

Official Administrator and Executive Expense Report

Name Dr. Andrew Pattullo
Title Senior Medical Director, Informatics
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	Expense Claim	Meetings	437	21		70	528			
Total			\$ 437	\$ 21	\$ -	\$ 70	\$ 528	\$ -	\$ -	\$ -

Total for the Month \$ 528

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ -
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report



Payment Requisition

AHS - AP Processing - Internal Use Only

Naming Convention:

Voucher #

T4A/NR Applicable? - If yes, indicate line & amt

Please Note: Only 1 Invoice per Payment Requisition (Multiple Invoices = Multiple Payment Requisitions)

This Form should only be used for exceptions to Markview or if no invoice exists.

PAYEE INFORMATION (Check one only)		<input checked="" type="checkbox"/> Vendor	<input type="checkbox"/> Patient	<input type="checkbox"/> Other (example: Volunteer)
Invoice Date	31-Jan-14	Invoice Number		
Vendor Name	ANDREW L.S. PATTULLO			
Address			City	CALGARY
Province/State	ALBERTA	Postal Code		Country
Are original attachments to be mailed with cheque? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Payment Details:	Non-Po Invoice <input type="checkbox"/>	Service PO Pmt <input type="checkbox"/>	No Invoice <input type="checkbox"/>	
Reason for Expense &/or Business case:	Travel Expenses for IM/IT Strategy Development & Engagement Session in Edmonton January 31, 2014			

If claiming for meals/travel/accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" Rationale is Required

Cells that are **locked** (complete calculations) are **Aqua**. Cells requiring **selection from dropdown menu** are shaded **Orange**

FINANCE CODE/ACCOUNTING DISTRIBUTION

(Departments must provide Complete Coding)

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 below

Corp/BU/Org (If applicable) e.g. 101	Location (If applicable) e.g. 9000	Functional Centre/Primary e.g. 71135050044	Expense/Secondary Account e.g. 69500001	Cost Effective Method Used? Y/N	Expense Sub - Total	GST (If applicable)	Total
101	0005	71125403032	62312000	Yes	\$528.40		\$528.40
Canadian <input checked="" type="checkbox"/>	US <input type="checkbox"/>	Other <input type="checkbox"/>	TOTAL PAYMENT		\$528.40		\$528.40

CAPITAL PROJECT CODING

(If more space is needed for coding, please attach an additional sheet)

Project	Task	Expense Type	Expense Org.	Cost Effective? Y/N	Expense Sub - Total	GST (If applicable)	Total
Canadian <input type="checkbox"/>	US <input type="checkbox"/>	Other <input type="checkbox"/>	TOTAL PAYMENT				

Rationale is Required for expenses that are not Cost Effective: (Supporting analysis and documentation must be attached to form)

AUTHORIZATION

Requisitioned by (Print Name)	Position Title/Program Group	Date	Phone#
DR. ANDREW PATTULLO	SENIOR MEDICAL DIRECTOR, INFORMATICS	7-Mar-14	
I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.			
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.			
I attest the 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 Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
PENNY RAE		March 14/14	
Title/Program Group	DOFA Level	Position#	
SVP & INTERIM CIO		A0063729	

1) All employee reimbursements must be submitted on the Travel, Hospitality & Working Session Expense Claim form.

2) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.

3) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.

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. For more information, questions or concern about the collection, use or disclosure of your health or personal information, please contact Mark Palke, Director Accounts Payable at 780-735-0506 or email: Mark.Palke@albertahealthservices.ca



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SR reviewed by
Saur Rand

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: _____ To: _____	
Name: <u>DR ANDREW PATULLO</u>		Position (Title): <u>SENIOR MEDICAL DIRECTOR, INFORMATICS</u>	
Location: <u>OP + RGH</u>	Dept: <u>[REDACTED]</u>	DOFA Level: <u>N/A</u> (if applicable)	Union: _____ Business Phone: <u>[REDACTED]</u> 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				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	100	0005	71125403032	\$528.40
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				\$528.40
Total Section C&D				
Less Cash Advance				
TOTAL CLAIM				\$528.40

