

Executive Expense Report

Name Carolyn Hoffman
Title SVP, Quality & Healthcare Improvement
Location Edmonton
 Expenses submitted during the month of January 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-2014	Expense Claim	Meetings		104	1,088	249	1,441	\$ 2,559		
Total			\$ -	\$ 104	\$ 1,088	\$ 249	\$ 1,441	\$ 2,559	\$ -	\$ -

Total for the Month \$ 4,000

Maximum meal expense claimed in the month \$ 21
 Maximum daily hotel rate claimed in the month \$ 235 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

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: Nov. 11, 2013 To Jan. 8, 2014
 Travel Period from: Nov. 11, 2013 To Jan. 8, 2014 (if applicable)
 Out-of-Province Travel Yes

Name: Carolyn Hoffman Position (Title): Senior Vice President - Quality and Healthcare Improvement
 Location: SSP 3rd Floor Dept: Quality and Healthcare I DOFA Level: (if applicable) Union: Business Phone #: Ext:
 Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number Expenditure Organization Expenditure Type

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B		
2A	101	0000	71110100100	\$353.32	101	0000	71110100100	49000000	\$2,558.88	\$353.32	\$353.32 ✓	
2B					101	0000	71110100100	49000000	\$928.06	Total Section C&D	\$3,446.53 ✓	
2C					101	0000	71110100100	49000000	\$241.10	Less Cash Advance	(\$3,000.00)	
2D									\$2,646.52	TOTAL CLAIM	\$999.85	
				\$353.32					\$3,486.94			

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.

Employee Signature: Date Feb 10, 2014

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level Position # Phone # Ext
 Signature: Title VP Quality + CMO Date Feb 12/14

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

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

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	Business Reason for Travel - Detailed Description (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						
Nov. 20	Executive Education Program Graduation (includes to and from the airport)	AB	Educ	Yes								\$23.00 ✓		52.00 ✓
Dec. 7	Conference (includes cab to airport) - <u>Quality Improvement in H.C., Orlando, FL</u>	US	Conf	Yes	D-\$20.75	\$20.75	D ✓					\$50.00 ✓		
Dec. 8	Conference - <u>Quality Improvement in H.C., Orlando, FL</u>	US	Conf	Yes	BL-\$20.80	\$20.80	BL ✓							
Dec. 9	Conference - <u>Quality Improvement in H.C., Orlando, FL</u>	US	Conf	Yes	D-\$20.75	\$20.75	D ✓							
Dec. 10	Conference - <u>Quality Improvement in H.C., Orlando, FL</u>	US	Conf	Yes	D-\$20.75	\$20.75	D ✓							
Dec. 11	Conference (includes drive to airport) - <u>Quality Improvement in H.C., Orlando, FL</u>	US	Conf	Yes	D-\$20.75	\$20.75	D ✓							
Jan. 8	KidSim Grand Opening (includes cabs in Calgary)	AB	Educ	Yes								\$101.00 ✓	\$23.00 ✓	52.00 ✓
SUBTOTALS							\$103.80					\$151.00	\$46.00	Total Kms 104.00

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 \$

\$52.52

Travel \$ Subtotal

\$300.80

Auto fills on page 1 - TOTAL TRAVEL \$

\$353.32

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: Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.</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-mm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED . If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page				
		Bal Unit	Location	Functional Centre	Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column

SECTION D: FOREIGN CURRENCY					ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement) If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.					
Please click on the following link for the Bank of Canada exchange rate using the date of expense		Bank of Canada Currency Converter →			Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column					
Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Completion of the "Cost Effective Method Used" Column is REQUIRED . If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
4 Dec 8-12	Hotel Fee - Attended a conference held by the Institute for Healthcare Improvement in Orlando, FL	101	0000	71110100100	49000000	Yes	\$793.44 \$870.44	USD	1.0662	\$846.55 \$928.06
5 Dec 7-12	Attended a conference held by the Institute for Healthcare Improvement in Orlando, FL	101	0000	71110100100	49000000	Yes	\$2,400.00	USD	1.0662	\$2,558.88
6 Dec 7	Hotel Fee- Attended a conference held by the Institute for Healthcare Improvement in Orlando, FL	101	0000	71110100100	49000000	Yes	\$226.13	USD	1.0662	\$241.10

