

## Official Administrator and Executive Expense Report

**Name** Dr. Andrew Pattullo  
**Title** Senior Medical Director, Informatics  
**Location** Calgary  
 Expenses submitted during the month of March 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-14	Expense Claim	Meetings & Conference	668	92	1,133	814	2,707	214		
<b>Total</b>			\$ 668	\$ 92	\$ 1,133	\$ 814	\$ 2,707	\$ 214	\$ -	\$ -

**Total for the Month** \$ 2,921

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 229 US  
 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



Alberta Health  
Services

## 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	09-Apr-14	Invoice Number		
Vendor Name	ANDREW L.S. PATTULLO			
Address				
Province/State		Postal Code		City CALGARY
				Country

Are original attachments to be mailed with cheque? ☐ YES ☒ NO

Payment Details: Non-Po Invoice ☐ Service PO Pmt ☐ No Invoice ☐

Reason for Expense &/or Business case: IT Leadership Meetings in Red Deer on 7th February and 17th March 2014 AND HIMSS 2014 Conference in Florida 23 to 27 February 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. 695000001	Cost Effective Method Used? Y/N	Expense Sub - Total	GST (If applicable)	Total
101	0005	71125403032	62314000	Yes	12,921.85		12,921.85
Canadian <input checked="" type="checkbox"/>	US <input type="checkbox"/>	Other <input type="checkbox"/>	TOTAL PAYMENT		12,921.85		12,921.85

### 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	9-Apr-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		April 11/14	
Title/Program Group	DOFA Level	Position#	
ACTING CIO			

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 Palka, Director Accounts Payable at 780-735-0506 or email: Mark.Palka@albertahealthservices.ca

## TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

**SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)**

<ul style="list-style-type: none"> <li>• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system</li> <li>• Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system</li> <li>• If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)</li> </ul>				Expense Date From: _____ To: _____ Travel Period from: <u>23 Feb 2014</u> To: <u>27 Feb 2014</u> (if applicable) Out-of-Province Travel: <u>YES</u>	
Name: <u>DR ANDREW PATULLO</u>		Position (Title): <u>SNR MEDICAL DIRECTOR INFORMATICS (SOUTH)</u>			
Location: <u>RGH/QP</u>		Dept: <u>IT</u>		DOFA Level: _____ (if applicable)	
Employee # (E-People): _____		Union: _____		Business Phone: _____	

**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		
2A	101	0005	71125403032	\$693.31	101	0005	71125403032	62314000	\$664.61	Total Section B	\$693.31
2B					101	0005	71125403032	62314000	\$560.93	Total Section C&D	\$2228.54
2C										Less Cash Advance	
2D										TOTAL CLAIM	\$2,921.85
<b>\$693.31</b>					<b>\$2228.54</b>					<b>\$2,921.85</b>	

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

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

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

**SECTION F: AUTHORIZATION**

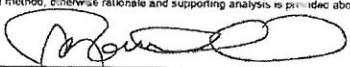
I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.

I attest the expenses 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.

Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements.

Employee Signature: 

Date: April 9, 2014

I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.

I attest 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 claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): \_\_\_\_\_

Signature: \_\_\_\_\_

DOFA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_

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): \_\_\_\_\_

Signature: \_\_\_\_\_

DOFA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.



## 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

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter); Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Completion of the "Cost Effective Method Used" Column is **REQUIRED**.

