

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	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Mar-14	Expense Claim	Meetings		42	189	675	906	332		
Mar-14	P-Card	Meetings			212		212			
Total			\$ -	\$ 42	\$ 401	\$ 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

Instruction:

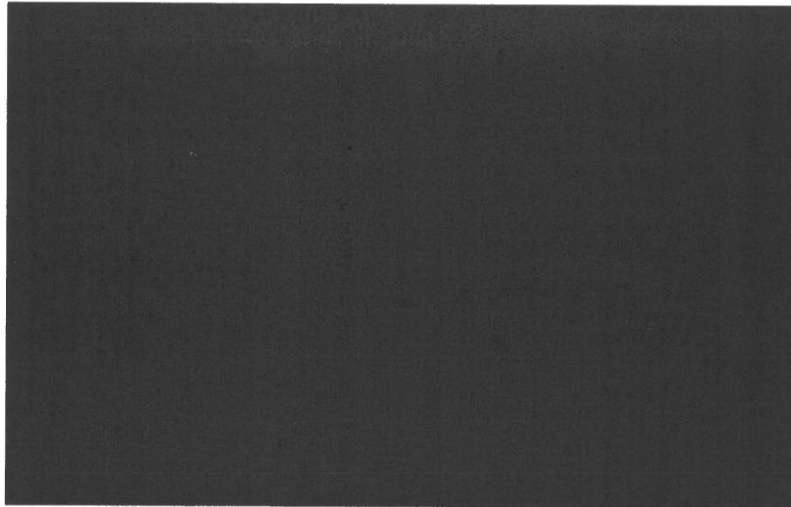
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

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@ALBERTAHEALTHSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/03/2014	346294803	J OF C HOTEL ALMA, COLLEGES, UNIVERSITIES, PROFESSIONAL	212.19	CAD	212.19	10.10		One night accomodation in Calgary to attend Meetings.

[Handwritten signature]



Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO 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. 		
<u>Jennifer Hamstra</u> Name of Cardholder Designate <u>J. Hamstra</u> Signature of Cardholder Designate	<u>Executive Secretary</u> Cardholder Designate Position/Title <u>March 24, 2014</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> 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. A personal cheque for any personal expenses inadvertently charged is attached. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>EAGLE, CHRIS</u> Name of Cardholder <u>Chris Eagle</u> Signature of Cardholder	<u>PRESIDENT & CEO</u> Cardholder Position/Title <u>March 27, 2014</u> Date of Signature	
Approver Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> 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. 		
<u>Deborah Rhodes</u> Name of Approver Designate <u>Deborah Rhodes</u> Signature of Approver Designate	<u>Acting CFO</u> Approver Designate Position/Title <u>March 31/14</u> Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> 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. 		
<u>Dr. John Cowell</u> Name of Approver <u>John Cowell</u> Signature of Approver	<u>Official Administrator</u> Approver Position/Title <u>April 17, 2014</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable		
Attach: <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4	
Accounts Payable only		
Reference #: _____	Reviewed by: _____	Date: _____

HOTEL ALMA



162 UNIVERSITY GATE NW
CALGARY, ALBERTA, CANADA T2N 1N4
1.877.498.3203 • 403.220.3703 • 403.284.4184
HOTEL ALMA

EAGLE, DR CHRIS

Room Number: [REDACTED]

Daily Rate: 189.00

Room Type: [REDACTED]

No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
17-Mar-14	18-Mar-14	[REDACTED]	AHS	[REDACTED]	[REDACTED]
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		\$7.79
					(\$212.19)

1. Initiative of Public Health
W C Exec Team

2. Bill Hotel

* 660km mileage

* 1 day per diem

} Claimed mileage
on Feb/March → per diem
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)

SIGNATURE

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

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



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: 20-Feb-14 To 20-Mar-14	
Travel Period from: _____ To _____ (if applicable)	
Out-of-Province Travel	

Name: Dr. Chris Eagle Position (Title): Advisor to the 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 _____ Project Task Number _____
Expenditure Organization _____ Expense Type _____

Total - Section B: Travel - Pg 2				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0005	71110300000	\$905.63
2B				
2C				
2D				
				\$905.63

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

TOTAL REIMBURSEMENT	
Total Section B	\$905.63
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$905.63

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: [Signature] Date: 14 June 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): Dr. John Cowell DOFA Level _____ Position # _____ Phone # _____ Ext _____

I, by signing this form, attest that I am compliant to all the above statements

Signature: [Signature] Title: Official Administrator Date: April 17, 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): Deborah Rhodes DOFA Level _____ Position # _____ Phone # _____ Ext _____

I, by signing this form, attest that I am compliant to all the above statements

Signature: Deborah Rhodes Title: Acting CFO Date: April 21/14

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

09704 pos(Rev2014-03)

HOTEL ALMA



102 UNIVERSITY GATE NW
 CALGARY, ALBERTA, CANADA T2N 1N4
 403.284.4114
 HOTELALMA.CA

ARRIVAL DEPARTURE CREDIT CARD RATE PLAN CATEGORY ACCOUNT

11-Mar-14 13-Mar-14

UNI

INT

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
11-Mar-14	702	PARKING	PARKING CHARGE	\$8.00
11-Mar-14	702	ROOM CHARGE	#702 SUCHOWERSKY, DR OKSANA	\$169.00
11-Mar-14	702	ROOM FEE	ROOM FEE	\$5.07
11-Mar-14	702	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$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

Donnerstag Reimburse:

$$\frac{\text{Hotel} - 394.96}{2} = 197.48 \checkmark$$

 1 night + parking - mileage 660 kms

Meeting w/ Dr. Hans-Jörg Friedberg
 (Institute of Medicine)
 in Calgary

chms

CREDIT DUE: (\$0.00)

SIGNATURE

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

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

HOTEL ALMA



163 UNIVERSITY GATE NW
 CALGARY, ALBERTA, CANADA T2N 1N4
 T 403.220.3203 F 403.284.4184
 WWW.HOTELALMA.CA

EAGLE, DR CHRIS

Room Number: [REDACTED]

Daily Rate: [REDACTED]

Room Type: [REDACTED]

No. of Guests: 2 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
11-Mar-14	13-Mar-14	[REDACTED]	[REDACTED]	INT	[REDACTED]
DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT	
11-Mar-14	702	PARKING	PARKING CHARGE	\$8.00	
11-Mar-14	702	ROOM CHARGE	[REDACTED]	\$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	[REDACTED]	\$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 ✓	
				(\$394.96)	

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

CREDIT DUE: (\$0.00)

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT
 WAIVED 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, CHARGES.

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