

Board and Executive Expense Report

Name Deb Rhodes
Title SVP Finance & Acting Chief Financial Officer
Location Edmonton
 Expenses submitted during the month of November 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)
28-Nov-12	Expense Claim	FOIP Course					-	200		
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 200	\$ -	\$ -

Total for the Month \$ 200

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)	
<ul style="list-style-type: none"> • 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: 28-Nov-12 To: 28-Nov-12 Travel Period from: _____ To: _____ (if applicable) Out-of-Province Travel
Name: Deborah Rhodes	Position (Title): SVP Finance & Acting CFO
Location: Seventh Street Plaza	Dept: Finance DOFA Level: 2b (if applicable) Union: OOS 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																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Pg</th> <th>Bal Unit</th> <th>Location</th> <th>Functional Centre (FC)</th> <th>Total Expense</th> </tr> </thead> <tbody> <tr><td>2A</td><td></td><td></td><td></td><td></td></tr> <tr><td>2B</td><td></td><td></td><td></td><td></td></tr> <tr><td>2C</td><td></td><td></td><td></td><td></td></tr> <tr><td>2D</td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="4">NOTE: This section auto fills from page 2A, 2B, 2C & 2D</td> <td></td> </tr> </tbody> </table>	Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	2A					2B					2C					2D					NOTE: This section auto fills from page 2A, 2B, 2C & 2D					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Bal Unit</th> <th>Location</th> <th>Functional Centre (FC)</th> <th>Secondary/ Expense</th> <th>Total Expense</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>0005</td> <td>71105000013</td> <td>61530000</td> <td>200.00</td> </tr> <tr> <td colspan="4">**User to enter Coding & \$ amounts</td> <td>200.00</td> </tr> <tr> <td colspan="4">NOTE: These fields do not automatically fill for Section C&D</td> <td></td> </tr> </tbody> </table>	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	101	0005	71105000013	61530000	200.00	**User to enter Coding & \$ amounts				200.00	NOTE: These fields do not automatically fill for Section C&D				
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Less Cash Advance																																																			
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SECTION F: AUTHORIZATION	
If applicable, <u>print</u> 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 Turlione	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: <u>Deborah Rhodes</u>	Date: <u>Dec 11/12</u>
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): <u>Dr. Chris Eagle</u>	DOFA Level _____ Position # _____ Phone # _____ Ext _____
Signature: <u>[Signature]</u>	Title: <u>President & Chief Executive Officer</u> Date: <u>Dec 5/12</u>
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 Palka, Director Accounts Payable at 780-735-0506 or email: Mark.Palka@albertahealthservices.ca

[Handwritten initials]

EXPENSE CLAIM DETAILS

*If **NOT** claiming any expenses in Sections C or D, this page does **NOT** have to be submitted.*

SECTION C: OTHER EXPENSES					Emp # (E-People)		Emp # (prior to E-people)	Page 3	
<ul style="list-style-type: none"> • Expenses to be claimed in this section include but are not limited to: <u>Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.</u> → If expenses are for <u>travel, gas, etc., go to Section B on pg 2.</u> • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated! <p align="center">***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>									
Date dd-mmm-yy	Purpose of Expense <small>70 characters maximum - length of shaded area</small>	Finance Coding			Secondary/ Expense <small>eg. 41000000 (8 characters)</small>	Continuing Education <small>Select type from dropdown menu (if applicable)</small>	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
		Bal Unit	Location	Functional Centre					
28-Nov-12	Registration Fees for FOIP Training: Access to Information	101	0005	71105000013	61530000	Workshop		\$200.00	\$200.00

SECTION D: FOREIGN CURRENCY		<small>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.</small>							
<small>Please click on the following link for the Bank of Canada exchange rate using the date of expense</small>		Bank of Canada Currency Converter → <small>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</small>							
Date dd-mmm-yy	Purpose of Expense <small>70 characters maximum - length of shaded area</small>	Finance Coding			Secondary/ Expense <small>eg. 41000000 (8 characters)</small>	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
- 3 of 3 -

