

## Official Administrator and Executive Expense Report

**Name** Carolyn Hoffman  
**Title** Senior Program Officer, Quality & Healthcare Improvement  
**Location** Edmonton  
 Expenses submitted during the month of May 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)
May-14	Expense	Meetings		71	142	489	702			
May-14	Direct Billing	Meetings	916				916			
<b>Total</b>			\$ 916	\$ 71	\$ 142	\$ 489	\$ 1,618	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,618

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 129  
 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:** 30-Dec-13 **To:** 14-May-14  
**Travel Period from:** \_\_\_\_\_ **To:** \_\_\_\_\_ (if applicable)  
**Out-of-Province Travel**

**Name:** Carolyn Hoffman **Position (Title):** Senior Program Officer  
**Location:** Seventh Street Plaza **Dept:** \_\_\_\_\_ **DOFA Level:** \_\_\_\_\_ (if applicable) **Union:** \_\_\_\_\_ **Business Phone #:** \_\_\_\_\_ **Ext:** \_\_\_\_\_  
**Employee # (E-People):** \_\_\_\_\_

**SECTION E: FINANCE CODING & TOTAL CLAIM**

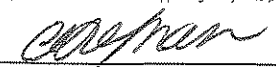
**CAPITAL PROJECT CODING ONLY →** **Project Number** \_\_\_\_\_ **Project Task Number** \_\_\_\_\_  
**Expenditure Organization** \_\_\_\_\_ **Expenditure Type** \_\_\_\_\_

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0000	71110100100	\$702.78						\$702.78		
2B												
2C												
2D												
				\$702.78								

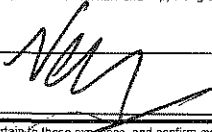
**NOTE:** This section auto fills from page 2A, 2B, 2C & 2D  
**NOTE:** These fields do not automatically fill for Section C & D

**SECTION F: AUTHORIZATION**

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this 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:** June 2, 2014

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 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):** Verna Yiu **DOFA Level:** \_\_\_\_\_ **Position #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Ext:** \_\_\_\_\_  
**Signature:**  **Title:** VP Quality and CMO **Date:** June 2/14

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 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.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

**EXPENSE CLAIM DETAILS**

Enter Finance Coding 101 0000 71110100100 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-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	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	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						
15-May-14	Travel to Red Deer for Medical Staff Engagement in Quality strategic planning day and Accreditation meetings.	AB	Meeting	Yes	B-\$9.20	\$9.20 ✓				\$141.90 ✓			298.00 ✓	
23-Apr-14	Travel to Calgary to attend the grand opening of the Advanced Technical Skills Simulation Laboratory	AB	Educ	Yes	D-\$20.75	\$20.75 ✓							588.00 ✓	
5-Feb-14	Travel to Calgary to attend Executive Education Strategic Planning Session (Employee does not need to be reimbursed for flight because it was paid for through QHI cost centre \$457.96)	AB	Meeting	No	D-\$20.75	\$20.75 ✓				\$42.00 ✓				
8-Jan-14	Travel to Calgary to attend grand opening of the Children's Hospital KidSIM Centre (employee does not need to be reimbursed for flight because it was paid for through QHI cost centre \$457.96)	AB	Meeting	No	D-\$20.75	\$20.75 ✓								
<b>SUBTOTALS</b>						\$71.45				\$141.90	\$42.00		Total Kms 886.00	

**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 \$ **\$447.43**

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

Travel \$ Subtotal **\$255.35**

Auto fills on page 1 - **TOTAL TRAVEL \$ \$702.78**

**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)**  
Flew to Calgary on January 8, 2014 and February 5, 2014 due to weather conditions.