If you select "No" in this column,

Further Explanation is **REQUIRED** in the "Rationale is Required" section on this page

Date dd-mmm-yy	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	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						
23-Feb-14	Attending HIMES 2014 in Orlando, Florida (Per Diem)	AB	Conf	Yes	BL-\$20.80	\$20.80								
26-Feb-14	Per Diem	AB	Conf	Yes	L-\$11.60	\$11.60								
27-Feb-14	Per Diem	AB	Conf	Yes	LD-\$32.35	\$32.35								
7-Feb-14	IT Leadership Meeting - Red Deer	AB	Meeting	Yes	B-\$9.20	\$9.20						✓ \$8.00 #1		346.00
23-Feb-14	Quest Taxi Services (Outside City Limits - Elbow Valley to Airport)	AB	Conf	Yes								✓ \$106.25 #2		
25-Feb-14	Per Diem - Attending HIMSS Conference, Orlando, Florida	AB	Conf	Yes	B-\$9.20	\$9.20								
17-Mar-14	IT Leadership Meeting - Red Deer	AB	Meeting	Yes	B-\$9.20	\$9.20						✓ \$8.00 #3		346.00
27-Mar-14	Quest Taxi Services (Outside City Limits - Airport to Elbow Valley)	AB	Conf	Yes								✓ \$129.25 #2		
SUBTOTALS						\$92.35						\$235.50	\$16.00	Total Kms 692.00

## 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  
(see Mileage details to the left)

\$0.505

Mileage \$ \$349.46

Travel \$ Subtotal \$343.85

Auto fills on page 1 - TOTAL TRAVEL \$ \$693.31

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

## Rationale is Required for expenses that are not Cost Effective

(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

## 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: <u>Hospitality &amp; 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 Section B on pg 2.</p> <p>• ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</p> <p>***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>									
Date dd-mmm-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 is this column
23-Feb-14	Airfare (Attending HIMSS 2014 Conference in Orlando, Florida, USA)	101	0005	71125403032	61540000	Yes	Conference	\$667.71 #4	\$667.71

SECTION D: FOREIGN CURRENCY										
<p style="text-align: center;"><b>ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)</b></p> <p style="text-align: center;">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-mmm-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
26-Feb-14	Attending HIMSS 2014 in Orlando, Florida, USA (Accommodation)	101	0005	71125403032	61540000	Yes	\$1,030.52	USD	1.0995	\$1,133.06 #7
26-Feb-14	Healthcare Transformation Project Seminar	101	0005	71125403032	61540000	Yes	\$195.00	USD	1.0995	\$214.40 #6
27-Feb-14	Taxis (30+30+60+25.90) and Baggage Claims (\$25+25.25) = USD 194.15	101	0005	71125403032	61540000	Yes	\$194.15	USD	1.0995	\$213.47 #5

**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

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

EXPIRATION TIME

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

08/02/14 08:14 AM

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

AMOUNT PAID

\$ 8.00

CREDIT CARD NUMBER

5311174



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

Alberta Health Services

RECEIPT

# 3

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

EXPIRATION TIME

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

18/03/14 09:29 AM

17/03/14 09:29 AM \$ 8.00

AMOUNT PAID

\$ 8.00

CREDIT CARD NUMBER

5356095



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

Alberta Health Services

RECEIPT



## Account Details - CIBC Credit Cards

March 18, 2014 at 11:55pm Eastern time

[Transactions](#)   [Spend Report](#)   [Alerts](#)   [Personal Spend Manager](#)

- You can sort your account details by selecting the links at the top of the table below.

Product Name: Dividend VISA Infinite   Statement Option: [View and Edit](#)  
 Account Type: [REDACTED]   Statement Date \*: Feb. 19, 2014  
 Account Number: [REDACTED]   Statement Balance \*: [REDACTED]  
 Available Credit: [REDACTED]   Minimum Payment Due \*: [REDACTED]  
 Balance Owing: [REDACTED]   Payment Due Date \*: March 12, 2014  
 Last Payment: [REDACTED]  
 Payment to be Posted: Your available credit has been updated with this amount and the funds are available to use.  
 \$0.00

