

Board and Executive Expense Report

Name Deb Rhodes
Title SVP Finance & Acting Chief Financial Officer
Location Edmonton
 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 to February 2013	Expense Claim	Operational and Board Meetings	-	83	413	136	632	-	-	-
January 2013	Direct Bill	Board and various meetings	408	-	-	-	408	-	-	-
Total			\$ 408	\$ 83	\$ 413	\$ 136	\$ 1,040	\$ -	\$ -	\$ -

Total for the Month \$ 1,040

Maximum meal expense claimed in the month \$ 32
 Maximum daily hotel rate claimed in the month \$ 184
 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: 30-Jan-13 To 1-Feb-13 Travel Period from: _____ To _____ (if applicable) Out-of-Province Travel
Name: Deborah Rhodes Position (Title): SVP Finance	
Location: [redacted] Seventh Street Plaza Dept: Finance DOFA Level: _____ (if applicable) Union: n/a Business Phone #: [redacted] 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				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0005	71105000013	\$632.06
2B				
2C				
2D				
				\$632.06
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				\$632.06
Total Section C&D				
Less Cash Advance				
TOTAL CLAIM				\$632.06

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 # [redacted]		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>Feb. 5/13</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 # [redacted] Ext _____
Signature: <u>[Signature]</u>		Title <u>President & CEO</u>		Date <u>Feb. 4, 2013</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

* Amounts verified Jillesma

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 • 0005 • 71105000013	Emp # (E-People) _____	Emp # (prior to E-people) _____	Page 2A
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*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							
30-Jan-13	Travel to Calgary - Committee of the Whole Board Mtg.		Meeting	BD		\$29.95							
	- mileage to Edmonton Int'l Airport											160.00	
31-Jan-13	2 nights accommodation			LD		\$32.35		\$413.16					
1-Feb-13	Tour of South Health Campus & Operational Meetings		Meeting	BL		\$20.80							
1-Feb-13	Taxi to Calgary Airport						\$55.00						
SUBTOTALS							\$83.10	\$55.00	\$413.16				Total Kms 160.00

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	
\$0.505 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 \$	\$80.80
Travel \$ Subtotal	\$551.26
Enter on page 1 TOTAL TRAVEL \$	\$632.06
<i>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form</i>	



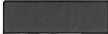
DELTA

CALGARY SOUTH



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

ALBERTA HEALTH SERVICES
 Mrs Deborah D Rhodes



Room: 0395
 Folio: 
 Cashier: 107
 Arrival: 01-30-13
 Departure: 02-01-13

Group: Alberta Health Services Board Office

Date	Description	Additional Information	Charges	Credits
01-30-13	Room Charge		184.00	
01-30-13	DMF		5.52	
01-30-13	Room GST		9.48	
01-30-13	Tourism Levy		7.58	
01-31-13	Room Charge		184.00	
01-31-13	DMF		5.52	
01-31-13	Room GST		9.48	
01-31-13	Tourism Levy		7.58	
02-01-13	Visa	 		413.16

GST Summary	
Registration No:	895126332
Room	18.96
F&B	0.00
Other	0.00
Total	18.96

Total	413.16	413.16
Balance Due	0.00	CDN

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.

* TRANSACTION RECEIPT *
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service

TYPE: Visa
CARD: [REDACTED]
EXP: [REDACTED]
DATA: SWIPED
TerminalID: 000014734FE4
DATE: 2013/02/01 14:34:57
AUTH: 464074
IFID: 7931411
DRV : 9193
VEH : 627
GST : 831483300
Meter Start Time:
14:04:56
Meter Stop Time:
14:33:30
Distance: 29.6 Km

FARE 1:	\$ 48.10
FLAT :	\$ 0.00
TAX :	\$ 2.40
TOTAL FARE:	\$ 50.50
PAYMENT AMOUNT:	\$ 50.50
TIP:	\$ 4.50

TOTAL PAYMENT: \$ 55.00
Purchase with Cash/Visa
Cardholder: [REDACTED]

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: Deborah Rhodes	Reporting Period for the Month of: Jan. 30,31 & Feb. 1
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2013-01-30	Direct Billing	Choose One	Flight-Edmonton-Calgary- Board and various meetings	Marlin Travel	\$407.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

INVNO87236FORZCH0095434C
BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
[REDACTED] NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

YOUR REF : [REDACTED]
OUR REF : ZCH0095434C
AGENT : [REDACTED]

I N V O I C E

INV NO: 87236
DATE: 22JAN13
PAGE: 1

FOR: MS DEBORAH RHODES
[REDACTED]

----- I T I N E R A R Y -----

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
CALGARY	EDMONTON INTL	AIR CANADA	8152 P	OK 01FEB	4:30P	5:24P		PCS

----- C O S T -----

AIR CANADA	TKT NO	ACO	2116856235	75.00	Change Fee
***	SUB-TOTAL EXCLUDING GST/HST & APT			75.00	
***	TOTAL CHARGES THIS INVOICE ***			75.00	
***	BALANCE DUE THIS INVOICE ****			0.00	
	TOTAL CHARGES PREVIOUS INVOICES			332.96	
	TOTAL PREVIOUS PAYMENTS			332.96	
	BALANCE DUE TO DATE			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.

*Changed return
figure to 0.00*

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

To: ALBERTA HEALTH SERVICES
[REDACTED] NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: 86933
Date: January 16, 2013
Page: 1/2
Our Reference: ZCH0095434C MFCH2T
Your Reference: [REDACTED]

INVOICE

For
MS DEBORAH RHODES

Wednesday, January 30, 2013

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0

Flight: 8171 P CLASS
07:30:AM Equipment: D8 (300 SERIES)
08:23:AM

Mile(s) Flown: 153

AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER 0142116601513
SEAT 6D

Thursday, January 31, 2013

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0

Flight: 8148 P CLASS
02:30:PM Equipment: D8 (300 SERIES)
03:24:PM

Mile(s) Flown: 153

AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER 0142116601513
SEAT 5D

To: ALBERTA HEALTH SERVICES
[REDACTED] NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: 86933
Date: January 16, 2013
Page: 2/2
Our Reference: ZCH0095434C MFCH2T
Your Reference: [REDACTED]

INVOICE

Cost:		
AIR CANADA WEB 2116601513	[REDACTED]	234.00
	Tax:	88.96
	Ticket Total:	322.96
TKT-9540004991819	[REDACTED]	10.00
Total:		
	Grand Total:	332.96
	Less Credit Card Payments:	332.96
	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.