

Board and Executive Expense Report

Name Barbara Pitts
Title SVP, Priorities & Performance
Location Edmonton
 Expenses submitted during the month of December 2012

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
December 2012	Expense Claim	Various meetings				168	168			
Total			\$ -	\$ -	\$ -	\$ 168	\$ 168	\$ -	\$ -	\$ -

Total for the Month \$ 168

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

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 28-Oct-12 To 13-Dec-12
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel No

Name: Barbara Pitts Position (Title): Senior Vice President

Location: Seventh Street Plaza Dept: Priorities & Performance DOFA Level: 3b (if applicable) Union: _____ Business Phone #: _____ Ext: _____

Employee # (E-People): _____ Employee # (REQUIRED # prior to E-People migration): _____

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	71110000005	168.26 514.26					
2B									
2C									
2D									
\$168.26 514.26					**User to enter Coding & \$ amounts				

TOTAL REIMBURSEMENT	
Total Section B	514.26
Total Section C&D	
Less Cash Advance	168.26
TOTAL CLAIM	514.26

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

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made.
 Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY): Debbie Fomal Phone # _____ Ext _____ JAN 21/13

I hereby acknowledge that I have read the "Travel, Hospitality and Working Session Expenses Policy" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy.
 I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: Barbara Pitts Date: 21-DEC-12

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #s 1118, 1122).
 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 2b Position # _____ Phone # _____ Ext _____
 Signature: Deborah Rhodes Title SVP Finance & Acting CFO Date Jan. 14/13

Approved By (PRINT ONLY): _____ DOFA Level _____ Position # _____ Phone # _____ Ext _____
 Signature: _____ Title _____ Date _____

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Pelka, Director Accounts Payable at 780-735-0506 or email: Mark.Pelka@albertahealthservices.ca

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 • 0005 • 71110000005** Emp # (E-People) _____ Emp # (prior to 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 menu (column Province) 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.

Date dd-mm-yy	Purpose of Travel 65 characters maximum - length of shaded area	Province, US, or Out of N.America	What is travel related to?	Meal (Select type from dropdown)			Airfare Bus/LRT Parking	Hotel	Rental Car	Taxi	Fuel	Mileage (km)
				Type	w/receipt	w/o receipt or per diem						
8-Dec-12	Ground Transportation (Edmonton)									\$7.00		
10-Dec-12	Mileage from Nisku/Leduc											52.00
13-Dec-12	Ground Transportation (Edmonton)									\$16.00		
18-Dec-12	Ground Transportation (Edmonton)									\$60.00		
19-Dec-12	Ground Transportation (Calgary)									\$59.00		
SUBTOTALS												

\$142.00
\$488.00

SUBTOTALS	Total Km 52.00
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MEAL PER DIEM RATES

B = Breakfast = \$9.20 L = Lunch = \$11.60 D = Dinner = \$20.75 A = ALL MEALS = \$41.55
 BL = Breakfast & Lunch = \$20.80 BD = Breakfast & Dinner = \$29.95 LD = Lunch & Dinner = \$32.35

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle

→ details of travel location to & from must be included above under the purpose of travel column

\$0.505 per km for under 5,000km/yr
 \$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 \$	\$26.26
Travel \$ Subtotal	\$488.00
Enter on page 1 TOTAL TRAVEL \$	\$514.26

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form

\$142.00
R.H
\$168.26

YELLOW CAB

www.edmtaxi.com

GST# _____

Date: 13 Dec 2012 Amount: 16.00

Driver: Ben Car #: 133

From: Rt 1 Hosp

To: SSP 7th St Plaza



10135 - 31 Avenue, Edmonton, AB T6N 1C2

\$16.00
taxi used to travel from
Royal Alexandra Hospital
to Seventh Street Plaza
→ after attending the
Committee of the Whole
meeting on December 13/12

(u) x52
Km
to from Nisku
/ Leauc
ACC
Mtg

(52km) \$26.26
Mileage to travel to/from
Leauc/Nisku on
December 10, 2012
to attend the
Alberta Clinician
Council meeting

YELLOW CAB

780-462-3456

GST# _____

Date: Dec 06/12 Amount: 7.00

Driver: SARVIT PANI Car #: 190

From: _____

To: _____

10135 - 31 Avenue, Edmonton, AB T6N 1C2

⑤

Dec 6/12 \$7.00

ground transportation/taxi
from AHS/

1 HE - Don Drummond speaker
went @ Weston Hotel (speaker @
AHS President Speaker series)

⑥

Date: Dec 19/12 Amount \$ 60.00

From: _____

To: _____

Driver: KASA Car # 102

780-442-4444

www.24-7taxiline.com

Dec 19/12 \$60.00
ground transportation

from Edmonton Airport
returning from Calgary from
attending a Priorities Performance
Department meeting

⑦

\$59.00

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

TYPE: CASH
DATE: 2012/12/19 16:30:55
DRV : 9187
VEH : 769
GST : 84877:707

FLAT : \$ 56.19
TAX : \$ 2.81
TOTAL FARE: \$ 59.00
TIP: \$ 0.00

ground transportation/taxi
to Calgary Airport from
Southport after department mtg

10
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