

## Official Administrator and Executive Expense Report

**Name** Deb Rhodes  
**Title** Acting Vice President, Corporate Services & CFO  
**Location** Edmonton  
 Expenses submitted during the month of April 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)
Apr-14	Expense Claim	Meetings				188	188			
Total			\$ -	\$ -	\$ -	\$ 188	\$ 188	\$ -	\$ -	\$ -

**Total for the Month** \$ 188

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"> <li>Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system</li> <li>Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system</li> <li>If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)</li> </ul>				Expense Date From: 10-Feb-14 To 17-Apr-14	
Name: Deborah Rhodes				Position (Title): Acting VP Corporate Services & CFO	
Location: SSP, Edmonton		Dept: Finance		DOFA Level: [REDACTED] (if applicable)	
Employee # (E-People): [REDACTED]		Union: [REDACTED]		Business Phone #: [REDACTED] Ext: [REDACTED]	

**SECTION E: FINANCE CODING & TOTAL CLAIM**

CAPITAL PROJECT CODING ONLY →		Project Number _____		Project Task Number _____	
Expenditure Organization _____		Expenditure Type _____		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	\$187.50						\$187.50	
2B											
2C											
2D											
				\$187.50	**User to enter Coding & \$ Amounts					TOTAL CLAIM \$187.50	

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 & Working Session Expense Policy (1122) of Alberta Health Services and confirm expenses being claimed are in compliance with the procedure and mandatory requirements of this 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>May 6/14</u>
---	-----------------------

Approved claim form with receipts should be sent by the approver directly to Account's Payable for processing.

Approved By (PRINT ONLY): <u>Brenda Hubbard</u>	DOFA Level: [REDACTED]	Position #: [REDACTED]	Phone: [REDACTED]	Ext: [REDACTED]
Signature: <u>Brenda Hubbard</u>	Title: <u>Interim President &amp; CEO</u>	Date: <u>2014 May 09</u>		

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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: _____
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 Procedure to Pay program.

Please forward completed claim form (with receipts) and other required backup to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3L4

## 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, <b>DO NOT</b> separate any taxes (eg GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.																		
<b>SECTION B: TRAVEL EXPENSES</b>					<b>NOTE:</b> 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													
<b>Business Reason for Travel - Detailed Description Required</b> (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.America where expenses incurred?		What is travel related to?		Completion of the "Cost Effective Method Used" Column is <b>REQUIRED</b> . If you select "No" in this column, Further Explanation is <b>REQUIRED</b> in the "Rationale is Required" section on this page									
									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						
Date dd-mmm-yy							Meal Type with value	Allowance	Meal Type	with receipt	Airfare	Hotel	Taxi					
10-Feb-14	Parking for meeting with Don Sieben on Audit & Finance February Agenda														\$15.00			
10-Mar-14	Parking for meeting with Don Sieben on Audit & Finance March Agenda														\$9.00			
14-Apr-14	Parking for meeting with Don Sieben on Audit & Finance April Agenda														\$12.00			
16-Apr-14	Travel to Field Deer for AHS Analytics Strategy Meeting (April 16 & 17)															300.00		
<b>SUBTOTALS</b>															\$36.00	Total Kms 300.00		
<b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> - 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 \$		\$151.50					
											Travel \$ Subtotal		\$36.00					
<b>Note:</b> 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 \$		\$187.50					
<b>Rationale is Required for expenses that are not Cost Effective</b> (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)																		

ITEM 701401RTA003  
QTR 12345679 RT 0010

02-10-2014 MON 10

1.100 HRP 15.00  
TOTAL 15.00

ITEM 1  
RT 022-1-1-1010

meeting w/ Don Sieben  
for Feb AFAC agenda

ITEM 701401RTA003  
QTR 12345679 RT 0010

03-10-2014 MON 10

1.100 HRP 5.00  
TOTAL 5.00  
QTR 12345679  
CHANGE 11.00

ITEM 1  
RT 032-1-1-1010

meeting w/ Don Sieben  
for March AFAC agenda

ITEM 701401RTA003  
QTR 12345679 RT 0010

04-10-2014 MON 10

2.100 HRP 15.00  
TOTAL 15.00  
QTR 12345679  
CHANGE 11.00

ITEM 1  
RT 042-1-1-1010

meeting w/ Don Sieben  
for April AFAC agenda