

## Official Administrator and Executive Expense Report

**Name** Dr. Chris Eagle  
**Title** Advisor to the Official Administrator  
**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-14	Expense Claim	Meetings		83	143	326	552			
<b>Total</b>			\$ -	\$ 83	\$ 143	\$ 326	\$ 552	\$ -	\$ -	\$ -

**Total for the Month** \$ 552

Maximum meal expense claimed in the month \$ 21  
 Maximum daily hotel rate claimed in the month \$ 128  
 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-Jan-14 To 31-Jan-14 Travel Period from: _____ To _____ (if applicable) Out-of-Province Travel	
Name: Dr. Chris Eagle		Position (Title): Advisor to Official Administrator			
Location: 14th Floor, 7th Street Plaza		Dept: Executive Office		DOFA Level: _____ (if applicable)	
		Union: _____		Business Phone #: _____ Ext: _____	
Employee # (E-People): _____					

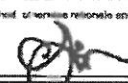
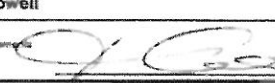
**SECTION E: FINANCE CODING & TOTAL CLAIM**

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		
2A				\$552.40							
2B											
2C											
2D											
				\$552.40							
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					**User to enter Coding & \$ Amounts					TOTAL CLAIM \$552.40	
					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 Expense Policy - Document 1122	
I, by signing this form, attest that I am compliant to all the above statements. Employee Signature: 				Date: 6-Feb-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 claim form with receipts should be sent by the approver directly to: Accounts Payable for processing	
Approved By (PRINT ONLY): Dr. John Cowell				DOFA Level _____ Position # _____ Phone # _____	
I, by signing this form, attest that I am compliant to all the above statements. Signature: 				Title: Official Administrator 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): _____				DOFA Level _____ Position # _____ Phone # _____ Ext: _____	
I, by signing this form, attest that I am compliant to all the above statements. 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 <b>2A</b>							
If expenses incurred are for <b>multiple FC's</b> please use pages 2B,2C,2D (after pg3) as there should be one FC per page <b>OR</b> if <b>more lines</b> are required for the same FC use these additional pages. Enter total \$ amount on slip, <b>DO NOT</b> separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.															
<b>SECTION B: TRAVEL EXPENSES</b> <b>NOTE:</b> If expenses <b>do not</b> 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 <b>REQUIRED</b> . If you select "No" in this column, <b>Further Explanation is REQUIRED</b> 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? 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							
30-Jan-14	1 Night Accommodation to attend meetings in Calgary	AB	Meeting	Yes	A-\$41.55	\$41.55					\$143.15		\$8.00		630.00
31-Jan-14	Meals (Breakfast, Lunch and Dinner) for meetings in Calgary	AB	Meeting	Yes	A-\$41.55	\$41.55									
<b>SUBTOTALS</b>							\$83.10				\$143.15		\$8.00		Total Kms 630.00
<b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> → 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 <b>OR</b> rate per Union Agreement (see Mileage details to the left)		\$0.505			
										Mileage \$		\$318.15			
										Travel \$ Subtotal		\$234.25			
<b>Note:</b> Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3										Auto fills on page 1 - TOTAL TRAVEL \$		\$552.40			
<b>Rationale is Required for expenses that are not Cost Effective</b> (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)															



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Itinerary #

## Hotel Alma, Calgary

January 30, 2014 - February 1, 2014

### Hotel Alma

Thu 30/Jan/2014 - Sat 1/Feb/2014,

BOOKED

Your reservation is booked. No need to call us to reconfirm this reservation.



Hotel Alma

169 University Gate North West, Calgary, AB, T2N 1N4 Canada

For questions about your reservation or payment details, please contact Expedia. For special requests or questions about the property, please call our hotel directly at (403) 243-1400. Fax: (403) 243-1400.

### Check-in Information

- Check-in time starts at 3 PM
- Minimum check-in age is 18
- Your room will be guaranteed for late arrival

### Important Hotel Information

This reservation is non-refundable and cannot be cancelled or changed.

**Room** Standard Room, 1 Queen Bed  
**Reserved for** Chris Eagle  
**Requests** One Queen Bed, non-smoking room

### Additional Rules & Restrictions

Check-out time is noon

Minimum guest age is 18

No getaway for the Bed is available

All special requests (such as non-smoking rooms, bed type, and smoking preferences) are shared with the hotel, but requests are not guaranteed and may incur additional charges. We recommend you confirm them directly with the hotel before travel.

The list of fees presented above may not be comprehensive. Please confirm fees and taxes are included in the price.

The price shown DOES NOT include any applicable hotel service fees, charges, or taxes and deposits (such as late check-out, pet, or parking fees). The hotel may also have other fees, charges, and deposits upon check-out.

### Guest Charges and Room Capacity

- This property considers guests of any age to be an adult.
- Availability of accommodation in the same property for extra guests is not guaranteed.

Your credit card is charged the total cost at time of purchase. Prices and room availability are not guaranteed until full payment is received.

### Pricing and Payment

### Price Summary

**Total** C\$286.29  
 Collected by Expedia

Save 15%

Prices shown after C\$45.00 savings

**Room Price** C\$286.29

**2 nights** C\$127.50  
 avg./night

**Taxes & Fees** C\$31.29

All prices quoted in CAD.

### Additional Hotel Services

The following fees and deposits are charged by the property at time of service, check-in, or check-out.

- Self parking fee: CAD 8.00 per night (in/out privileges)
- Late check-out fee: CAD 30.00

The above list may not be comprehensive. Fees and deposits may not include tax and are subject to change.

*Reimburse  
 \$143.15 for Jan 30th*

## HOTEL ALMA



109 UNIVERSITY GATE NW  
 CALGARY, ALBERTA, CANADA T2N 1N4  
 403.283.3703 F 403.220.3203 F 403.234.4134  
 WWW.HOTELALMA.CA

EAGLE, CHRIS

Room Number: [REDACTED]

Daily Rate: [REDACTED]

Room Type: [REDACTED]

No. of Guests: 2 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
30-Jan-14	01-Feb-14	[REDACTED]	EXP15	WEB	[REDACTED]
DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT	
30-Jan-14	647	PARKING	PARKING CHARGE	\$8.00	
31-Jan-14	647	PARKING	PARKING CHARGE	\$8.00	
01-Feb-14	647	[REDACTED]	VISA	(\$16.00)	

Reimbursed \$16.00

TOTAL DUE: \$0.00

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT LIMITED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGE.

The Destination Marketing Fee is subject to 5% GST and 4% ATL  
 GST R#108102864