#2

## Past Transactions - Feb. 25, 2014 to March 03, 2014

Transaction Date	Posted Date	Transaction Details	Debit	Credit
March 02, 2014	March 03, 2014	QUEST INC [REDACTED] AB TAXI SERVICE	\$129.25	
Feb. 27, 2014	March 03, 2014	UNITED [REDACTED] TX 25.00 USD @ 1.142400	\$28.56	
Feb. 24, 2014	Feb. 25, 2014	QUEST INC [REDACTED] B TAXI SERVICE	\$106.25	
Feb. 24, 2014	Feb. 25, 2014	HIMSS CHICAGO, IL 22.90 USD @ 1.142358 TAXI-ORLANDO	\$26.16	
Feb. 23, 2014	Feb. 25, 2014	UNITED [REDACTED] TX 26.25 USD @ 1.142476	\$29.99	

X From Orlando  
27 Feb  
2014

X To Orlando  
23 Feb  
2014

The icons indicate the spend category for each of the transactions. Spend categories are assigned based on where the goods or services were purchased.

To view the transaction totals for each spend category, select "Spend Report".

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| Personal & Household Expenses         | Professional and Financial Services |
| Retail and Grocery                    | Transportation                      |
| Hotels, Entertainment, and Recreation | Restaurants                         |
| Home & Office Improvement             | Health & Education                  |
| Cash Advances and Balance Transfers   | Foreign Currency Transactions       |
|                                       | Other Transactions                  |

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

BRANCH: [REDACTED]  
GST REG# 885101915

PHONE: [REDACTED]

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

YOUR REF : [REDACTED]  
LOCATOR : [REDACTED]  
OUR REF : [REDACTED]  
AGENT : [REDACTED]

#4

I N V O I C E

INV NO: [REDACTED]  
DATE: 13JAN14  
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	DENVER INTL	UNITED AIR	6478 S	HK	23FEB	6:02A	8:33A	G	
		CR7							
		SEAT	12C						
DENVER INTL	SKYWEST DBA ORLANDO	UNITED AIR	1240 S	HK	23FEB	9:55A	3:22P		
		739							
		SEAT	35C						
ORLANDO	DENVER INTL	UNITED AIR	1061 T	HK	27FEB	4:18P	6:24P		
		B737-800							
		SEAT	34F						
DENVER INTL	CALGARY	UNITED AIR	562 T	HK	27FEB	7:53P	10:29P	G	
		A320							
		SEAT	23C						

\*\*\* 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 - - - - -

UNITED AIRL	TKT NO	[REDACTED]	(INCL 114.61 TAX)	667.61
BSP TASF	TKT NO	[REDACTED]		10.00

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

677.61

\*\*\* TOTAL CHARGES THIS INVOICE \*\*\*

PAYMENT BY	[REDACTED]	TKT	[REDACTED]	677.61
PAYMENT BY	[REDACTED]	TKT	[REDACTED]	667.61
				10.00

CONTINUED ON NEXT PAGE



#5

## TAXI RECEIPT

DATE: Feb 26 / 14 AMOUNT: \$ 30.00 ✓  
 FROM: Orlando International Airport  
 TO: Westgate Lakes

\$1.00 surcharge on ALL trips from the Airport.

All tolls, surcharges, parking & entrance fees  
 are the responsibility of the passenger.

C2010

## TAXI RECEIPT

DATE: Feb 26 / 14 AMOUNT: \$ 30.00 ✓  
 FROM: Orlando International Airport  
 TO: Westgate Lakes

\$1.00 surcharge on ALL trips from the Airport.

All tolls, surcharges, parking & entrance fees

www.OrlandoAirportTrans.com

Date: 4-02-23  
 From: Airport  
 To: Westgate Lakes  
 Amount: \$60

Orlando Global  
 Transportation  
 Phone: 407-810-8082



Orlando Global

UNITED

## Baggage Receipt

Issue Date: 23 FEB 2014 YYC ATO

Baggage Document

Description

Qty

Fees

First Bag Fee

1

\$25.00

Tax

--

\$1.25

Ticket Number

BAGGAGE FEES

Total Fees

USD \$26.25

Excess Baggage Terms and Conditions:

- All excess baggage is subject to space availability.
- Receipt for payment must be presented at bag check.
- For refunds or adjustments, see a United representative.

