

Official Administrator and Executive Expense Report

Name Dr. David Mador
Title Vice President & Medical Leader
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				31	31			
Total			\$ -	\$ -	\$ -	\$ 31	\$ 31	\$ -	\$ -	\$ -

Total for the Month \$ 31

Maximum meal expense claimed in the month \$ -
 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 & 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: 29-Nov-13 To: 17-Jan-14
 Travel Period from: To
 Out-of-Province Travel No

Name: David Mador Position (Title): Edmonton Zone Medical Director
 Location: 1J2.23 UAH-WMC Dept: Medical Affairs DOFA Level: 3a (if applicable) Union: N/A Business Phone #: Ext:
 Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number Expenditure Organization Project Task Number Expenditure Type

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bel Unit	Location	Functional Centre (FC)	Total Expense	Bel Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0008	71110108003	\$14.44						\$30.50		
2B	101	0008	71110108003	\$16.06								
2C												
2D												
				\$30.50								

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

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 submitted 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: [Signature] Date: 15-JAN-2014

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 submitted 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: Deborah Rhodes Title: ACTING VPCORP SERV. & CFO Date: Jan. 21/14

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 30(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Practice to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding

101 0006

71110106003

Emp # (E-People)

Page 2A

If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page OR If more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT** separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B: TRAVEL EXPENSES

NOTE: If expenses do not 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 = Int'l)
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 **REQUIRED**.

If you select "No" in this column,

Further Explanation is **REQUIRED** in the "Rationale is Required" section on this page

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If you select "No" in this column,
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Date dd-mm-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							
3-Dec-13	Travel from SSP to WMC (Executive Leadership Team Meeting)	AB	Meeting	Yes											3.50
10-Dec-13	Travel from SSP to WMC (Executive Leadership Team Meeting)	AB	Meeting	Yes											3.50
11-Dec-13	Travel from SSP to WMC (Clinical Operations Executive Committee)	AB	Meeting	Yes											3.50
12-Dec-13	Travel from WMC to Sutton Place (AMA/CPSA)	AB	Meeting	Yes											4.10
17-Dec-13	Travel from SSP to WMC (Executive Leadership Team Meeting)	AB	Meeting	Yes											3.50
18-Dec-13	Travel from SSP to WMC (Clinical Operations Executive Committee)	AB	Meeting	Yes											3.50
7-Jan-14	Travel from SSP to WMC (Executive Leadership Team Meeting)	AB	Meeting	Yes											3.50
8-Jan-14	Travel from SSP to WMC (Clinical Operations Executive Committee)	AB	Meeting	Yes											3.50
SUBTOTALS															Total Km 26.60

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle

→ details of travel location to & from must be included above under the purpose of travel column

Rules applicable \$0.605 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.605 km, \$0.47 km OR rate per Union Agreement
(see Mileage details to the left)

\$0.605

Mileage \$:

\$14.44

Travel \$ Subtotal:

Auto file on page 1 - TOTAL TRAVEL \$

\$14.44

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Rationale is Required for expenses that are not Cost Effective

(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

EXPENSE CLAIM DETAILS

Enter Finance Coding

101 0006

71110100003

Emp # (E-People)

Page 2B

If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT** separate any taxes (eg. GST). Secondary Expense codes are not required in this section as they are pre-determined by the system.

SECTION B: TRAVEL EXPENSES

NOTE: If expenses do not 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 = Int'l)
 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 REQUIRED.

If you select "No" in this column,

Further Explanation is REQUIRED in the "Rationale is Required" section on this page

Date dd-mm-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?	Further Explanation is REQUIRED in the "Rationale is Required" section on this page											
				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							
10-Jan-14	travel to SSP from WMC (Clinical Operations Executive Committee)	AB	Meeting	Yes											3.50
14-Jan-14	travel from SSP to RAH (Search & Selection meeting)	AB	Meeting	Yes											3.20
15-Jan-14	travel from SSP (Zone Medical Director/CPSA, Covenant)	AB	Meeting	Yes											3.50
16-Jan-14	travel from WMC to MIB (Edmonton Zone Medical Staff Assoc)	AB	Meeting	Yes											9.20
16-Jan-14	travel from MIB to RAH (Greater Edmonton Health Assoc)	AB	Meeting	Yes											12.40
SUBTOTALS															Total Km 31.80

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
 → 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 OR rate per Union Agreement
 (see Mileage details to the left)

\$0.505

Mileage \$ \$16.06

Travel \$ Subtotal

Auto fills on page 1 - TOTAL TRAVEL \$ \$16.06

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Rationale is Required for expenses that are not Cost Effective

(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)