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

EXPENSE CLAIM DETAILS

Enter Finance Coding _____				Emp # (E-People) _____				Page 2B							
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-mmm-yy	Business Reason for Travel - Detailed Description Required <small>(include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification</small>	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
SUBTOTALS															Total Kms
MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle → details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement										Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)					
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3										Mileage \$					
										Travel \$ Subtotal					
										Auto fills on page 1 - TOTAL TRAVEL \$					
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)															

2

YELLOW CAB

780.462.3456

GST#

Date:

DEC 07 2013 Amount \$55.00

Driver:

Car#:

237

From:

To:

RAP

10135-31 Avenue, Edmonton, AB T6N 1C2

Canadian &

Taxi to EIA - attend
25th Annual National Forum
on Quality Improvement in
H.C., Orlando, Florida

3

Thank You for choosing

ASSOCIATED CAB

for all your transportation needs.

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



Driver

Date

20/11/08

Car #

Amount

80.1

GST Included #

Taxi: Calg. Airport to
Alberta Children's Hosp.
KidsIM Grand Opening

GST# R128599776

- Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st E1 20/11/13 19:14
Receipt

Short-term parking tkt

HL - No. 027551

20/11/13 06:52 -

21/11/13 06:51 -

Period 1d0h0'

(Tax) \$23.00

Total \$23.00

Payment Received

VTSA \$23.00

Merch:

Auth:

Type: Swiped

Sub Total \$21.90

Tax 5% 1.10

1

Short term Parking:
Executive Education
Program - Calgary

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 2nd E1 08/01/14 18:57
Receipt

Short-term parking tkt

HL - No. 027551

08/01/14 06:20 -

09/01/14 06:19 -

Period 1d0h0'

(Tax) \$23.00

Total \$23.00

Payment Received

VTSA \$23.00

Merch:

Auth:

Type: Swiped

Sub Total \$21.90

Tax 5% 1.10

Short Ter
Parkings
KidsIM
Grand
Opening,
Calgary

3

Thank You for choosing

ASSOCIATED CAB

for all your transportation needs.

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



Driver

Date

01-08-2014

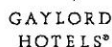
Car #

Amount

411

GST Included #

Taxi: Alberta Children's
Hosp to Calg. Intern. Airport.
KidsIM grand Opening



For questions regarding this folio, please call
Marriott Business Services toll-free 1-866-435-7627

GUEST FOLIO

6000 W. Osceola Parkway, Kissimmee, FL 34746 • gaylordhotels.com

GAYLORD PALMS

GUEST FOLIO

Room	Name	Rate	Depart	Time
5032	HOFFMAN/CAROLYN	235.00	12/12/13	11:00
ROOM	NAME	RATE	DEPART	TIME
TYPE		63	12/08/13	12:00
127			ARRIVE	TIME
ROOM				
CLERK				

[illegible]

RWD# :

PAYMENT

Room Clerk ADDRESS

DATE	DESCRIPTION	AMOUNT	REMARKS
12/05	ADVDP-AD		
	MBS ADV#		
12/08	GP ROOM	5032, 1	235.00
12/08	ST TAX	5032, 1	30.55
12/09	MARKET P	5403	76.45 remove
12/09	GP ROOM	5032, 1	235.00
12/09	ST TAX	5032, 1	30.55
12/10	GP ROOM	5032, 1	235.00
12/10	ST TAX	5032, 1	30.55
12/11	GP ROOM	5032, 1	235.00
12/11	ST TAX	5032, 1	30.55
12/12	VS CARD		

\$870.44

Claiming
\$793.99

TO BE SETTLED TO: VISA

CURRENT BALANCE .00

THANK YOU FOR CHOOSING GAYLORD! TO EXPEDITE YOUR CHECK-OUT,
PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR
TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:
AUDREY.MAIONE@ALBERTAHEALTHSERVICES.CA
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Attended: 25th Annual National Forum
on Quality Improvement in Healthcare
Orlando, Florida

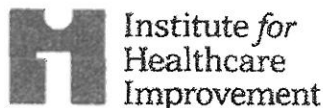
GAYLORD PALMS
6000 W OSCEOLA PKWY
KISSIMMEE, FL 34746

FAX

[illegible]

Signature X

 Contains 30% post consumer fibers



(5)

Welcome, Carolyn | My IHI | Log Out | Contact Us

Event 25th Annual National Forum on Quality Improvement in Health Care

Logged In: Carolyn Hoffman

Order Information for Carolyn E Hoffman

No edits can be made to this order because it is past customer cut-off date for this event (10 Jan, 2014). If a change needs to be made, please email info@ihi.org.

