

Official Administrator and Executive Expense Report

Name Deb Rhodes
Title Acting Vice President, Corporate Services & CFO
Location Edmonton
 Expenses submitted during the month of February 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)
Feb-14	Expense Claim	Meetings		95	519	606	1,220			
Total			\$ -	\$ 95	\$ 519	\$ 606	\$ 1,220	\$ -	\$ -	\$ -

Total for the Month \$ 1,220

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: 12-Feb-14 To 27-Feb-14 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: _____	Business Phone #: _____	Ext: _____
Employee # (E-People): _____					
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
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	
2A	101	0005	71105000013	\$1,219.37	
2B					
2C					
2D					
				\$1,219.37	
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					
					**User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D
TOTAL REIMBURSEMENT					
Total Section B					\$1,219.37
Total Section C&D					
Less Cash Advance					
TOTAL CLAIM					\$1,219.37
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.					
I, by signing this form, attest that I am compliant to all the above statements. Employee Signature: <u>Deborah Rhodes</u> Date: <u>March 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 By (PRINT ONLY): <u>Brenda Hubbard</u> DOFA Level: _____ Position #: _____ Phone #: _____ I, by signing this form, attest that I am compliant to all the above statements. Signature: <u>Brenda Hubbard</u> Title: <u>Interim President & CEO</u> Date: <u>2014 March 11</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 By (PRINT ONLY): _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____ I, by signing this form, attest that I am compliant to all the above statements. Signature: _____ Title: _____ Date: _____					

Health and Personal information on this form is collected by AHS under the authority of section 20(h) 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 = Inter?) 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						
12-Feb-14	Drove to Calgary to attend meetings with Dr. Cowell and Finance Team Feb. 12 & 13 & return	AB	Meeting	Yes								600.00		
14-Feb-14	Two nights accommodations & meals	AB	Meeting	Yes	A-\$41.55	\$41.55	A			\$345.78				
26-Feb-14	Drove to Calgary to meet with Dr. Cowell & return	AB	Meeting	Yes	LD-\$32.35	\$32.35	LD					600.00		
27-Feb-14	One night accommodation & meals	AB	Meeting	Yes	BL-\$20.80	\$20.80	BL			\$172.89				
SUBTOTALS						\$94.70				\$518.67		Total Kms 1200.00		
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 under 5,000km/yr or \$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)			\$0.505					
						Mileage \$			\$606.00					
						Travel \$ Subtotal			\$613.37					
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 \$			\$1,219.37					
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)														



135 Southland Drive S.E. Calgary, Alberta, T2J 5X5

Tel: 403-278-5050 Fax: 403-225-5834

ALBERTA HEALTH SERVICES

Ms Deborah Rhodes

Canada

Room:

Folio:

Cashier:

Arrival: 02-12-14

Departure: 02-14-14

Date	Description	Additional Information	Charges	Credits
02-12-14	Room Charge		154.00	
02-12-14	DMF		4.62	
02-12-14	Room GST		7.93	
02-12-14	Tourism Levy		6.34	
02-13-14	Room Charge		154.00	
02-13-14	DMF		4.62	
02-13-14	Room GST		7.93	
02-13-14	Tourism Levy		6.34	
02-14-14	Visa			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.



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

Canada

Room: [REDACTED]
Folio: [REDACTED]
Cashier: [REDACTED]
Arrival: 02-26-14
Departure: 02-27-14

Date	Description	Additional Information	Charges	Credits
02-26-14	Room Charge		154.00	
02-26-14	DMF		4.62	
02-26-14	Room GST		7.93	
02-26-14	Tourism Levy	[REDACTED]	6.34	
02-27-14	Visa	[REDACTED]		172.89

GST Summary	
Registration No: 895126332	
Room	7.93
F&B	0.00
Other	0.00
Total	7.93

Total	172.89	172.89
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.