

Board and Executive Expense Report

Name Deb Rhodes
Title SVP Finance & Acting Chief Financial Officer
Location Edmonton
 Expenses submitted during the month of October 2012

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 15 - October 30, 2012	Expense Claim	Travel - Staff Engagement Session/Board meeting		61	276	587	924				
October 24, 2012	Direct Billing	Staff Engagement	438				438				
Total			\$ 438	\$ 61	\$ 276	\$ 587	\$ 1,362	\$ -	\$ -	\$ -	\$ -

Total for the Month \$ 1,362

Maximum meal expense claimed in the month \$ 32 2 persons
 Maximum daily hotel rate claimed in the month \$ 149
 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: 15-Oct-12 To: 31-Oct-12
 Travel Period from: _____ To: _____ (if applicable)
 Out-of-Province Travel: _____

Name: Deborah Rhodes Position (Title): SVP Finance and Acting CFO
 Location: 14th Fl., Seventh Street Plaza Dept: Finance DOFA Level: 2b (if applicable) Union: n/a 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: 101 . 0005 . 7110500013 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
2A	101	0005	7110500013	\$924.66						\$924.66		
2B												
2C												
2D												
				\$924.66	**User to enter Coding & \$ amounts						TOTAL CLAIM	\$924.66

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

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): Nella Turlone 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: Deborah Rhodes Date: Nov-9/12

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): Dr. Chris Eagle DOFA Level _____ Position # _____ Phone # _____ Ext _____
 Signature: _____ Title: President & CEO Date: Nov-16, 2012

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 780-735-0506 or email: Mark.Palika@albertahealthservices.ca

09704 pos(Rev2012-10A)

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 • 0005 • 7110500013**

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						
18-Oct-12	Calgary Fall Staff Engagement Session											600.00
	- Delta Hotel											
	- Quizno's (dinner)			D	\$8.39			\$167.28				
22-Oct-12	Red Deer Fall Staff Engagement Session											
24-Oct-12	Grande Prairie Fall Staff Engagement Session											300.00
	- Taxi from airport								\$23.00			
	- Lunch (David Shaw & Deb)			L	\$32.34							
30-Oct-12	Board Meetings - Red Deer (Oct. 30& 31)											
	- Hotel							\$108.80				300.00
	- Dinner			D		\$20.75						
SUBTOTALS					\$40.73	\$20.75		\$276.18		\$23.00		Total Kms 1200.00

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

\$0.605 per km for under 5,000km/yr

\$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)

Mileage \$ \$564.00

Travel \$ Subtotal \$380.66

Enter on page 1 TOTAL TRAVEL \$ \$924.66

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




DELTA



CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
 Tel: 403-278-5050 Fax: 403-225-5834

AB HEALTH SERVICES
 Mrs Deborah D Rhodes



Room: 0201
 Folio: 
 Cashier: 35
 Arrival: 10-18-12
 Departure: 10-19-12

Date	Description	Additional Information	Charges	Credits
10-18-12	Room Charge		149.00	
10-18-12	DMF		4.47	
10-18-12	Room GST		7.67	
10-18-12	Tourism Levy		6.14	
10-19-12	Visa	 		167.28

GST Summary	
Registration No: 895126332	
Room	7.67
F&B	0.00
Other	0.00
Total	7.67

Total	167.28	167.28
Balance Due	0.00	CDN

*Calgary Staff Engagement Session
 ~ SVP Finance*

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

Date 10/31/12
Time 06:18
Page 1

RED DEER LODGE
4311 49 AVE
RED DEER, ALBERTA T4N 5Y7
1-800-661-1657
(403) 346-8841

Acct# [REDACTED]
Room# 211
Rate Code
Group ALBE
Room Type CVQQ
Room Rate 99.00

RHODES, DEB

Arrive OCT 30 12 16:28
Depart OCT 31 12

ALBERTA HEALTH SERVICES
10101 SOUTH PORT RD SW
CALGARY AB T2W3N2

Payment VI [REDACTED]

Exp: [REDACTED]

Date	Description	Reference	Room	Charges	Credits
OCT 30	ROOM CHARGE			99.00	
OCT 30	G.S.T.			4.95	
OCT 30	TOURISM LEVY			3.96	
OCT 30	DESTINATION MARK FEE			.99	
OCT 31	VISA	THANK YOU			108.90
=====G.S.T.=subtotal:		4.95			
TOURIS subtotal:		3.96			
			Balance Due:	.00	

I agree that my liability for this bill is not waived & agree to be personally responsible if the indicated party fails to pay the charges in part or in full.
Privacy Policy: you may opt-out of having certain personal information collected.
G.S.T. #865650352 Direct Bill Signature: _____

Board Meeting Oct. 30/31

RED DEER LODGE
4311 - 49TH AVENUE
RED DEER, AB T4N5Y7
403-346-8841

MERCHANT ID: 17502760085 TERM ID: 019

FORCE SALE

VISA ENTRY METHOD: MANUAL
10/31/12 07:18:58
INV #: 000005 APPR CODE: 414269
BATCH #: 000071
REF #: 005
AMOUNT \$108.90

I AGREE TO PAY ABOVE TOTAL AMOUNT
IN ACCORDANCE WITH CARD ISSUER'S
AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)
RETAIN THIS COPY FOR STATEMENT
VERIFICATION
CARDHOLDER COPY
APPROVED