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.				
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.				
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.				
Employee Signature: <u>[Signature]</u>		Date: <u>Feb 21/14</u>		
I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.				
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.				
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.				
Approved By (PRINT ONLY): _____		DOFA Level _____	Position # _____	Phone # _____ Ext _____
Signature: _____		Title _____	Date _____	
I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.				
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.				
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.				
Approved By (PRINT ONLY): _____		DOFA Level _____	Position # _____	Phone # _____ Ext _____
Signature: _____		Title _____	Date _____	

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EXPENSE CLAIM DETAILS

Enter Finance Coding	101	0005	71125403032	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				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											
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															
Date dd-mm-yy	Business Reason for Travel - Detailed Description <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							
31-Jan-14	IMMT Strategy Development and Engagement Session - Edmonton	AB	Meeting	Yes					\$43/ 96	/					
31-Jan-14	Parking	AB	Meeting	Yes								\$25.20	#2		
31-Jan-14	Mileage (Home Airport Home*)	AB	Meeting	Yes										88.00	
31-Jan-14	Per Diem	AB	Meeting	Yes	BL-\$20.80	\$20.80	/								
SUBTOTALS							\$20.80	/		\$43/ 96	/		\$25.20	/	Total Kms 88.00
MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement										Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <small>(see Mileage details to the left)</small>				\$0.505	
										Mileage \$				\$44.44	
										Travel \$ Subtotal				\$483.96	
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 \$				\$528.40	
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)															
* Mileage from Elbow Valley, Alberta to Calgary Int'l Airport and return home (Elbow Valley) (outside city limits)															

14/IT Strategy Development
+ Engagement Session

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

BRANCH: [REDACTED]
GST REG# 885101915

PHONE: [REDACTED]

1

TO: ALBERTA HEALTH SERVICES
[REDACTED]

YOUR REF :
LOCATOR :
OUR REF :
AGENT :

I N V O I C E

INV NO: [REDACTED]
DATE: 27JAN14
PAGE: 1

FOR: MR ANDREW LS PATTULLO
[REDACTED]

----- I T I N E R A R Y -----

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
CALGARY	EDMONTON INTL	WESTJET AI	3250 Q	HK	31JAN	5:45A	6:46A		
		DH4							
	WESTJET ENCO								
EDMONTON INTL	CALGARY	WESTJET AI	3259 Q	HK	31JAN	5:15P	6:05P		
		DH4							
	WESTJET ENCO								

*** TOUR ***

BSP TASF DEPARTING FROM EDMONTON INTL ON 01OCT14 AT 12:00A
TO EDMONTON INTL RET01OCT14 AT 12:00A
1 PACKAGE TOUR
FILE RETAINER

----- C O S T -----

WESTJET AIR	TKT NO	[REDACTED]	(INCL 93.96 TAX)	427.96	✓
BSP TASF	TKT NO	[REDACTED]		10.00	✓

*** SUB-TOTAL EXCLUDING GST/HST & APT

437.96

*** TOTAL CHARGES THIS INVOICE ***

437.96

PAYMENT BY

TKT

427.96

PAYMENT BY

TKT

10.00

*** BALANCE DUE THIS INVOICE ***

0.00

BALANCE DUE TO DATE

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.....

CONTINUED ON NEXT PAGE

WESTJET

PATTULLO/ANDREW LS
31 JAN 14

31 JAN 14

FLT:
VOL:

WS 3250

GATE:
PORTE:

D37

PATTULLO/ANDREW LS

PNR: QJHUSR

DEP: CALGARY, AB

5:45AM

KS

DEP: YYC

ARR: EDMONTON, AB

5:06AM

ARR: YEG

BOARDING TIME
HEURE D'EMBARQUEMENT

SEAT/PLAT

SEAT/PLAT

5:10AM

6B

6B

OPERATED BY/OPERÉ PAR WESTJET 1 EICORE Q400

BOARDING PASS

CARTE D'EMBARQUEMENT

WESTJET

31 JAN 14

PATTULLO/ANDREW

EDMONTON,

ALGAB

4:40PM

OPERATED BY/OPERÉ PAR

6C

RE Q400

BOARDING PASS

CARTE D'EMBARQUEMENT

Calgary International Airport Parkade

EXIT No. 1173
DATE: 21/12/12
TIME: 14:10
PAID: \$25.00
DURATION: 14:10
GST INCL: 14:10
GST NO. R122556194

THANK YOU FOR
YOUR VISIT

RECEIPT
GST NO. R122556194

#2