

## Board and Executive Expense Report

**Name** Dr. Chris Eagle  
**Title** President & CEO  
**Location** Edmonton  
 Expenses submitted during the month of November 2012

			Travel (1)						Working Sessions Hosting and Hospitality (3)		Other (4)
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)			
October 2012	Expense Claim	Monthly cellular charges									137
October 2012	Expense Claim	Various meetings				5	5				
October/ November 2012	P-Card	Various meetings & AHS board and Public meeting			452	31	483				
<b>Total</b>			\$ -	\$ -	\$ 452	\$ 36	\$ 488	\$ -	\$ -	\$ -	\$ 137
<b>Total for the Month</b>	\$	625									
Maximum meal expense claimed in the month			\$	-							
Maximum daily hotel rate claimed in the month			\$	209							
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

**Instruction:**

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>EAGLE, CHRIS</u> Cardholder's Name	<u>PRESIDENT &amp; CEO</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/11/2012</u>
<u>CORPORATE OFFICE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$482.96</u>
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #	<u>[REDACTED]</u>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
30/10/2012	300334617	RED DEER LODGE, LODGING HOTELS, MOTELS, RESORTS	217.80	CAD	217.80	00	.00	AHS BOARD & PUBLIC MTG.
05/11/2012	300528135	PETROCAN, FUEL DISPENSER, AUTOMATED	30.52	CAD	30.52	00		FUEL (FLEET VEH) - CALGARY TRIP
07/11/2012	300528134	THE DELTA CALGARY SOUT, LODGING HOTELS, MOTELS, RESORTS	234.64	CAD	234.64	11.17		VARIOUS MTGS IN CALGARY

*See attached for detailed description of each transaction.*

**Signatures**

**Cardholder Designate (if Applicable)**

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Lara Lee Clarke

Name of Cardholder Designate

Executive Assistant

Cardholder Designate Position/Title

Lara Lee Clarke

Signature of Cardholder Designate

Nov 21/12

Date of Signature

**Cardholder**

By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

EAGLE, CHRIS

Name of Cardholder

PRESIDENT & CEO

Cardholder Position/Title

[Signature]

Signature of Cardholder

November 23/12

Date of Signature

**Approver Designate (if Applicable)**

By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Patti Grier

Name of Approver Designate

Chief of Staff & Corporate Secretary

Approver Designate Position/Title

[Signature]

Signature of Approver Designate

Nov 23/12

Date of Signature

**Approver**

By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

[Signature]

Name of Approver

[Signature]

Approver Position/Title

[Signature]

Signature of Approver

[Signature]

Date of Signature

**Submit approved statement with attachments to Accounts Payable**

**Attach:**

- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:

- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter

**Address:**

Alberta Health Services  
Accounts Payable  
7th Street Plaza  
10th Floor, North Tower, 10030-107 Street  
Edmonton, AB T5J 3E4

**Accounts Payable only.**

Reference #:

Reviewed by:

Date:

Date 11/01/12  
Time 05:06  
Page 1

RED DEER LODGE  
4311 49 AVE  
RED DEER, ALBERTA T4N 5Y7  
1-800-661-1657  
(403) 346-8841

Acct# [REDACTED]  
Room# 567  
Rate Code  
Group ALBE  
Room Type TNK  
Room Rate 99.00

EAGLE, CHRIS

Arrive OCT 30 12 16:26  
Depart NOV 01 12

ALBERTA HEALTH SERVICES  
[REDACTED]

Payment MC [REDACTED] Exp: [REDACTED]

Date	Description	Reference	Room	Charges	Credits
OCT 30	ROOM CHARGE			99.00	
OCT 30	G.S.T.			4.95	
OCT 30	TOURISM LEVY			3.96	
OCT 30	DESTINATION MARK FEE			.99	
OCT 31	ROOM CHARGE			99.00	
OCT 31	G.S.T.			4.95	
OCT 31	TOURISM LEVY			3.96	
OCT 31	DESTINATION MARK FEE			.99	
NOV 01	MASTERCARD	THANK YOU			217.80
=====G.S.T.=subtotal:				9.90	
TOURIS subtotal:				7.92	
				Balance Due:	.00

