

# **Board and Executive Expense Report**

Name Deb Rhodes

Title SVP Finance & Acting Chief Financial Officer

**Location** Edmonton

Expenses submitted during the month of December 2012

			Travel (1)								L		
Date	Source Document	Purpose	Airfare		Meals		Accommodation		Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
December 2012	Expense Claim	Finance Management Meeting							160	160			
Total			\$		\$	-	\$ -	\$	160	\$ 160	\$ -	\$ -	\$ -
Total for the Month	\$ 160												
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 Expense Date From: 5-Dec-12 To 5-Dec-12												
	• Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system Travel Period from: To (ff applicable)											
	If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)  Out-of-Province Travel  Out-of-Province Travel											
Name: Deborah Rhodes Position (Title): SVP Finance and Acting CFO												
Loca	Location: 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												
CARITAL PROJECT CODING ONLY Project Number Project Task Number												
CAPITAL PROJECT CODING ONLY → Expenditure Organization 101 0005 71105000013 Expenditure Type												
Total - Section B: Travel - Pg 2 Total - Section C&D: Other & Foreign Expenses - Pg 3												
Da	Bal	Lacation	Functional Centre	Total	2.111.1		Functional	Secondary	/ Total	TOTAL REIMBI	KSEMENI	
Pg	Unit	Location	(FC)	Expense	Bal Unit	Location	Centre (FC)	Expense	Expense	Total Section B	\$159.50	
2A	101	0005	71105000013	\$159.50						Total Section C&D		
2B										Less Cash Advance		
2C												
2D										TOTAL CLAIM	\$159.50	
				\$159.50		**User to e	nter Coding & \$ amo	unts				
1	NOTE: TI	his section a	uto fills from page 2A	, 2B, 2C & 2D	N	OTE: These	fields do not automa	tically fill for S	Section C&D			
			RIZATION	The state of the s								
If appl	licable, p	rint the nam	ne of the person (other	than claimant) that p	repared the	claim along	with phone number so	if there are ar	ny questions contact ca	an 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: Dobonol Rhodes Date Jan. 14/13												
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): DOFA Level   Position # Doc id out to SO Phone #												
Approved By (PRINT ONLY): Dor. Chr. Seg. DOFA Level Position # President 4 CEO Phone # Ext Date												
	Approved By (BBINT ON V).											
505.	Planeture:											
Signal	ture:						Title			Date	- 1	

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

## **EXPENSE CLAIM DETAILS**

Enter Finance Coding 101 • 0005 • 71105000013 Emp # (E-People) Fmp # (extrate F-rest) Page 24													
							455 MAR	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 <b>Province</b> ) 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	Purpose of Travel	Province, US, or	What is travel related to?	(Se	Meal lect type from o	(nwabawa)	Airfare	Hotel	Rental		Fuel		
dd-mmm-yy	55 characters maximum -length of shaded area	Out of N.America		Туре	w/receipt	w/o receipt or per diem	Bus/LRT Parking		Car	Taxi		Mileage (km)	
5-Dec-12	Travel to Red Deer for Finance Management Meeting at											300,00	
	Red Deer Hopsital												
	Parking						\$8.00						
												11	
								-					
												-	
					1000								
			UBTOT	ALG			<b>60.00</b>					Total Kms	
		3	OBIOI	7.00			\$8.00					300,00	
	<u>MEAL PER DIEN</u> <u>B = Breakfast</u> = \$9.20		Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (See Mileage details to the left) \$0.505										
	BL = Breakfast & Lunch = \$20.80 BD = Breakfast & Di		Mileage \$ \$151.50										
	MILEAGE - Business Kilometre Rate	<u> </u>	Travel \$ Subtotal \$8.00										
	details of travel location to & from must be included												
\$0.505 per km for <u>under 5,000km/yr</u> \$0.47 per km for <u>over 5,000km/yr</u>								Enter on page 1 TOTAL TRAVEL \$ \$159.50					
or per Union Agreement  Note: Total will auto fill into pg 1, Section E, if form completed electric pg 2s can be found at end of form										ed electronica	lly - Additional		



# LEAVE ON DASH - THIS SIDE UP

EXPIRATION TIME

06/12/12 09:35 AM

AMOUNT PAID

\$ 8.00 73240000 09:35 AM

Alberta Health Services
CHARGES ARE FOR USE OF PARKING SPACE ONLY ALBERTA
HEALTH SERVICES BUDGHAUGHS TO PROTECT THE PROPERTY
OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
Alberta Health OR DAMAGE TO CAR OR CONTENTS.
NON TRANSFERABLE

Alberta Health Services

**DETACH RECEIPT FROM TICKET** 

DATE ISSUED TIME ISSUED AMOUNT PAID

05/12/12 09:35 AM \$ 8.00

CREDIT CARD NUMBER

4100993

Alberta Health Services

RECEIPT