

Official Administrator and Executive Expense Report

Name

Dr. Chris Eagle

Title Advisor to the Official Administrator

Location Edmonton

Expenses submitted during the month of March 2014

						Travel (1)						
Date	Source Document	Purpose	Airfa	are	Meals	Accommodat	ion	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	4 Expense Claim 4 P-Card	Meetings Meetings			42		.89 !12	675	906 212	332		
Total			\$	- 5	42	\$ 4	01	\$ 675	\$ 1,118	\$ 332	\$ -	\$ -

Total for

the Month \$ 1,450

Maximum daily single meal expense claimed in the month \$ 21
Maximum daily base hotel rate claimed in the month \$ 189
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.

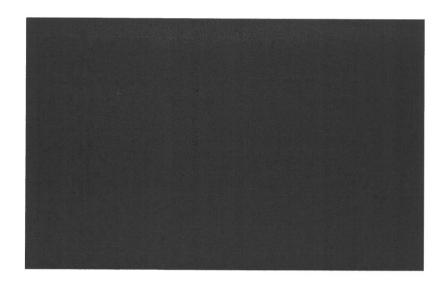
Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

P-Card details Online ® Cardholder Statement Report

 Cardholder AND Approver's 	ed receipts and supporting documents in the s signatures required where indicated below		
EAGLE, CHRIS	PRESIDENT & CEO		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/03/2014
CORPORATE OFFICE	SEVENTH STREET PLAZA	•	
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$212.19
CHRIS.EAGLE@ALBERTAHEAL	THSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #	

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	FreighDescription
19/03/2014	346294803	U OF C HOTEL ALMA, COLLEGES, UNIVERSITIES, PROFESSIONAL	212.10	CAD	212.19	10.10	One night accomodation in Calgary to atte

is all





P-Card details Online ® Cardholder Statement Report

Signatures							
Cardholder Designate (if Applicable)							
By signing this statement I hereby certify that I have reviewed and recond Program User Guide and Training, I have alloc	ciled this statement in BMO Online to the best of my ability ated the transaction(s) to the proper cost centre.	in accordance to AHS Corporate Policies.					
Dennifer Hamstra Name of Cardholder Designate	Cardholder Designate Position/Title	Cardholder Designate Position/Title					
Holimal ! I.	1000, UGA Man	man 24, 2014					
Signature of Cardholder Designate	Date of Signature	- + 7					
Cardholder By signing this statement 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							
charged is attached.	claimed by me or on my benair from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.						
provided.	eve been incurred by using a cost effective method, otherwi	se rationale and supporting analysis is					
EAGLE, CHRIS Name of Cardholder Cardholder Position/Title							
Signature of Cardholder	Carry march 27,2014						
	Date in alghature						
Approver Designate (If Applicable) By signing this statement • 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. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 							
Name of Approver Designate	Approver Designate Position/Title						
Signature of Approver Designate	March 31114 Date of Signature						
Approver By signing this statement							
	avel, Hospitality and Working Session Expense Policy (1122 such policy.	2)" of Alberta Health Services and confirm					
charged has been obtained.	for valid business purposes for Alberta Health Services and Alberta Health Services or any other Organization. A persor we been incurred by using a cost effective method, otherwis	al cheque for personal expenses inadvertently					
Dr. John Cowell Name of Approver	Official Admini	stator.					
Olean	April 17 7014						
Signature of Approver	Date of Signature						
Submit approved statement with attachments to Ac-	counts Payable						
where required	nented business reasons including names of participants	Address: Alberta Health Services					
 Signed Cardholder Statement Report (or copies of And where applicable: Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Service Return, refund and/or credit receipts 	,	Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4					
 Disputes letter Business reasons for travel require detailed descrimeal), why travel was necessary and detailed expl 	ptions – include where travelled to, who attended (if anation of reason.						
Accounts Payable only							
Reference #:	Reviewed by:	Date:					

AHS mu

RUN DATE: 03/24/2014



160 UNIVERSITY GATE NW CALGARY, ALBERTA, CAMADA T2N 11/4 1.877.498.3203 403 220 3 73 403.284.4184 HOTELALMA,CA

EAGLE, DR CHRIS

Room Number:

Daily Rate: 189.00

Room Type:

No. of Guests: 1/0

ARRIVAL	. DEPARTU	RE CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
17-Mar-14	4 18-Mar-14		AHS		
DATE	ROOM NO	. DESCRIPTION	REFERENCE		AMOUNT
17-Mar-14	710	ROOM CHARGE	#710 EAGLE, DR CHRIS		\$189.00
17-Mar-14	710	ROOM FEE	ROOM FEE		\$5.67
17-Mar-14	710	GST	GST		\$9.73
17-Mar-14	710	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	4	\$7.79
					(\$212.19)

1 Institute of Public Health

NC Exected

2. Bill Hotel

* Governmilesse Claimed mileage
on February & perdiem

Expense Claim.

