

Board and Executive Expense Report

Name David Diamond
Title SVP, Human Resources
Location Edmonton
 Expenses submitted during the month of January 2013

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
October 2012 to January 2013	Expense Claim	Various meetings		21		403	424			
June 2012	Expense Claim	Books for senior leaders								372
Total			\$ -	\$ 21	\$ -	\$ 403	\$ 424	\$ -	\$ -	\$ 372

Total for the Month \$ 796

Maximum meal expense claimed in the month \$ 21
 Maximum daily hotel rate claimed in the month \$ -
 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 & HOSTING EXPENSE CLAIM

SECTION A - Employee Details (for AHS Staff ONLY)

Travel Period from: 1-Oct-12 to 31-Jan-13

- 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 David Diamond Position (Title) Senior Vice President, Human Resources Employee # (E-People) [Redacted] Employee # (Legacy) [Redacted]
 Location Seventh Street Plaza Dept Human Resources 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

Capital 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	0008	71120000000	\$423.35
2B				
2C				
2D				
				\$423.35

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

Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total
101	0008	71120000000	49010000	372.45
				\$372.45

TOTAL REIMBURSEMENT

Total Section B	\$423.35
Total Section C&D	\$372.45
Less Cash Advance	
TOTAL CLAIM	\$795.80

**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) Jean Archambault 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 Feb 4, 2013
 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 Gould DOFA Level 2b Position # [Redacted] Phone # [Redacted] Ext [Redacted]
 Signature [Signature] Title EVP, People and Partners Date Feb 5, 2013
 Approved By (PRINT ONLY) [Redacted] DOFA Level [Redacted] Position # [Redacted] Phone # [Redacted] Ext [Redacted]
 Signature [Redacted] Title [Redacted] Date [Redacted]

EXPENSE CLAIM DETAILS

SECTION C Other Expenses

Emp # (E-People) [REDACTED]

Emp # (Legacy) [REDACTED]

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. 41000003 (8 characters)	Continuing Education Select type from dropdown menu (if applicable)	GST is ON all slip/receipt, enter total amount in this column WITH GST	GST is NOT on all slip/receipt, enter total amount in this column	TOTAL OTHER \$
		Bal Unit	Location	Functional Centre					
28-Jun-12	Purchase of books for Senior Leaders	101	0008	7112000000	49010000			\$372.45	

SECTION D Foreign Currency

**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

[Bank of Canada Currency Converter](#)

→ 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

ASSOCIATED CAB ALTA LTD
41 AVE NE (483) 299-1111
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Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5K

Exit Lane 08/01/13 19:57
Receipt 083329

DATE: 2813/01/08
PICK-UP TIME: 08:21
DROP-OFF TIME: 08:46
D: 0
OH: 873000-45824183787
NUMBER: 1254
TYPE: MC S
APT1478B
FARE (\$): 53.00
EXTRA (\$): 0.00
SUBTTL (\$): 53.00

DATE: 2813/01/08
PICK-UP TIME: 13:57
DROP-OFF TIME: 14:12
TRIP ID: 351868
LOCATION: 873000-45824183787
CAR NUMBER: 8837
CARD TYPE: MC S
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: AP161488

DATE: 2813/01/08
PICK-UP TIME: 15:57
DROP-OFF TIME: 16:18
TRIP ID: 353648
LOCATION: 873000-45824183787
CAR NUMBER: 1263
CARD TYPE: MC S
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: AP181838

Short-term parking tkt
DL - No: 085731
01/01/13 07:41 -
01/01/13 07:40 -
Period 1d0h0'
(Tax) 23.00
Total 23.00
Payment Received
[REDACTED] 23.00
Auth: 005340013
Auth: 211058
Type: Swiped
Sub Total 21.50
Tax 1.10

FARE (\$): 38.18
EXTRA (\$): 0.00
SUBTTL (\$): 38.18

FARE (\$): 38.50
EXTRA (\$): 0.00
SUBTTL (\$): 38.50

TIP (\$):

TIP (\$):

TIP (\$):

TOTAL (\$):

TOTAL (\$):

TOTAL (\$):

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

SIGNATURE:

SIGNATURE:

CUSTOMER'S COPY

SIGNATURE:

IST# R128599776

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

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OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5K

CUSTOMER'S COPY

CUSTOMER'S COPY

Exit Lane 22/01/13 19:40
Receipt 052379

Short-term parking tkt
DL - No: 017058
2/01/13 08:47 -
2/01/13 08:46 -
Period 1d0h0'
(Tax) 23.00
Total 23.00
Payment Received
[REDACTED] 23.00
Auth: 02005340013
Auth: 214348
Type: Swiped
Sub Total 21.90
Tax 1.10

DATE: 2813/01/22
PICK-UP TIME: 11:09
DROP-OFF TIME: 11:25
TRIP ID: 8
LOCATION: 873000-45824183787
CAR NUMBER: 1337
CARD TYPE: MC S
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: AP132818

FARE (\$): 54.70
EXTRA (\$): 0.00
SUBTTL (\$): 54.70

FARE (\$): 54.70
EXTRA (\$): 0.00
SUBTTL (\$): 54.70

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

Short-term parking tkt
DL - No: 005099
4/10/12 08:04 -
4/10/12 08:03 -
Period 1d0h0'
(Tax) 23.00
Total 23.00
Payment Received
[REDACTED] 23.00
Auth: 02005340013
Auth: [REDACTED]
Type: Swiped
Sub Total 21.90
Tax 1.10

ST# R128599776
Edmonton Airports
Can-T5J 2T2 Edmonton
Tax CodeCA5K
Exit Lane 24/10/12 20:51
Receipt 005684

Short-term parking tkt
DL - No: 066742
19/11/12 05:59 -
20/11/12 05:58 -
Period 1d0h0'
(Tax) 23.00
Total 23.00
Payment Received
[REDACTED] 23.00
Auth: 02005340013
Auth: 203948
Type: Swiped
Sub Total 21.90
Tax 1.10

Edmonton Airports
Can-T5J 2T2 Edmonton
Tax CodeCA5K
Exit Lane 19/11/12 18:31
Receipt 031214

ANDREYS BOOKS LTD
 18782 JASPER AVE T5J3J5
 EDMONTON AB
 T2231686

++++ PURCHASE +++++

06-20-2012 12:50:44
 Acct # [REDACTED] C
 Exp Date [REDACTED] Card Type MC
 Name: DAVID DIAMOND
 [REDACTED] MasterCard

Trace # 250016
 F82233168601
 Auth # 146846 RRN 061250017

Total \$372.45
 (00) APPROVED-THANK YOU

Retain this copy for your
 records
 Customer copy

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 Edmonton, AB Canada T5J 3J5
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 Toll Free 866.661.3649
 email andreys@andreys.ca
 GST# 186337549RT

The Jun20-12 12:50pm
 [REDACTED] inv# 468636 SC 01
 alberta health services

Qty	Price	Disc	Total Tax
9780749463546	62.95		62.95
9780977830800	30.95		30.95
Items	11	Total	372.45
		MCARD	372.45

RECEIPT REQUIRED FOR RETURNS
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