QUIZNOS #12076
780 986 9477
LEDUC AB
FOR RESTAURENT JOBS APPLY AT
QUIZNOS.CA/CAREERS

Viewpoint Restaurant & Lounge
220-10610 Airport Drive
Grand Prairie, Alberta
T8V-7Z5
(780)532-9447

ORDER # 01048

BWL BROCCOLI CHZ 3.99
SM CHK CAES SAL 3.49
1 CHOOSE 2 -1.48
LG DRINK 1.99

TAKE-OUT

TAX TOTAL \$ 7.99
TOTAL \$ 0.40
TOTAL \$ 8.39

DEBIT \$ 8.39
CHARGE TIP \$ 0.00
ACCOUNT# :
AUTH# :

4706 COUNTER OCT. 16, 2012
REG1-AM 18:28

Customer comments call 888-477-8282

Travel to Calgary

Trans #: 318763 Serv: ANDI
10/24/2012 1:03 PM # Cust:1

Table #4

Quan	Descript	Cost
2	Med Fountain Pop	\$4.50
1	GRLD HAM & CHEESE	\$8.99
1	Side Gravy	\$1.00
1	BEEF DIP	\$11.50
1	Side Gravy	\$1.00

Net Total: \$26.99
GST \$1.35

TOTAL: \$28.34

Amount Due: \$28.34

Food: \$22.49
Beverage: \$4.50

Thank Come At David Shaw
Deb Rhodes

GST# 87409E GRANDE PRAIRIE AIRPORT
10610 AIRPORT DR
GRANDE PRAIRIE AB

CARD [REDACTED]
CARD TYPE INTERAC
ACCOUNT TYPE [REDACTED]
DATE 2012/10/24
TIME 9565 13:03:54
RECEIPT NUMBER
C06103765-001-001-324-0

PURCHASE AMOUNT \$28.34
TIP \$4.00
TOTAL

\$32.34

INTERAC
A0000002771010
3574AE9E0CECE9E9
0000008000-EB00
1C68A433BAD14EFA
0000008000-FB00

APPROVED

AUTH# 178487 00-001
THANK YOU

CARDHOLDER COPY

EXPIRY DATE CHECKED	DATE 10/25/12	AMOUNT/MONTANT 28.34	TAXES TAXES
DATE D'EXPIRATION VERIFIEE	DATE 10/25/12	AMOUNT/MONTANT 28.34	TAXES TAXES

EXPIRY DATE CHECKED

DATE D'EXPIRATION VERIFIEE

5 825

DESCRIPTION	MONTANT - AMOUNT
	28.34

SALES DRAFT CHARGEX FACTURE

CAN \$

CUSTOMER COPY
COPIE DU CLIENT

Taxi from
Grand Prairie
Airport
DR.
- David Shaw

CARD HOLDER'S SIGNATURE/SIGNATURE DU TITULAIRE
PLEASE RETAIN THIS COPY AS A RECORD OF YOUR TRANSACTION
CONSERVEZ CETTE COPIE COMME PREUVE DE VOTRE TRANSACTION



CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HEREWITH THE AMOUNT STATED HEREIN IN ACCORDANCE WITH THE CARDHOLDERS AGREEMENT WITH THE CARDHOLDER.
LE DETENTEUR DE LA CARTE SI-HAUTE MENTIONNEE PAIERA A L'EMETTEUR DE LA CARTE LE MONTANT CHARGE CONFORMEMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'EMETTEUR ET LE DETENTEUR DE LA CARTE

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- **Indicate whether you have expenses to report in this section for this reporting period:** Yes No

Name:	Reporting Period for the Month of:
--------------	---

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2012-10-24	Direct Billing	Transportation	eturn air fare to Grande Prairie - Staff Engagement	Marlin Travel	\$437.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: TIFFANY ASKE Tel: 780-425-8611

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: 83300
Date: October 15, 2012
Page: 1/2
Our Reference: ZCH0091351C PZDXDY
Your Reference: 101000571105000013

INVOICE

For
MS DEBORAH RHODES

Wednesday, October 24, 2012

 Air

AIR CANADA
From: EDMONTON INTL AB
To: GRANDE PRAIRIE
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION MXS3LM
TICKET NUMBER 0142113431078
SEAT 4C

Flight: 8359 Q CLASS
07:50:AM Equipment: D8 (300 SERIES)
09:02:AM

Mile(s) Flown: 250

 Air

AIR CANADA
From: GRANDE PRAIRIE
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION MXS3LM
TICKET NUMBER 0142113431078
SEAT 2C

Flight: 8364 Q CLASS
01:40:PM Equipment: D8 (300 SERIES)
02:47:PM

Mile(s) Flown: 250

Cost:

AIR CANADA WEB 2113431078

(CA*****6502) 344.00
Tax: 83.96
Ticket Total: 427.96

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: 83300
Date: October 15, 2012
Page: 2/2
Our Reference: ZCH0091351C PZDXDY
Your Reference: 101000571105000013

INVOICE

Cost:

TKT-9540004910531

(CA*****6502)

10.00

Total:

Grand Total:	437.96
Less Credit Card Payments:	437.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA...TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.