotel reservations being cancelled. Unauthorized use includes resale of rooms by third parties, travel agencies, event organizers, or tour groups without the express consent of HIMSS. Neither HIMSS nor onPeak bear any responsibility for any costs or damages incurred due to cancellation of rooms to any party that is in violation of these terms of use.

IMPORTANT NOTE: Reservations booked under an incorrect category (e.g. Exhibitors booked as Attendees) will be cancelled.

An early departure fee may apply if hotel is not notified of an early departure prior to or at check in. Failure to check-in on your scheduled arrival date will result in forfeiture of the 2 night room and tax deposit.

Questions about your reservation?

(877) 517-3038 Toll-free | (312) 527-7300 International | himss@onpeak.co

¹ By providing a credit card, you guarantee you'll meet the hotel policies of your reservation. If for some reason you don't meet the policies, you may be charged a financial penalty in the amount of the payment guarantee. For more info, please refer to your hotel's specific policies.

You received this transactional email based on a recent booking with onPeak, the official housing partner of HIMSS14 Annual Conference and Exhibition. We respect your privacy and do not share your information with others. [View our privacy policy »](#)

onPeak | 350 N Clark St. Ste 200 | Chicago, IL 60654 | UNITED STATES





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"/> Alberta Cancer Board		<input type="checkbox"/> Capital Health	
<input type="checkbox"/> Alberta Mental Health Board		<input type="checkbox"/> Chinook	
<input type="checkbox"/> Aspen		<input type="checkbox"/> David Thompson	
<input type="checkbox"/> East Central		<input type="checkbox"/> Northern Lights	
<input type="checkbox"/> Palliser Health		<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>[Signature]</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	
Signature: <i>Deborah Rhodes</i>		Date: Jan. 28/14	
Approved By: (please print)		Title:	
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.



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 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: 29-Jan-14 To 1-Feb-14	
				Travel Period from: 23-Feb-14 To 27-Feb-14 (if applicable)	
Out-of-Province Travel					
Name: Penny Rae		Position (Title): Acting 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
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit Location Functional Centre (FC) Secondary/Expense Total Expense
2A	101	0005	71125000069	\$235.94	101 0005 71125000069 62314000 \$5.76
2B					
2C					
2D					
				\$235.94 ✓	**User to enter Coding & \$ Amounts \$5.76 ✓
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					
<p>I affirm 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.</p> <p>I affirm 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 affirm 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>Travel, Hospitality and Working Session Expenses Policy Document 1122</p> <p>By signing this form, attest that I am compliant to all the above statements.</p> <p>Employee Signature: Date 5-Mar-14</p> <p>I affirm 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.</p> <p>I affirm 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 affirm 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>Approved By (PRINT ONLY): Deborah Rhodes DOFA Level Position # Phone # Ext</p> <p>By signing this form, attest that I am compliant to all the above statements.</p> <p>Signature: Title Acting VP Corp Sec & CFO Date March 11/14</p> <p>I affirm 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.</p> <p>I affirm 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 affirm 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>Approved By (PRINT ONLY): DOFA Level Position # Phone # Ext</p> <p>By signing this form, attest that I am compliant to all the above statements.</p> <p>Signature: Title Date</p>					

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 (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							
29-Jan-14	Lunch for Consultant attending meetings in Calgary - M. Francis	AB	Meeting	Yes			L	\$6.99							
7-Feb-14	Information Technology Leadership Meeting in Red Deer	AB	Meeting	Yes								\$8.00			
23-Feb-14	Taxi from residence to Calgary International Airport to attend HIMSS 2014 Conference in Orlando Florida and lunch	AB	Conf	Yes	L-\$11.60	\$11.60	L				\$44.70				
23-Feb-14	Dinner after travelling to Orlando, Florida	US	Conf	Yes	D-\$20.75	\$20.75	D								
24-Feb-14	Meals - Breakfast and Lunch	US	Conf	Yes	BL-\$20.80	\$20.80	BL								
26-Feb-14	Meals - Breakfast, Lunch & Dinner	US	Conf	Yes	A-\$41.55	\$41.55	A								
27-Feb-14	Meals - Breakfast, Lunch & Dinner	US	Conf	Yes	A-\$41.55	\$41.55	A								
27-Feb-14	Taxi from Calgary International Airport to Residence	AB	Conf	Yes							\$40.00				
SUBTOTALS						\$136.25		\$6.99			\$84.70	\$8.00			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		\$235.94				
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 \$		\$235.94				
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) 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) [REDACTED]		Page 3	
<p>• Expenses to be claimed in this section include but are not limited to: <u>Hospitality & Hosting</u>, <u>Working Sessions</u>, <u>Relocation</u>, <u>Continuing Education</u>, <u>Business Insurance</u>, and <u>miscellaneous expenses</u>.</p> <p>→ If expenses are for <u>travel, gas, etc.</u>, go to <u>Section B on pg 2</u>.</p> <p>• ALL "OTHER" expenses listed below <u>MUST</u> have a <u>secondary/expense code indicated</u>!</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