March 17/2014 (\$212.19)

- One night accommodation to attend meetings in Calgary
- *Note: It was more cost effective to stay at the Hotel Alma, given that Dr. Eagle was speaking at the President's Breakfast Series at the University of Calgary on March 18th (vs, expensing additional transportation charges)

CREDIT DUE:

(\$0.00)

PATURE

TERMS OUR AND PACABLE UPON PRESENTATION. LAGREE THAT MY LIABILITY FUR THIS BILL IS NOT HALEC AND HERE TO BE HOLD FER CHALLY CLUBLE IN THE EVENT THE PICKCATEG PER UNITED THIS OF PARTY FAILS TO PART HIS DAME HALD FOR THE FULL ALCOUNT OF, CHAFTEL.

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

- 100		
	Alberta	Health
	Corvina	

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 your payroll system • It you are a like the new E-People payroll system • It you are a like the ne								
If you are a new employee and your payroll is E-People you will only have	to the New E-People payroll system an Employee # (E-People)	Travel Period from: To (# applicable) Out-of-Province Travel						
Name: Dr. Chris Eagle		e Official Administrator						
Location Dept	DOFA Level: (if applicable) Union:	Business Phone #: Ext:						
Employee # (E-People):								
SECTION E: FINANCE CODING & TOTAL CLAIM								
CAPITAL PROJECT CODING ONLY → Project Number	Pro	ject Task Number						
Expenditure Organization		re Type						
Total - Section B: Travel - Pg 2								
Pg Bal Location Functional Total Bal Location Centre (FC) Expense		TOTAL REIMBURSEMENT						
Unit Centre (FC) Expense Unit Centre (FC) Expe		Total Section B \$905.63						
2B \$ 777050000 \$905.65		Total Section C&D						
2C		Less Cash Advance						
2D		TOTAL CLAIM \$905.63						
\$905.63								
NOTE: This section auto fills from page 2A, 2B, 2C & 2D								
SECTION F: AUTHORIZATION I ottest 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 the policy.								
I attest the expenses enclosed in this claim are for valid business surposes for Alberta Health Services and that the claim has not been I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting it	n previously claimed by me or on my behalf from Alberta Health Services or any other Organization	in .						
by signing this form, aftert that I am compliant to all the above statements	Phalysis is provided above. Travel, Hospitality and Working Sec	ssion Expenses Policy - Document# 1122						
Employee Signature:	Date 1	Cyris 1/9						
I affect that I have read and understand at applicable purces of Alberta Health Services that pertain to these expenses, and confirm or I affect the expenses enclosed or this claim are for valid business purposes for Alberta Health Services and that this claim has not been I affect that exponses submitted in this claim have been incurred by using a cost effective method, otherwise relicinate and supporting a	previously claimed by the claimant or on their behalf from Alberta Health Services or any other C	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 # Ext						
I, by signing this form, attest that I am compliant to all the above statements Signature:	Title Official Administrator							
I attest that I have rood and understand all applicable policies of Alberta Health Servicts that perfain to these expenses, and confirm ex	penses being claimed are in compliance with such policies.	Date APALI7, 2014						
I attent the expenses enclosed in this claim are for valid business purposes for Alberta Haath Elervices and that this claim has not been I altest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting a	previously claimed by the claimant or on their behalf from Alberta Health Services or any other C	ganization						
Approved By (PRINT ONLY): Deboral (Phode)	DOFA Level Position #	Phone # Ext						
I, by signing this form, aftest that I am compliant to all the above statements Signature: Divini Ahoc	den Title Acting (Fo	Date April 21/14						
Health and Personal information on this form is collected by AHS under the authority of section 20(b) or	the Health Information Act (HIA) and sections 33(c) and 34(2) of the Essa	don differentia and the second						