AGENT REFERENCE:



Baggage Receipt  
 Issue Date: 27 FEB 2014 MCO ATO

A STAR ALLIANCE MEMBER

A STAR ALLIANCE MEMBER

Baggage Document

Description

First Bag Fee

Qty

Fees

1

\$25.00

Method of Payment

Confirmation:

Carrier

UA

Routing

MCO - DEN  
DEN - YYC

Cardholder Name

Confirmation:

Carrier

UA

Routing

YYC - DEN

UA

DEN - MCO

BAGGAGE FEES

Total Fees

USD \$25.00

AGENT REFERENCE: GG ESC BAG

## Registrant

# 6

Badge Information:  
Andrew Pattullo



13990

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 Andrew Pattullo

Registration Type: OA - Organizational Affiliate Member, Advanced

Item Code	Description	Date/Time	Qty	Item Price	Item Total
TBT	Totebag	Feb 28 2014 7:00PM	1	\$0.00	\$0.00
	Alberta Health Services		1	(\$795.00)	(\$795.00)
	HIMSS14 Online Virtual Conference Package		1	\$0.00	\$0.00
REG	Registration		1	\$795.00	\$795.00
DHS	Decade of Health IT Summit	Feb 26 2014 8:00AM	1	\$0.00	\$0.00
CCC	Cisco Community for Connected Health Summit	Feb 25 2014 10:00AM	1	\$0.00	\$0.00
CCCINV	Cisco Community for Connected Health Summit		1	\$0.00	\$0.00
HTPINV	HTP Invitation Code		1	\$0.00	\$0.00
HTP	Healthcare Transformation Project	Feb 24 2014 7:00AM	1	\$195.00	\$195.00

Total Registration Fees: \$195.00  
Total Registration Paid: (\$195.00)  
Current Balance: \$0.00

Total of All Fees: \$195.00  
Total Amount Applied to All Fees: (\$195.00)  
Total Balance Due: \$0.00

## Payment History

### Payment #1

01/14/2014	Payment	Visa	Andrew Pattullo		\$195.00
01/14/2014	Applied to		Andrew Pattullo's Registration		\$195.00
			Total Amount Applied:		\$195.00
			Total Amount Not Used:		\$0.00

Total Payments: \$195.00  
Total Refunds: \$0.00

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



Vania Francis,

Thank you for booking with onPeak, the official hotel and travel partner of HIMSS14 Annual Conference and Exhibition.

## Hotel Reservation Info



### Westgate Lakes

10000 Turkey Lake Road  
Orlando, FL 32819

Shuttle service between the hotel and the event is provided.

# 7

## Reservations

2 Reservations (8 Room Nights)  
\$229.00 USD | average nightly rate

## Payment Information

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

NAME

### Westgate Lakes

NAME	ARRIVE	DEPART	DEPOSIT	REFUNDED	CANCEL FEE	TOTAL
prattullo, Andy	02/23	02/27	515.26**	n/a	n/a	515.26**
TOTALS FOR VISA ( Ending in )			DEPOSIT	REFUNDED	CANCEL FEE	TOTAL
			515.26**	n/a	n/a	515.26**

**\*\* indicates credit card will be charged by hotel at a later date.**

✓



**Westgate Lakes**  
MASTER STATEMENT

ANDY PATTULLO

CANADA

Villa [REDACTED] Reservation No. [REDACTED] Arrive: 02/23/14 06:13 pm Depart: 02/27/14 09:12 am  
Source [REDACTED]