SECTION D: FOREIGN CURRENCY		<p style="text-align: center; font-size: small;">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</p>								
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
25-Feb-14	Taxi from convention centre to off-site meeting	101	0005	71125000069	62314000	Yes	\$5.20	US	1.1084	\$5.76

<p>Rationale is Required for expenses that are not Cost Effective</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

Wok Box Quarry Park

Fresh Asian Kitchen

(403) 720-0199

Tax ID: TAX GST 846750155 RT0001

CHECK#

Closed to Cash

DATE/TIME: 29/01/2014 12:24:57 PM

CASHIER: 03901

STATION: 01

Item Count: 0

KOREAN BULGOGI

1- to stay \$9.99 \$9.99

PHO SOUP LRG-128* \$0.00

1- to stay \$6.99 \$6.99

Subtotal \$16.98

Tax \$0.85

GRAND TOTAL \$17.83

Cash \$17.83

Amt Tendered \$20.00

Change \$2.17

Bring back this receipt any day after 2 pm

Get 20% off your entire order

Quarry Park location only

Lunch for consultant (M. Francis)
attending meetings in Calgary

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

EXPIRATION TIME

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

08/02/14 08:15 AM

07/02/14 08:15 AM \$ 8.00

AMOUNT PAID

\$ 8.00 73280000 08:15 AM

CREDIT CARD NUMBER

CC

5311175

Alberta Health Services
CHARGES ARE FOR USE OF PARKING SPACE ONLY ALBERTA
HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY
OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.
NON TRANSFERABLE

5311175

Alberta Health Services

RECEIPT

Parking at the Red Deer Regional
Hospital while attending Information
Technology Leadership Meeting on
February 7th, 2014

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 293-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/02/23
PICK-UP TIME: 10:59
DROP-OFF TIME: 11:20
TRIP ID: 410411
LOCATION: 073000-45024183707
CAR NUMBER:
CARD TYPE:
CARD:
EXPIRY:
AUTH:

FARE (\$): 39.70
EXTRA (\$): 8.00
SUBTTL (\$): 39.70

TIP (\$): 5 -

TOTAL (\$): 44.70

SIGNATURE: 

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

Taxi from residence to Calgary Inter-
national Airport on Sunday, Feb. 23rd
to travel to Orlando, Florida to attend
HIMSS 2014 Conference (largest IT
Conference in the world)

Thank You for choosing

ASSOCIATED CAB

for all your transportation needs.

Visit our counter at the
Calgary International Airport
international arrival door.



Driver 410 Date _____
Car # _____ Amount 40.00
GST Included # _____

Taxi from Calgary International Airport
to residence on Thursday, February 27th
after attending the HIMSS 2014
Conference in Orlando, Florida (largest IT
Conference in the world)

2590 PAUL DEJEAN

SALE 2014 02-25 11:03

Fare: \$5.20
TOTAL: \$5.20

Thank you! Have a great day.

Star Taxi Orlando

2590 PAUL DEJEAN

SALE 2014 02-25 11:03

Fare: \$5.20
TOTAL: \$5.20

**Taxi on February 25th, 2014 from
convention centre to off-site meeting
while at HIMSS 2014 Conference in
Orlando, Florida**



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: [Signature]			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: [Signature]		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.