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



- 1 of 3-

				EXF	PENSE CLA	IM DETAI	LS							
	enter Finance Coding 101 0005	7111030			Emp # (E-	People)	-						P	age 2A
	s incurred are for multiple FC's please use pages 2E on slip, <u>DO NOT</u> separate any taxes (eg. GST). Sei	B,2C,2D (a condary/E	after pg3) a xpense cod	s there shi des are no	ould be one l t required in	C per page	OR i	f more lines	are require	d for the same the system	FC use the	ese addition	al pages. E	Enter total
SECTION	B: TRAVEL EXPENSES NOTE: If expens	ses do not fa	all into these c	ategories su	h as Hospitality	. Working Ses	sion, Re	location, Contin	uing Education,	Business Insuran	ice go to SECT	ION C		
Select from dro Ensure separa	opdown (column Prov.) where expenses were incurred (Out of N.An te lines are used for claim items that differ in Province, US and Out	merica = Inter	cis							thod Used" (
	(include destination, who attended-(if meal).	Prov, US,			F			If you	u select "No' RED in the "I	' in this colum Rationale is Re	n, equired" sec		page	
Date dd-mmm-yy		Out of N.Amer	What is travel	Cost Effective		Allowance	_		If amount being claimed is above the policy limit stated in Appendix "A"		Rental Carl			
	why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	where expenses	related to?	Method Used?	Meal All	owance		with Receipt		rationale is required			Per Diem Allowance	Mileage (km)
		incurred?		Yes/No	value value	Allowance	Meal Type	with receipt	Airfare	Hotel	Taxi	Parking / Fuel	Silowance	(viii)
12¬Mar-14	Travel to Calgary to attend meetings and return.	АВ	Meeting	Yes						\$189.48		\$8.00		660.00 🗸
17-Mar-14	Travel to Calgary to attend meetings and return.	AB	Meeting	Yes	A-\$41.55	\$41.55	/							660.00 1
	SUBTOTALS					\$41,55				\$189.48		\$8.00		Total Kms
			·											1320 00
	MILEAGE - Business Kilomet → details of travel location to & from must b Rates applicable \$0.505 per km for <u>under 5,000km/y</u>	e included	above under	the ouroos	e of travel colu	ımn			Enter	60.505 km, \$0.4		e per Union <i>i</i> lileage details		\$0.505
		1 Or 40.41 p	SEI KIII IOI EV	er 5,000km	vy or per unio	n Agreement							Mileage \$	\$666,60
Not	e: Total will auto fill into pg 1, Section E, if form comp	leted elect	tronically - i	Additional	pg 2's can be	e found afte	r Page	3					\$ Subtotal	\$239.03
D-4" 1		-							<u> </u>	Auto	fills on page	1 - TOTAL	TRAVEL \$	\$905.63
(Any analy	is Required for expenses that are not Cost Effective sis supporting the method to assess cost effective size.	ectivenes	ss should	be attac	hed to the o	claim form	ı)							

HOTELALMA



169 UN VERSITY GATE NW
CALGARY, ALBERTA, CANADA TEM 1N4
1877, 490, 3203 - 403, 203, 203 - 403, 284, 484
HOTELALMACA

AHRIVAL	DEPARTU	RE CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
11-Mar-14	13-Mar-14		UNI	INT	
DATE	ROOM NO.	DESCRIPTION	REFERENCE		AMOUNT
11-Mar-14 11-Mar-14 11-Mar-14 11-Mar-14	702 702 702 702	PARKING ROOM CHARGE ROOM FEE ALBERTA TOURISM LEVY	PARKING CHARGE #702 SUCHOWERSKY, DR O ROOM FEE ALBERTA TOURISM LEVY	KSANA	\$8.00 \$169.00 \$5.07 \$6.96
13-Mar-14	702	GST	GST - MARCH 12, 2014		\$8.45 (\$394.96)

Mar.11/14 \$197.48

1 night accommodation and parking to attend meetings in Calgary

1 nigra - milege 660 Kms

Merky & Dr. Harry Frieder)
(Institute of medicin)
in Cology

CREDIT	DUE:	(\$0.00)

MATURE

TERMS DUE AND PAYABLE UPON PRESENTATION. I A SPEE THAT MIL MAGNETY FOR THIS BILL I SIGT.

ALLED AND ALREE TO BE HELD PER DINALL, MARKE IN THE ELEMENT HE INCLUDED HATED PERSON OR THROUGH TO FAIL TO PAY FOR ANY PARTICLE, OR THE FULL AND WINT OF CHANGE.

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

HOTELALMA



EAGLE, DR CHRIS

Room Number:

Daily Rate:

Room Type:

No. of Guests: 2 / 0

ARRIVAL DEPARTURE CREDIT CARD RATE PLAN CATEGORY ACCOUNT 11-Mar-14 13-Mar-14 INT ROOM NO. DESCRIPTION DATE REFERENCE **AMOUNT** 11-Mar-14 702 **PARKING** PARKING CHARGE \$8.00 11-Mar-14 702 ROOM CHARGE \$169.00 11-Mar-14 702 **ROOM FEE** ROOM FEE \$5.07 11-Mar-14 702 ALBERTA TOURISM LEVY ALBERTA TOURISM LEVY \$6.96 12-Mar-14 702 **PARKING** PARKING CHARGE \$8.00 -12-Mar-14 702 **ROOM CHARGE** \$169.00 12-Mar-14 702 ROOM FEE **ROOM FEE** \$5.07 ~ 12-Mar-14 702 ALBERTA TOURISM LEVY ALBERTA TOURISM LEVY \$6.96 ~ 13-Mar-14 702 **GST** GST - MAR 11, 2014 \$8.45 13-Mar-14 702 GST GST - MARCH 12, 2014 \$8.45 -

Duplicate receipt issued for Dr. Eagle's portion of receipt

CREDIT DUE:

(\$0.00)

(\$394.96)

HIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABILE IN THE EVENT THE INDICATED PERSON OR THRO PARTY FALLS TO PAY FOR ANY PART OF, OR THE FULL ALCOUNT OF, CHARGES.

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