ASB

EXPENSE CLAIM DETAILS

Enter Finance Coding _____ 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'l). 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						
SUBTOTALS											Total Kms	

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
(see Mileage details to the left)

Mileage \$ _____

Travel \$ Subtotal _____

Enter on page 1 TOTAL TRAVEL \$ _____

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

November 6, 2012

Receipt

GST # 894374388 RT0001

Alberta Health Services
Deborah Rhodes

Registration fees in regards to FOIP Training:
Access to Information – November 28, 2012 \$200.00

(P 12-11-717)

sub-total	\$200.00
GST (5%)	exempt
Amount Paid	\$200.00

Thank you.

Paid in full by Visa XXXXXXXXXX



Freedom of Information and Protection of Privacy Act (FOIP) Training

Course Registration Form



Mail this form with your cheque to:
 Cenera
 1100, 1015 - 4 ST SW
 Calgary, AB T2R 1J4
 Attention: FOIP Course Administrator

Fax this form to:
 Cenera at 403-294-0513
 Attention: FOIP Course Administrator

For questions and credit card payment contact:
 Cenera
 Phone: 403-290-0466
 Toll Free: 1-800-387-8797
 jenny.huisman@cenera.ca

Participant Information - NOTE: Participants must be employed by a public body (e.g. Government of Alberta or a local public body), be a person who performs a service for the public body (e.g. volunteer or student) or is under a contract or agency relationship with the public body (e.g. contractor or employees of a contractor) as defined in sections 1(p) and 1(e) of FOIP.

First Name: Deborah Last Name: Rhodes
 Title: SVP Finance & Admin CFO Branch/Unit: _____
 Organization: Alberta Health Services
 Address: 10030-107 Street, Seventh Street Plaza, 14th Floor North Tower
 City: Edmonton, AB Postal Code: T5S 3E4
 Phone: _____ Fax: _____ E-mail: Deborah.Rhodes@albertahealthservices.ca

Course Name	Date(s)	Location and Fees	
		Edmonton	Calgary
Introduction and Privacy (1 Day)		\$200	\$200
<input checked="" type="checkbox"/> Access to Information (1 Day)	<u>Nov. 28</u>	\$200	\$200
<input type="checkbox"/> Managing a FOIP Program (1 Day)		\$200	\$200
<input type="checkbox"/> FOIP General Awareness (Half Day)		\$125	\$125
<input type="checkbox"/> Managing Contracts under the FOIP Act (1 Day) (Local public body employees may register in this course but should be aware that the course content focuses on Government of Alberta procurement and records management policies and processes.)		\$200	\$200
Do I need to pay GST?	GST (5%) if applicable	\$ _____ GST	\$ _____ GST
If you are paying with a personal cheque or credit card, even if this will be reimbursed by your organization, you must include GST in your fee payment. GST is only exempt if you use a corporate cheque or credit card, and your organization has GST exempt status. Also, if your organization is GST exempt, please provide your GST Registration Number: <u>R124072513</u>	Total Amount	<u>\$200.00</u> (Fee plus GST if applicable)	<u>\$200.00</u> (Fee plus GST if applicable)

Previous FOIP Training: Course Name: _____ Course Date: _____

Payment: Please note that you are not registered until payment has been received including GST if paying with a personal cheque or credit card

Payment by Credit Card: Please contact Cenera at 403-290-0466 to provide them with your credit card payment information (Don't forget to include the GST if applicable)

Payment by Cheque: Please make cheque payable to Cenera, attach and mail with registration form (Don't forget to include the GST if applicable)

Cancellation Policy: Refunds provided up to and including 14 calendar days prior to the event. After this deadline, registrants may send substitutes or choose other eligible courses in the current FOIP Training Calendar.

The personal information requested on this form is being collected for the registration, administration and evaluation of courses offered by Policy and Governance, Service Alberta under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your personal information on this form, contact the Access and Privacy Advisor, Policy and Governance, Service Alberta at 780-415-2407.

JSP