I agree that my liability for this bill is not waived & agree to be personally responsible if the indicated party fails to pay the charges in part or in full. Privacy Policy: you may opt-out of having certain personal information collected. G.S.T. #865650352 Direct Bill Signature: \_\_\_\_\_

**October 30/2012 (\$217.80)**

- Two night's accommodation in Red Deer for AHS Board & Public Meeting (Oct 30-31)

RED DEER LODGE  
4311 - 49TH AVENUE  
RED DEER, AB T4NSY7  
403-346-8841

MERCHANT ID: 27502760035 TERM ID: 019

**FORCE SALE**

MASTERCARD ENTRY METHOD: Manual  
11/01/12 06:07:29  
INV #: 000002 APPR CODE: 192752  
BATCH #: C00072  
REF #: 002

AMOUNT \$217.80

I AGREE TO PAY ABOVE TOTAL AMOUNT  
IN ACCORDANCE WITH CARD ISSUER'S  
AGREEMENT

CHEMIST AGREEMENT IF CREDIT CARDHOLDER:  
RETAIN THIS COPY FOR STATEMENT  
VERIFICATION

CARDHOLDER COPY  
APPROVED

Fleet vehicle  
→ Mc

PETRO-CANADA  
10120 ELBOW DR. SW.  
CALGARY  
ALBERTA T2W1E7  
4032663776

GST #: 031051184  
PC0297466:8960001

2012-11-05 10:05

PUMP 05  
REGULAR  
LITRES L 28.028  
PRICE/L \$ 1.089  
FUEL SALES \$ 30.52\*

TOTAL OWED \$ 30.52

TOTAL PAID  
CREDIT CARD \$ 30.52

\* GST INCL. \$ 1.45

MASTERCARD

INVOICE 097296  
AUTH 200558  
PURCHASE  
\$ 0010010010 00 027

\*\*\*\*\*  
PETRO-POINTS  
BALANCE BEFORE  
PURCHASE 14302  
\*\*\*\*\*

SURVEY! EARN POINTS  
& CHANCE TO WIN GAS  
1-866-826-7779 OR  
PETRO-CANADA.CA/HERO

November 5/2012 (\$30.52)

- Ⓚ Fuel for fleet vehicle
- Trip to Calgary (Nov 5) to meet with staff at Rockyview General Hospital.



**DELTA**  
CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5  
Tel: 403-278-5050 Fax: 403-225-5834

Dr Chris Eagle  
[Redacted]

Room: 0265  
Folio: [Redacted]  
Cashier: 240  
Arrival: 11-05-12  
Departure: 11-06-12

Date	Description	Additional Information	Charges	Credits
11-05-12	Room Charge		209.00	
11-05-12	DMF		6.27	
11-05-12	Room CST		10.76	
11-05-12	Tourism Levy		8.61	
11-06-12	Mastercard	[Redacted]		234.64

GST Summary	
Registration No:	895126332
Room	10.76
F&B	0.00
Other	0.00
<b>Total</b>	<b>10.76</b>

<b>Total</b>	234.64	234.64
<b>Balance Due</b>	0.00	CDN

**November 7/2012 (\$234.64)**  
 ③ • One night accommodation in Calgary (Nov 5) for staff session at Rockyview General Hospital.