Date	Charge Descriptiontest2	Charge Detail	Amount
23-FEB-14	Local Telephone Call	[REDACTED]	0.86
23-FEB-14	Rent	Rental Fee	229.00
23-FEB-14	Resort Tax	Resort Tax	13.74
23-FEB-14	Sales Tax	Sales Tax	14.89
24-FEB-14	Rent	Rental Fee	229.00
24-FEB-14	Resort Tax	Resort Tax	13.74
24-FEB-14	Sales Tax	Sales Tax	14.89
25-FEB-14	Rent	Rental Fee	229.00
25-FEB-14	Resort Tax	Resort Tax	13.74
25-FEB-14	Sales Tax	Sales Tax	14.89
26-FEB-14	Rent	Rental Fee	229.00
26-FEB-14	Resort Tax	Resort Tax	13.74
26-FEB-14	Sales Tax	Sales Tax	14.89
Total Non Phone Charges:			0.00
Total Local Calls:			0.86
Total Long Distance Calls:			0.00
Total Long Distance Access:			0.00
Total Charges:			\$1,031.38
Total State Communications Services Tax Included =			0.07
Total Local Communications Services Tax Included =			0.04

Date	Payment/Adjustments Description	Payment/Adjustments Detail	Amount
06-FEB-14	Visa Sale	[REDACTED]	515.26
23-FEB-14	VISA	REMAINING BALANCE	515.26
27-FEB-14	adjustment LO		0.86
Total Payments/Adjustments:			\$1,031.38
TOTAL			\$ 0.00

## Travel Approval Form (Out-of Province Only) / Request for Advance

<b>A. TRAVEL PARTICULARS</b>			
Out-of-Province: <input checked="" type="checkbox"/>		Advance Request: <input type="checkbox"/>	
Destination: <u>Orlando, Florida USA</u>			
Name: <u>DR ANDREW PATTULLO</u>		Employee #: <u>N/A</u>	
Report To: <u>DR SARAH MUTTIT</u>			
Department: <u>[REDACTED]</u>		Office Location: <u>[REDACTED]</u>	
Business Phone #: <u>[REDACTED]</u>			
What former entity payroll systems is the employee currently being paid from? (Please <input checked="" type="checkbox"/> one from below).			
<input type="checkbox"/> AADAC	<input 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
<u>101</u>	<u>0005</u>	<u>71125403032</u>	<u>62314000</u>
Dates: From (day/month) <u>23/2</u> (year) <u>2014</u> to (day/month) <u>27/2</u> (year) <u>2014</u>			
Purpose of Trip: <u>HIMSS 2014</u>			
Employee Signature: <u>[Signature]</u>			Date: <u>Jan 24, 2014</u>
<b>APPROVALS:</b> (Sr. VP prior approval required for all Out-of-Province Travel) (Travel Advance Approval – Travel Policy Appendix A)			
Approved By: (please print) <u>PENNY RAE</u>		Title: <u>SVP + ACTING CIO</u>	Phone #: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>		Date: <u>Feb 6/14</u>	
Approved By: (please print)		Title:	Phone #
Signature:		Date:	

<b>B. ESTIMATE OF EXPENSES</b> <input checked="" type="checkbox"/> Canadian Dollars <input type="checkbox"/> US Dollars		
Category	Description	Amount
1. Accommodation Charge	# <u>4</u> Nights at <u>\$1329.00</u> <u>1.1119</u>	<u>1018.50</u>
2. Meals - <u>Per Diem</u>	<u>B'fast 25<sup>th</sup> (\$9.20) 3 days (\$41.55/23<sup>rd</sup>, 26<sup>th</sup>, 27<sup>th</sup>)</u>	<u>133.85</u>
3. Registration	<u>Health Care Transformation Request #19545</u>	<u>216.82</u>
4. Airfare or Other Travel Costs	<u>Airfare</u>	<u>667.61</u>
5. Other Expenses (please specify)	<u>Taxi and Baggage Allowance</u>	<u>100.00</u>
Total Estimated Travel Costs		<u>\$ 2,136.78</u>

<b>C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE</b> (only if amount required is \$500 or above)	
Advance Amount (\$) Requested: <u>✓</u>	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.