Sheraton Red Deer  
3310 50 Avenue  
Red Deer, AB T4N 3X9  
403-346-2091  
http://www.starwood.com



(1)

Hoffman, Carolyn      Page Number      1      Invoice Nbr      [REDACTED]  
                                 Guest Number      [REDACTED]      Arrive Date      05-14-2014 21:51  
  
                                 Folio ID      A      Depart Date      05-15-2014 07:45  
                                 No. Of Guest      1      Agent      [REDACTED]  
                                 Room Number      [REDACTED]  
  
                                 Time      05-15-2014 07:45

Invoice

Tax Identification      R849702444

Date	Reference	Description	Charges	Credits
05-14-2014	[REDACTED]	Room Charge	\$129.00	
05-14-2014	[REDACTED]	GST Room Charge	\$6.45	
05-14-2014	[REDACTED]	Tourism Levy	\$5.16	
05-14-2014	[REDACTED]	Destination Marketing Fee	\$1.29	
05-15-2014	[REDACTED]	[REDACTED]		\$-141.90
		** Total	\$141.90	\$-141.90
		** Balance	\$-0.00	

GST Summary

GST# R849702444

GST Room Revenue	6.45
GST Food & Beverage	0.00
GST Telephone	0.00
GST Other	0.00
	6.45

May 14, 2014

Carolyn drove to Red Deer to attend the Medical Staff Engagement in Quality Strategic Planning day and Accreditation meetings.

Sheraton Red Deer  
3310 50 Avenue  
Red Deer, AB T4N 3X9  
403-346-2091  
<http://www.starwood.com>



Hoffman, Carolyn      Page Number      2      Invoice Nbr      [REDACTED]  
Guest Number      [REDACTED]      Arrive Date      05-14-2014 21:51  
Folio ID      [REDACTED]      Depart Date      05-15-2014 07:45  
No. Of Guest      1      Agent      [REDACTED]  
Room Number      [REDACTED]  
Time      05-15-2014 07:45

Invoice  
EXPENSE SUMMARY REPORT  
Currency: CAD

Date	Room Chgs	Food & Bev	Telephone	Other	Total	Payment
05-14-2014	\$141.90	\$0.00	\$0.00	\$0.00	\$141.90	\$0.00
05-15-2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$-141.90
Total	\$141.90	\$0.00	\$0.00	\$0.00	\$141.90	\$-141.90

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403.299.9999  
CALGARY  
TOLL FREE  
1.800.661.1355

Download Our  
Taxi App



Driver # \_\_\_\_\_ Car # 0928  
To: Foothills Mosl  
From: Biggest  
Date: Feb 05/14 Amount: 8.92  
GST# \_\_\_\_\_

## Executive Expenses Report Direct Billing Summary

### Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

### Expenses Paid Directly to Third Party Vendors

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

### Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- **Indicate whether you have expenses to report in this section for this reporting period:** Yes  No

<b>Name:</b>	<b>Reporting Period for the Month of:</b>
--------------	---

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-01-08	Direct Billing	Transportation	Travel to Calgary to attend the grand opening of the Children's Hospital KidSIM Ceentre	Marlin Travel	\$457.96
2014-02-05	Direct Billing	Transportation	Travel to Calgary to attend the grand opening of the Advanced Technical Skills Simulation Laboratory	Marlin Travel	\$457.96

	<b>Choose One</b>	<b>Choose One</b>			
	<b>Choose One</b>	<b>Choose One</b>			
	<b>Choose One</b>	<b>Choose One</b>			
<b>Total Paid in the Month</b>					<b>\$915.92</b>



MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: N61107  
Agent: Tel: 780-425-8611

To: ALBERTA HEALTH SERVICES  
[REDACTED]  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: January 30, 2014  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

### For

MS CAROLYN HOFFMAN  
AC [REDACTED]

Wednesday, February 5, 2014

### Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

Seat(s): [REDACTED]

AIR CANADA E

Flight: [REDACTED] W CLASS  
07:00 AM Equipment: [REDACTED] (300 SERIES)  
07:53 AM

Mile(s) Flown: 153

### Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0

Seat(s): [REDACTED]

AIR CANADA E

Flight: [REDACTED] Q CLASS  
06:30 PM Equipment: D8 (300 SERIES)  
07:23 PM

Mile(s) Flown: 153

February 5, 2014

Due to weather conditions Carolyn flew to Calgary to attend the Executive Education Strategic Planning session. Carolyn took a cab from the Calgary airport to Foothills Medical Centre.