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

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

*E*



**TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM**

**SECTION A - Employee Details (for AHS Staff ONLY)** Travel Period from: 23-Oct-12 to 21-Nov-12

- 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)

Name Dr. Chris Eagle Position (Title) President & Chief Executive Officer Employee # (E-People) [Redacted] Employee # (Legacy) [Redacted]  
 Location 14th Floor SSP Dept Executive Office Union Business Phone # [Redacted] Ext Out-of-Province Travel No  
 What is your former legacy region (prior to AHS consolidation)? Please click in cell and select from dropdown menu → Calgary Health

**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
2A	101	0923	71110101058	\$5.00
2B				
2C				
2D				
				\$5.00

**Total - Section C&D - Other & Foreign Expenses - Pg 3**

Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total
101	0923	71110101058	64020000	137.34
				\$137.34

**TOTAL REIMBURSEMENT**

Total Section B	\$5.00
Total Section C&D	\$137.34
Less Cash Advance	
<b>TOTAL CLAIM</b>	<b>\$142.34</b>

\*\*User to enter Coding & \$ amounts  
 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) Laura Lee Clarke Phone # [Redacted] Ext [Redacted]

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature *[Signature]* Date November 23/12

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Stephen Lockwood DOFA Level 1 Position # [Redacted] Phone # [Redacted] Ext [Redacted]

Signature *[Signature]* Title Chair, Alberta Health Services Board Date 11/23/12

Approved By (PRINT ONLY) [Redacted] DOFA Level [Redacted] Position # [Redacted] Phone # [Redacted] Ext [Redacted]

Signature [Redacted] Title [Redacted] Date [Redacted]

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 Palka, Director Accounts Payable at 780-735-0500 or email: Mark.Palka@albertahealthservices.ca

*[Handwritten mark]*





EXPENSE CLAIM DETAILS

<b>SECTION C Other Expenses</b>	Emp # (E-People) <span style="background-color: black; color: black;">XXXXXXXXXX</span>	Emp # (Legacy)	Page 3
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ALL "OTHER" expenses listed below **MUST** have a secondary/expense code indicated!

- If expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business Insurance, miscellaneous expenses are claimed in Section C - Other Expenses.
- If **NOT** claiming any expenses in Sections C or D, this page does **NOT** have to be submitted.

**Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E**

Date dd-mm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Continuing Education Select type from dropdown menu (if applicable)	GST is <u>ON</u> till slip/receipt, enter total amount in this column <u>WITH GST</u>	GST is <u>NOT</u> on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
		Bal Unit	Location	Functional Centre					
16-Oct-12	Monthly Cellular Charges (Oct 17-Nov 16)	101	0923	71110101058	64020000		\$137.34		\$137.34

<b>SECTION D Foreign Currency</b>	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	<a href="#">Bank of Canada Currency Converter</a> →	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	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
		Bal Unit	Location	Functional Centre					

Expenses Paid (Retain a copy for your records)  
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization  
3 of 3

Event parking

245

DATE: 11/08/12  
TIME: 8:00 AM - 5:00 PM  
LOCATION: 199-2000 97000

DATE: 11/08/12

Car Wash - 4.75  
Fuel Tax - 0.25  
Hotel Fee - 0.00  
Cash Paid - 0.00  
Paid Home - 0.00  
Total - 5.00

**November 8/2012 (\$5.00)**

- Parking for Executive Education Program Launch (opening remarks given)

2





**Questions about your bill?**

Read the info below and visit [www.telusmobility.com/support](http://www.telusmobility.com/support) for answers to frequently asked questions.

**Need more details?**

View your e.Bill at [www.telusmobility.com/youraccount](http://www.telusmobility.com/youraccount) for complete detailed billing and much more at no cost. While you're there go paper free and save a tree. Together we can reduce paper use.

**Billing**

Monthly service fees are billed one month in advance. Usage is billed in arrears. Service charges on your first invoice will be for the number of days in the first month that your units were active.

View your detailed bill free of charge online at [telusmobility.com/youraccount](http://telusmobility.com/youraccount) or subscribe to receive it in paper format for a monthly charge. Detailed billing includes the following sections :

- \* **Bill Summary:** Categorized summary of all your charges
- \* **Account Detail:** Specific review of service charges and taxes
- \* **Group Summary:** Breakdown of costs for the individual subscribers
- \* **Individual Detail:** Overview of specific details for each subscriber
- \* **Airtime Detail:** Lists phone calls made for each subscriber.