[View & Print Registration Card](#)

Order Number: [REDACTED]
Status: **CONFIRMED**

Selected Items

[Public Agenda](#) [All Materials](#)

- L1 Building an Integrated Approach to Lean, Six Sigma and the Model for Improvement
[L1 Presentation Color](#)
- A16 What Can England Teach Us about Changing Healthcare?
[AB16 Presentation](#)
[AB16 Reading 1](#)
[AB16 Reading 2](#)
- D6 Achieving Results at Scale: Building Capability and Capacity for Improvement Across a Region
[DE6 Presentation New Zealand](#)
[DE6 Presentation IHI](#)
[DE6 Presentation Mexico](#)
- M8 Going Full-Scale: Taking a Fresh Look at Approaches to Spreading Improvements
[M8 Teachback](#)
- C22 Learning from Mid Staffs and the Francis Inquiry: How Leaders Can Detect Problems at an Early Stage
[C22 Presentation Berwick](#)
[C22 Presentation Jarman](#)
- B7 Nurse-Sensitive Measures and Value-Based Purchasing
[AB7 Presentation](#)
- D6 Achieving Results at Scale: Building Capability and Capacity for Improvement Across a Region
[DE6 Presentation Qatar](#)
- E22 How Safe Are You? Harm Measures Panel Discussion
[DE22 Presentation](#)
- K4 Keynote 4: Donald Berwick
[Keynote 4 Donald Berwick](#)
- K1 Keynote 1: Maureen Bisognano
[Maureen Bisognano Keynote Presentation](#)
- K2 Keynote 2: Erik Weihenmayer
- K3 Keynote 3: Nancy Snyderman, MD and Lindsay Nohr Beck
- Intlmgt International Attendee Meeting
- SIB13 Canadian Foundation for Healthcare Improvement (CFHI): Partnering with IHI to Accelerate Healthcare Improvement
- LNL Social Media 101 Lunch n' Learn
- 25thCel 25th Anniversary Celebration
- EXH Exhibit Hall

Rate

Name: Regular
Description: The regular enrollment rate, available to all.

Contacts

Enroller

Name: Guest Enroller (GuestEnroller@ihi.org)
Organization Name: No Organization

Attendee

Name: Carolyn E Hoffman
Organization Name: Alberta Health Services

[Send Confirmation Email](#)

Badge

Badge First & Last Name: Carolyn Hoffman

Purchased Items

Learning Labs	\$450.00 USD
General Conference	\$1,300.00 USD
Minicourses	\$650.00 USD
Total Cost:	\$2,400.00 USD

Payment

Summary

Order Number: [REDACTED]
(Please retain the order number for your records)
Realized: \$2,400.00
Outstanding: \$0.00
Refund Amount: NA

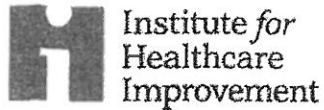
[Print Receipt](#)

History

Date: 12-01-2013
Payment Method: Credit Card
Amount Paid: \$2,400.00
CC Holder Name: [REDACTED]
CC Type: [REDACTED]
CC Number: [REDACTED]
Comments: Guest Enroller : CC Carolyn E Hoffman

Payment Detail


No active transactions for this enrollment.

