

Official Administrator and Executive Expense Report

Name Dr. Chris Eagle
Title Advisor to the Official Administrator
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 Claim	Meetings				233	233			
May-14	P-Card	Meetings			156	32	188			
Total			\$ -	\$ -	\$ 156	\$ 265	\$ 421	\$ -	\$ -	\$ -

Total for the Month \$ 421

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 139
 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: 21-Apr-14 To 20-May-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Dr. Chris Eagle Position (Title): Advisor to the Official Administrator
 Location: 14th Fl, 7th 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	0005	71110300000	\$232.56						\$232.56		
2B												
2C												
2D												
				\$232.56						Less Cash Advance		
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					**User to enter Coding & \$ Amounts						TOTAL CLAIM	\$232.56
					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: [Signature] Date 28th May 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 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
 Signature: [Signature] Title Official Administrator Date June 12/14

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): Deborah Rhodes DOFA Level Position # Phone # Ext
 Signature: [Signature] Title Acting Vice President Corporate Services + Chief Financial Officer Date May 30/14

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

PETRO CANADA
1438 KENSINGTON RD
CALGARY
ALBERTA T2N 3P9
4032831503

GST #: 0893960419
PC0582360:0767201

2014-04-27 12:27

PUMP 06
REGULAR
LITRES L 36.570
PRICE/L \$ 1.279
FUEL SALES \$ 46.77*

TOTAL OWED \$ 46.77

FUEL SAVINGS CARD
@ 5.0 CPL \$ 1.83
TOTAL PAID
CREDIT CARD \$ 44.94

* GST INCL. \$ 2.23

FUEL SAVINGS CARD
EXPIRES 12/59
INVOICE
AUTH
CARD BALANCE
135.200 LITRES

AUTH
PURCHASE

VERIFIED BY

00 APPROVED
THANK YOU

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS

TOTAL FUEL SAVINGS
5.0 CENTS PER L

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

April 27, 2014 (\$44.94)

- Fuel for fleet vehicle to travel to Calgary to attend meeting with Dr. Cowell

PETRO CANADA
37553 HWY 2 SOUTH
RED DEER
ALBERTA T4E 1B1
4033476556

GST #: 856305073 E

2014-04-28 17:04

PUMP 03
REGULAR
LITRES L 20.344
PRICE/L \$ 1.279
FUEL SALES \$ 26.02*

TOTAL OWED \$ 26.02

TOTAL PAID
CREDIT CARD \$ 26.02

* GST INCL. \$ 1.24

INVOICE
AUTH
PURCHASE

00 APPROVED
THANK YOU

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS

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

April 28, 2014 (\$26.02)

- Fuel for fleet vehicle to travel to Calgary to attend meeting with Dr. Cowell



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 Cardholder's Name	<i>Advisor to the Official Administrator</i> Cardholder's Position/Title	Billing Reporting Period:	20/05/2014
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$188.06
CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Frght	Description
28/04/2014		MPARK00030312U OPS. AUTOMOBILE PARKING LOTS AND GARAGES	24.00	CAD	24.00	1.14	.00	Perking Downtown Calgary to attend Meetings
29/04/2014		U OF C HOTEL ALMA, COLLEGES, UNIVERSITIES, PROFESSIONAL	164.06	CAD	164.06	7.81		1 night accommodation in Calgary to attend meetings



Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <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 AMS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<p><u>Christie Hamstra</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Executive Secretary</u> Cardholder Designate Position/Title</p> <p><u>May 26, 2014</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <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. 		
<p><u>EAGLE, CHRIS</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>Advisor to Official Administrator</u> Cardholder Position/Title</p> <p><u>June 6, 2014</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <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. 		
<p><u>Deborah Rhodes</u> Name of Approver Designate</p> <p><u>Deborah Rhodes</u> Signature of Approver Designate</p>	<p><u>Acting CFO</u> Approver Designate Position/Title</p> <p><u>May 30, 2014</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <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. 		
<p><u>Dr. J. G. Russell</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>Official Administrator</u> Approver Position/Title</p> <p><u>June 12, 2014</u> Date of Signature</p>	
<p>Submit approved statement with attachments to Accounts Payable:</p>		
<p>Attach:</p> <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) <p>And where applicable:</p> <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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<p>Accounts Payable only:</p>		
Reference #:	Reviewed by:	Date:

44 Downtown parking
for meeting

BOW VALLEY SQUARE

RECEIPT

ENTRY TIME:

28.04.14 13:44

EXIT TIME:

28.04.14 15:37

PARK-DUR.: HRS:MIN

0:01:53

AMOUNT:

\$ 24.00

KIND OF PAYMENT:

[REDACTED]

REF.

IMPARK THANKS YOU
NOT A BUSINESS

on corp c/c

April 28, 2014 (\$24.00)

- Parking Downtown Calgary to attend meetings.

Handwritten notes: "Handwritten notes" and "Handwritten notes"

HOTEL ALMA



169 UNIVERSITY GATE NW
CALGARY ALBERTA CANADA T2N 1N4
1.877.498.3203 403.220.3203 403.284.4184
WWW.HOTELALMA.CA

EAGLE, CHRIS
[Redacted]

Room Number: [Redacted]
Daily Rate: 139.00
Room Type: [Redacted]
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
27-Apr-14	28-Apr-14	[Redacted]	AHS	[Redacted]	[Redacted]

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
27-Apr-14	[Redacted]	PARKING	PARKING CHARGE	\$8.00
27-Apr-14	[Redacted]	ROOM CHARGE	[Redacted] EAGLE, CHRIS	\$139.00
27-Apr-14	[Redacted]	ROOM FEE	ROOM FEE	\$4.17
27-Apr-14	[Redacted]	GST	GST	\$7.16
27-Apr-14	[Redacted]	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$5.73
28-Apr-14	[Redacted]	[Redacted]	[Redacted]	(\$164.06)

April 27, 2014 (\$164.06)

- One night accommodation in Calgary to attend meetings.

CREDIT DUE: _____ (\$0.00)

SIGNATURE _____

TERMS: DUE AND PAYABLE UPON REPRESENTATION. 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 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