**Service and Billing Inquiries**

If you have any questions you can contact TELUS by

- \* visiting our online support centre at [www.telusmobility.com/support](http://www.telusmobility.com/support)
- \* visiting our Self Serve website at [www.telusmobility.com/youraccount](http://www.telusmobility.com/youraccount)
- \* dialing \*611 from your TELUS wireless handset (free call)
- \* calling us:

Calgary:	(403) 387-5825
Toronto:	(416) 279-2532
Vancouver:	(604) 291-2355
Other:	1-866-558-2273 (free call)

**Payment Options**

You can pay your TELUS Account in the following ways:

- \* At most financial institutions (online, in person or by phone)
- \* Online through e.Bill at [telusmobility.com/youraccount](http://telusmobility.com/youraccount)
- \* Credit card payments over the phone
- \* Mail a cheque or money order in the Business Reply Envelope supplied
- \* Sign up for preauthorized payment online at [telusmobility.com/youraccount](http://telusmobility.com/youraccount) or over the phone

Please allow sufficient time for payments to reach TELUS by the date shown on the account statement. Seven business days may be required for mail and three days for bank payments. Payments will be credited to the account on the date of their receipt by TELUS. Bills are due upon receipt. Late charges of 2% compounded monthly (26.82% per annum) will be applied if payment is not received by the date shown on the account statement. Items returned for insufficient funds are subject to a \$25.00 administration charge. Security deposits are not shown on your bill.

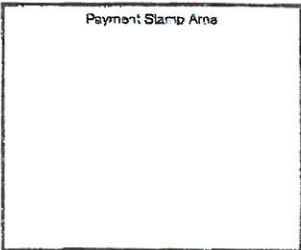
**Refund / Reimbursement**

The charges billed on this statement will be deemed to be correct if not disputed by you within thirty (30) days of the bill date. A credit balance of less than or equal to \$5.00 will not be refunded. Unless otherwise indicated, all credit amounts include applicable GST/HST, QST and PST

GST/HST# 81275 8878 RT0001  
QST# 121 164 2781 TQ0001  
TELUS is a trade-name for TELUS Communications Company.

PTLPS01B 00068 000314

TELUS  
PO BOX 8950 STN TERMINAL



CHRIS J. EAGLE

BILL DATE : 16-Oct-12  
PAGE 3 of 3

CLIENT N° [REDACTED]



ACCOUNT DETAIL	
CHRIS J. EAGLE	
Current Charges - Detail	

Contract Term : 3 yr expires Mar 24,2013

Monthly Service Plans Oct 17 to Nov 16

Service Plan Name	Total
IPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

Additional Local Airtime Service					
<small>*Free Airtime includes bonus minutes, birthday calling evenings &amp; weekends free roaming, 911 and In Network Calling</small>					
	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	220:00	51:00	189:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

Long Distance Charges Service					
	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
Domestic Phone	140:00	0:00	140:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

Data and Other Services Service				
	Total Events	Event Type	Total	
Text Msg - Sent	2	Msg	0.40	
Data Usage	563.433	MB	0.00	
Text Msg - Received	7	Msg	1.40	
<b>Total</b>				<b>\$ 1.80</b>

Value Added Services Service		Total
200 mins Cdn LD @ 10¢ (Oct 17 to Nov 16)		20.00
3 GB Included data (Oct 17 to Nov 16)		Free
Feature Bundle - Small (Oct 17 to Nov 16)		7.00
Visual Voicemail for IPhone (Oct 17 to Nov 16)		Free
<b>Total</b>		<b>\$ 27.00</b>

Other Charges and Credits Charges and Credits		Total
Summary Paper Bill Fee		2.00
<b>Total</b>		<b>\$ 2.00</b>

Taxes		Total
GST		6.54
<b>Total</b>		<b>\$ 6.54</b>

**Total Current Charges \$ 137.34**

PTLPS01B 00066 HRI - 2 - 2 - 6 - - 000315

Ramban