Welcome, Carolyn | [My IHI](#) | [Log Out](#) | [Contact Us](#)**My Orders**

Logged In: Carolyn Hoffman

25th Annual National Forum on Quality Improvement in Health Care ,
Dec 01, 2013 — Dec 01, 2018

[Materials & Handouts](#)
[Certificates](#)

	Order #	Cost	Amount Paid	Amount Outstanding	Refund Amount	
Attendee: Carolyn E Hoffman	 Confirmed	\$2,400.00	\$2,400.00	\$0.00	NA	View

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20 University Road, Cambridge, MA 02138

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HILTON LOCATED IN THE WALT DISNEY WORLD
RESORT
1751 HOTEL PLAZA BLVD
LAKE BUENA VISTA, FL 32830
United States of America
TELEPHONE 407-827-4000 • FAX 407-827-3804
Reservations
www.hilton.com or 1 800 HILTONS

HOFFMAN, CAROLYN

EDMONTON AB
CANADA

Room No: [REDACTED]
Arrival Date: 12/7/2013 6:04:00 PM
Departure Date: 12/8/2013 11:07:00 AM
Adult/Child: 1/0
Cashier ID: [REDACTED]
Room Rate: 179.00
AL:
HH #
VAT #
Folio No/Che [REDACTED]

Confirmation Number: [REDACTED]

HILTON LOCATED IN THE WALT DISNEY WORLD RESORT 12/18/2013
8:17:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
12/3/2013	Advance Deposit [REDACTED]	SCHE01	[REDACTED]		(\$226.13)	
12/7/2013	RESORT CHARGE	CEWASH	[REDACTED]	\$22.00		
12/7/2013	ROOM TAX	CEWASH	[REDACTED]	\$2.75		
12/7/2013	GUEST ROOM	CEWASH	[REDACTED]	\$179.00		
12/7/2013	ROOM TAX	CEWASH	[REDACTED]	\$22.38		
12/8/2013	*MAIN STREET MARKET	LINTR	[REDACTED]	\$3.73 remove		
12/8/2013	[REDACTED]	GREGORY ME	[REDACTED]		(\$3.73) remove	
BALANCE						\$0.00

THANK YOU FOR STAYING WITH US. PLEASE VISIT WWW.HILTON-WDWV.COM TO MAKE YOUR NEXT RESERVATION WITH US.
WE HOPE YOU ENJOYED YOUR STAY AND WILL RETURN HOME SAFELY.

Attended Institute for Healthcare Improvement
25th Annual National Forum on Quality
Improvement in Healthcare: Orlando, Florida

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, FL			
Name: Carolyn Hoffman		Employee #: [REDACTED]	
Report To: Dr. Verna Yiu			
Department: [REDACTED]		Office Location: [REDACTED]	
Business Phone #: [REDACTED]			
What former entity payroll systems is the employee currently being paid from? (Please ✓ one from below).			
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central	
<input type="checkbox"/> Alberta Cancer Board	<input checked="" 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
Dates: From (day/month) 08/12 (year) 2013 to (day/month) 11/12 (year) 2013			
Purpose of Trip: Attend the IHI 25 th Annual National Forum on Quality Improvement in Healthcare with Dr. Yiu			
Employee Signature: _____			Date: _____
APPROVALS: (Sr. VP prior approval required for all Out-of-Province Travel) (Travel Advance Approval – Travel Policy Appendix A)			
Approved By: (please print) Dr. Verna Yiu		Title: EVP & CMO, Quality & Medical Affairs	Phone # [REDACTED]
Signature: _____		Date: _____	
Approved By: (please print) _____		Title: _____	Phone # _____
Signature: _____		Date: _____	

B. ESTIMATE OF EXPENSES <input type="checkbox"/> Canadian Dollars <input type="checkbox"/> US Dollars		
Category	Description	Amount
1. Accommodation Charge	# 4 Nights at \$290.00 USD	\$1,160.00
2. Meals	1 B @ \$9.20 / 3 D @ \$20.75 / 2 L @ \$11.60	94.65
3. Registration	Minicourses (Dec 8)=\$650 + General Reg.=\$1,200	1,850.00
4. Airfare or Other Travel Costs	Airfare approx. =\$900	900.00
5. Other Expenses (please specify)		
Total Estimated Travel Costs		\$4,004.65

C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE (only if amount required is \$500 or above)	
Advance Amount (\$) Requested: \$ 3000.00	Date Required: December 1st

- 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.