Alberta Health Services

www.albertahealthservices.ca

Official Administrator and Executive Expense Report

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

Total for the Month $ 31

Maximum daily single meal expense claimed in the month	$ -
Maximum daily base 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

Alberta Health Services

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-Feb-14 To 31-Mar-14
Travel Period from: _____ To _____ (if applicable)
Out-of-Province Travel No

Name: David Mador
Position (Title): VP and Medical Director Northern Alberta / EZMD
Location: [redacted] Dept: [redacted] DOFA Level: [redacted] (if applicable) Union: [redacted] Business Phone # [redacted] Ext:
Employee # (E-People): [redacted]

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 Expense
2A	101	0005	71110108003	$30.93
2B				
2C				
2D				
				$30.93

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

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

Bal Unit	Location	Functional Centre (FC)	Secondary# Expense	Total Expense
			**User to enter Coding & $ Amounts	

NOTE: These fields do not automatically fill for Section C & D

TOTAL REIMBURSEMENT

Total Section B	$30.93
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	$30.93

SECTION F: AUTHORIZATION

I attest that I have read and understood the "Travel, Hospitality and Working Session Expenses 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.
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 27-March-2014

I attest that I have read and understood 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.
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): DEBORAH RHODES DOFA Level [redacted] Position # [redacted] Phone # [redacted] Ext
I, by signing this form, attest that I am compliant to all the above statements
Signature: Deborah Rhodes Title Acting VP Corp Services & CFO Date Apr. 7/14

I attest that I have read and understood 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.
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): _____ DOFA Level _____ Position # _____ Phone # _____ Ext
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 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.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0006 71110108003 | Emp # (E-People) [redacted] | 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 = Inter'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

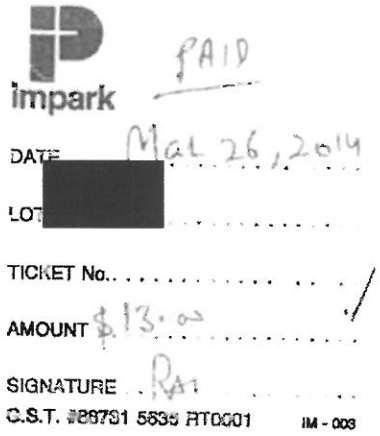
Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (Include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What 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							
					Meal Type with value	Allowance	Meal Type	with receipt	Airfare	Hotel	Taxi			
21-Feb-14	Travel from SSP to WMC (Executive Meeting)	AB	Meeting	Yes										3.50
25-Feb-14	Travel from SSP to WMC (Executive Leadership Team meeting)	AB	Meeting	Yes										3.50
26-Feb-14	Travel from SSP to WMC (CN and Operations Executive Committee mtg)	AB	Meeting	Yes										3.50
27-Feb-14	Travel from WMC to SSP (CIS meeting)	AB	Meeting	Yes										3.50
3-Mar-14	Travel from SSP to WMC (FLT & FSMD Accreditation)	AB	Meeting	Yes										3.50
3-Mar-14	Travel from WMC to Sherwood Park (Blackhawk Council Meeting)	AB	Meeting	Yes										16.00
28-Mar-14	Parking at Texas House ST (EHUOCH Mentorship meeting)	AB	Meeting	Yes								$13.00	✓	
SUBTOTALS												$13.00		Total Kms 35.50 ✓

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 $	$17.93
Travel $ Subtotal	$13.00
Auto Rts on page 1 - TOTAL TRAVEL $	$30.93 ✓

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)


impark

PAID

DATE Mar 26, 2014

LOT [redacted]

TICKET No. ...

AMOUNT $13.00

SIGNATURE ...

C.S.T. #86781 5535 RT0001 IM - 003

March 26/14

Parking receipt

for attending

EHC/CCHL Mentorship Program

Mtg