\*Employee does not need to be reimbursed for the flight, as this was paid through Quality & Healthcare Improvement's cost centre.\*

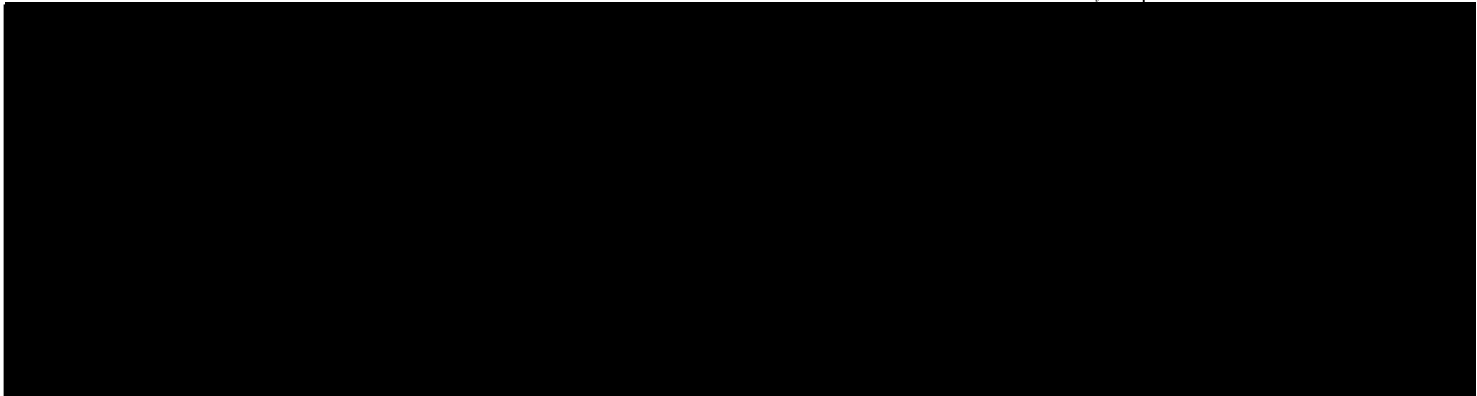
To: ALBERTA HEALTH SERVICES  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: January 30, 2014  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

<b>Cost:</b>			
TKT- [REDACTED]	E-TKT	[REDACTED]	378.00
		<b>Tax:</b>	69.96
		<b>Ticket Total:</b>	447.96
TKT- [REDACTED]			10.00
<b>Total:</b>			
		<b>Grand Total:</b>	457.96
		<b>Less Credit Card Payments:</b>	457.96
		<b>Credit / Balance Due To This Invoice:</b>	0.00
		<b>Total Balance Due:</b>	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.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: N61107  
Agent:

To: ALBERTA HEALTH SERVICES  
[REDACTED]  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: December 30, 2013  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

**For**  
MS CAROLYN HOFFMAN  
AC [REDACTED]

Wednesday, January 8, 2014

 **Air**

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0  
Seat(s): [REDACTED]  
AIR CANADA E

Flight: [REDACTED] W CLASS  
07:00 AM Equipment: D8 (300 SERIES)  
07:53 AM

Mile(s) Flown: 153

 **Air**

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0  
Seat(s): [REDACTED]  
AIR CANADA E

Flight: [REDACTED] Q CLASS  
05:30 PM Equipment: DH4  
06:23 PM

Mile(s) Flown: 153

January 8, 2014

Due to weather conditions Carolyn flew to Calgary to attend the KidSIM grand opening at the Alberta Children's Hospital.

\*Employee does not need to be reimbursed for the flight as this was paid through Quality & Healthcare Improvement's cost centre.\*

To: ALBERTA HEALTH SERVICES  
[REDACTED]  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: December 30, 2013  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

<b>Cost:</b>			
TKT- [REDACTED]	E-TKT	[REDACTED]	378.00
		Tax:	69.96
		<b>Ticket Total:</b>	<b>447.96</b>
TKT- [REDACTED]		[REDACTED]	10.00
<b>Total:</b>			
		<b>Grand Total:</b>	<b>457.96</b>
		<b>Less Credit Card Payments:</b>	<b>457.96</b>
		<b>Credit / Balance Due To This Invoice:</b>	<b>0.00</b>
		<b>Total Balance Due:</b>	<b>0.00</b>

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.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.