

Official Administrator and Executive Expense Report

Name Deb Rhodes
Title Acting Vice President, Corporate Services & CFO
Location Edmonton
 Expenses submitted during the month of January 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-14	Expense Claim	Meetings		92	346	177	615			
Jan-14	Direct Billing	Meetings	438				438			
Total			\$ 438	\$ 92	\$ 346	\$ 177	\$ 1,053	\$ -	\$ -	\$ -

Total for the Month \$ 1,053

Maximum meal expense claimed in the month \$ 21
 Maximum daily hotel rate claimed in the month \$ 154
 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: Jan. 13, 2014 To Jan. 15, 2014 Travel Period from: _____ To _____ (if applicable) Out-of-Province Travel No	
Name: Deborah Rhodes		Position (Title): Acting CFO	
Location: SSP, Edmonton	Dept: Finance	DOFA Level: _____ (if applicable)	Union: n/a
Employee # (E-People): _____		Business Phone #: _____	Ext: _____

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
2A	101	0005	71105000013	\$615.03						\$615.03	\$615.03
2B											
2C											
2D											
				\$615.03	**User to enter Coding & \$ Amounts						
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

I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.				Travel, Hospitality and Working Session Expenses Policy - Document# 1122			
I, by signing this form, attest that I am compliant to all the above statements. Employee Signature: <u>Deborah Rhodes</u>				Date: <u>Feb. 5/14</u>			
I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.				Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.			
Approved By (PRINT ONLY): <u>Brenda Huband</u>				DOFA Level <u>1</u>		Position # _____	
I, by signing this form, attest that I am compliant to all the above statements. Signature: <u>Brenda Huband</u>				Title <u>Interim President & CEO</u>		Phone # _____ Ext _____	
I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.				<u>Zone & Health Operations</u>			
Approved By (PRINT ONLY): _____				DOFA Level _____		Position # _____	
I, by signing this form, attest that I am compliant to all the above statements. Signature: _____				Title _____		Phone # _____ Ext _____	
Date _____				Date <u>Feb. 10/2014</u>			

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.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0005 71105000013				Emp # (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 (column Prov) where expenses were incurred (Out of N.America = Interl) Ensure separate lines are used for claim items that differ in Province, US and Out of North America.				Completion of the "Cost Effective Method Used" Column is REQUIRED . If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page										
Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
13-01-14	Travel to Don Sieben's Office for Audit & Finance prep meeting - parking	AB	Meeting	Yes								\$9.00		
13-01-14	Travel to Edmonton Intl Airport to attend meetings with Dr. John Cowell in Calgary & return, taxi, meals, mileage & airport parking	AB	Meeting	Yes	D-\$20.75	\$20.75	D			\$58.50	\$59.00			100.00
14-01-14	Meal while in Calgary	AB	Meeting	Yes	BD-\$29.95	\$29.95	BD							
15-01-14	Two nights accommodation & meals	AB	Meeting	Yes	A-\$41.55	\$41.55	A		\$345.78					
SUBTOTALS						\$92.25				\$345.78	\$58.50	\$68.00		Total Kms 100.00
MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle → details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for <u>under 5,000km/yr</u> or \$0.47 per km for <u>over 5,000km/yr</u> or <u>per Union Agreement</u>									Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)			\$0.505		
									Mileage \$			\$50.50		
									Travel \$ Subtotal			\$564.53		
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3									Auto fills on page 1 - TOTAL TRAVEL \$			\$615.03		
Rationale is Required for expenses that are not Cost Effective (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)														

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: September - 2013

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2013-01-14	Direct Billing	Transportation	Flights-Edmonton Calgary (return) - meetings with Dr. Cowell	Marlin Travel	\$437.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$437.96

Don Sieben

6500127014401870003
4010 12345679 RT 0010

12-17 2014 MON 80

1 HOUR 0.00
TOTAL 9.00
CASH 20.00
CHANGE 11.00

ITEM 1
TAX 440 134007M

Parking for meeting
with Don Sieben

ASSOCIATED CAB A&T LTD
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/11/15
PICK UP TIME: 21:31
DROP-OFF TIME: 21:57
TRIP ID: 0
LOCATION: 873080-45024103787
CAR NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

Taxi from Calgary
Airport to Hotel

FARE (\$): 53.00
EXTRA (\$): 0.00
SUBTTL (\$): 53.00

TIP (\$) 5.00

TOTAL (\$) 58.50

SIGNATURE: DRhodes

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

IST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

Exit Lane 15/01/14 19:25
Receipt [REDACTED]

Short-term parking tkt
PL - No. 040388
13/01/14 17:48 -
15/01/14 19:47 -
Period 2d2h0'
(Tax) \$59.00

Total \$59.00

Payment Received
VISA \$59.00

Type: Swiped

Sub Total \$56.19
Tax 5% 2.81

01853201 - 1/1

Parking at Edmonton Airport



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

ALBERTA HEALTH
Ms Debra Rhodes

Room: [REDACTED]
Folio: [REDACTED]
Cashier: [REDACTED]
Arrival: 01-13-14
Departure: 01-15-14

Date	Description	Additional Information	Charges	Credits
01-13-14	Room Charge		154.00	
01-13-14	DMF		4.62	
01-13-14	Room GST		7.93	
01-13-14	Tourism Levy		6.34	
01-14-14	Room Charge		154.00	
01-14-14	DMF		4.62	
01-14-14	Room GST		7.93	
01-14-14	Tourism Levy		6.34	
01-15-14	Visa	[REDACTED] XX/XX		345.78
GST Summary			Total	345.78
Registration No: 895126332			Balance Due	0.00 CDN
Room 15.86				
F&B 0.00				
Other 0.00				
Total 15.86				

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.

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

INVNO: [REDACTED]
BRANCH: [REDACTED]
GST REG# 885101915
PHONE: 780-425-8611

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

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

INVOICE
*** DUPLICATE ***

INV NO: [REDACTED]
DATE: [REDACTED]
PAGE: 1

FOR: MS DEBORAH RHODES
[REDACTED]

ITINERARY

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
CALGARY	EDMONTON INTL	WESTJET AI	255 Q	HK	15JAN	4:35P	5:26P		
		73W							
EDMONTON INTL	CALGARY	AIR CANADA	8161 W	GK	13JAN	7:30P	8:18P		
		DH4							
		AIR CANADA E							
		AIR CANADA CONFIRMATION							
		TICKET NUMBER							

COST

WESTJET AIR	TKT NO	[REDACTED]	(INCL 49.48	TAX)	216.48
AIR CANADA	TKT NO	[REDACTED]	(INCL 32.48	TAX)	211.48
BSP TASF	TKT NO	[REDACTED]			10.00
*** SUB-TOTAL EXCLUDING GST/HST & APT					437.96
*** TOTAL CHARGES THIS INVOICE ***					437.96
PAYMENT BY	[REDACTED]	TKT	[REDACTED]		216.48
PAYMENT BY	[REDACTED]	TKT	[REDACTED]		211.48
PAYMENT BY	[REDACTED]	TKT	[REDACTED]		10.00
*** BALANCE DUE THIS INVOICE					0.00
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.

CONTINUED ON NEXT PAGE

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

BRANCH: [REDACTED]
GST REG# 885101915
PHONE: 780-425-8611

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

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

INVNO [REDACTED]

I N V O I C E
*** D U P L I C A T E ***

INV NO: [REDACTED]
DATE: 13JAN14
PAGE: 2

CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.