

Board and Executive Expense Report

Name David Weyant
Title SVP & General Counsel, Legal & Privacy
Location Calgary
 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)
January 2013	P-Card	Credit for cancelled trip/business meeting	(117)	-	-	6	(111)	-	-	-
December 2012	Expense Claim	AGC interviews	-	21	-	21	42	-	-	-
Total			\$ (117)	\$ 21	\$ -	\$ 27	\$ (69)	\$ -	\$ -	\$ -

Total for the Month \$ (69)

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

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

<u>WEYANT, DAVID</u> Cardholder's Name	<u>SENIOR VP & GENERAL COUNSEL</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/01/2013</u>
<u>LEGAL & PRIVACY</u> Cardholder's Dept	<u>SOUTHPORT TOWER</u> Cardholder's Site/Location	Total Statement Amount:	<u>(\$110.90)</u>
<u>DAVID.WEYANT@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/12/2012	304380578	AIR CAN 0142114617404, AIR CANADA	-116.68	CAD	-116.68	.00		Refund for cancelled Edmonton trip
08/01/2013	305367435	MPARK00030211U, AUTOMOBILE PARKING LOTS AND GARAGES	5.78	CAD	5.78	.28	.00	Parking for business meeting - re: Business Plan

Signatures

Cardholder Designate (If Applicable)
 By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details 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.

Kathie Ozar
 Name of Cardholder Designate

K. Ozar
 Signature of Cardholder Designate

Exec. Secretary
 Cardholder Designate Position/Title

Jan. 23 / 13
 Date of Signature

Cardholder
 By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

WEYANT, DAVID
 Name of Cardholder

[Signature]
 Signature of Cardholder

SENIOR VP & GENERAL COUNSEL
 Cardholder Position/Title

Jan. 23 / 13
 Date of Signature

Approver Designate (If Applicable)
 By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Susan Best
 Name of Approver Designate

[Signature]
 Signature of Approver Designate

Exec. Assistant
 Approver Designate Position/Title

Jan. 25, 2013
 Date of Signature

Approver
 By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Stephen Gould
 Name of Approver

[Signature]
 Signature of Approver

EVP People and Partners
 Approver Position/Title

1/28/13
 Date of Signature

Submit approved statement with attachments to Accounts Payable:

<p>Attach:</p> <ul style="list-style-type: none"> Original Itemized receipts 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 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
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Accounts Payable only:

Reference #: _____	Reviewed by: _____	Date: _____
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Electronic Refund Receipt / Reçu de remboursement électronique

We are pleased to confirm a refund has been processed to your payment card.

Nous sommes heureux de confirmer qu'un remboursement a été porté à votre carte de paiement.

Please print this refund receipt for your reference.

Veillez imprimer ce reçu pour vos dossiers.

Refund Information / Détails du remboursement

*P-Card
refund from
cancelled
1 day trip
from Nov.
30/12.*

Passenger Name:
Nom du passager: David Weyant

Ticket(s) Refunded: 0142114617404
Billet(s) remboursé(s):

Payment card refunded: XXXXXXXXXX
Carte de paiement remboursée:

Date of refund: 19 December 2012
Date du remboursement: 19 Décembre 2012

**Customer Care
Service au client**

On the web/Site Web
www.aircanada.com

**Air Canada Reservations
Réservations d'Air Canada**
1 888 247-2262

**Aeroplan Centre
Centre Aéroplan**
1 800 361-5373

Amount refunded / Montant du remboursement

Amount eligible for refund: Montant à rembourser:	154.00
Taxes and Airport Fees eligible for refund: Taxes et frais aéroportuaires à rembourser:	
Canada Security Charge / Canada - Droit pour la sécurité (CA)	7.12
Canada Airport Improvement Fee / Canada - Frais d'améliorations aéroportuaires (SQ)	25.00
Canada Goods and Services Tax (GST/HST #10009-2287) / Canada - Taxe sur les produits et services (TPS/TVH #1009-2287) (XG)	9.31
	195.43
Less: Moins:	

Penalty for cancellation:	75.00	
Frais d'annulation:		
Taxes applicable to penalty for cancellation:		
Taxes applicables aux frais d'annulation:		
Canada Goods and Services Tax (GST/HST #10009-2287) /		
Guadeloupe Development Charge(GP)	3.75	78.75

Total Amount Refunded to your payment card in Canadian dollars:
Montant total remboursé sur la carte de paiement en Dollars canadiens: **116.68** ✓

*refund from
cancelled Edm.
trip on
Nov. 30/12.*

RECEIPT

Stall # 34

Expiration Date/Time

06:20 PM

JAN 08, 2013

Purchase Date/Time: 05:20pm Jan 08, 2013

Total Parking: \$5.50

Total FEDERAL: \$0.28

Total Due: \$5.78

Total Paid: \$5.78

Ticket #: 00007200

Rate: 1 HOUR
Payment Type: Card

Setting: Lot 211
Watch Name: Lot 211-1

*Business meeting
re: Business plan*

Card: [Redacted] MasterCard

Auth #: 192107

GST REG #R102466000

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT



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: 1-Dec-12 To 31-Dec-12
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: David Weyant Position (Title): Senior Vice President and General Counsel

Location: Southport Tower Dept: Legal & Privacy DOFA Level: 3b (if applicable) Union: Exempt Business Phone #: _____ Ext: _____

Employee # (E-People): _____ Employee # (REQUIRED # prior to E-People migration): _____

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	71110550000	\$42.11						\$42.11		
2B												
2C												
2D												
				\$42.11								

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

**User to enter Coding & \$ amounts

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

TOTAL CLAIM \$42.11 ✓

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): Kathie Ozar Phone # _____ Ext _____

I hereby acknowledge that I have read the "Travel, Hospitality and Working Session Expenses Policy" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy.
 I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature] Date 25-Jan-13

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s 1118, 1122).
 Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Stepharr Gould DOFA Level 2b Position # _____ Phone # _____ Ext _____
 Signature: [Signature] Title EVP People + Partners Date Jan. 28, 2013

Approved By (PRINT ONLY): _____ DOFA Level _____ Position # _____ Phone # _____ Ext _____
 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. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Palika, Director Accounts Payable at 780-735-0500 or email: Mark.Palika@albertahealthservices.ca

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 • 0005 • 71110550000 Emp # (E-People) _____ Emp # (prior to 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 menu (column **Province**) where expenses were incurred (Out of N.America = Inter!).
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Purpose of Travel 55 characters maximum -length of shaded area	Province, US, or Out of N.America	What is travel related to?	Meal (Select type from dropdown)			Airfare Bus/LRT Parking	Hotel	Rental Car	Taxi	Fuel	Mileage (km)
				Type	w/receipt	w/o receipt or per diem						
4-Dec-12	trip to Edm. for AGC Interviews	AB	Recruit	BL		\$20.80						42.20
SUBTOTALS												Total Kms
											\$20.80	42.20

MEAL PER DIEM RATES
 B = Breakfast = \$9.20 L = Lunch = \$11.60 D = Dinner = \$20.75 A = ALL MEALS = \$41.55
 BL = Breakfast & Lunch = \$20.80 BD = Breakfast & Dinner = \$29.95 LD = Lunch & Dinner = \$32.35

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
 → details of travel location to & from must be included above under the purpose of travel column
 \$0.505 per km for under 5,000km/yr
 \$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 <i>(see Mileage details to the left)</i>	\$0.505
Mileage \$	\$21.31
Travel \$ Subtotal	\$20.80
Enter on page 1 TOTAL TRAVEL \$	\$42.11

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form