

Board and Executive Expense Report

Name

Dr. Gerry Predy

Title SVP, Population & Public Health

Location Edmonton

Expenses submitted during the month of October 2012

							Tr	avel (1)								
Date	Source Document		Purpose	Ai	rfare	 4eals	Accor	mmodation	Otho Trav		Total Travel	ofessional velopment (2)	ment Hospitality	Sessions osting and ospitality	Other (4)	
October 2012	Expense (Claim	Various Meetings							187	187					
Total				\$	-	\$ 	\$	- A	\$	187	\$ 187	\$ -	\$	-	\$	
Total for the Month	\$	187														
Maximum mea	al expense	claime	d in the month	\$	1											

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

Maximum daily hotel rate claimed in the month

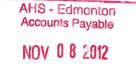
Non economy air travel in the month

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 & HOSTING EXPENSE CLAIM

RECEIVED

Date

SEC	TION A	A - Employ	ee Details (for Al-	IS Staff ONLY)				Trav	el Period from: 1	-Oct-12 to 31-Oct-1	2
<u></u>		• Enler	employee # (old) and Er	mployee # (E-Peop	le) if your payr	oll has migra	ated to the New E-Peo	pie payroli syste	m		
			e N/A in the Employee		•	-					
r			are a new employee an				in Employee # (E-Pea)				
Nan	ne Dr. G	erry Predy		Pasition (Title) Ser	nior Medical Off	icer of Health		Employee # (Employee # (Leg:	i(γ)
Loc	ation Ed	drnonton		Dept Population P	Public Health		Union	Busines	s Phone #	Ext Out-	of-Province Travel No
Wha	t is you	r former le	gacy region (prior to	AHS consolidat	tion)?		Please click in	cell and select fr	om dropdown menu	Capital Hea	ılth
SEC	TION	E Finance	Coding & Total Cl	aim							
				Project N	umber			Project	Task Number		
C	APITAL	PROJECT	CODING ONLY →		re Organization	on			Expenditure Type	***************************************	
											
		Total - Se	ection B - Travel -	Pg 2	Tota	I - Section	C&D - Other & F	oreign Expe	ises - Pg 3	TOTAL REIM	BURSEMENT
Pg	Bal	Location	Functional Centre	Total	Bal Hait	Location	Functional Centre	The second of th	Total		
, 9	Unit	Location	(FC)		J San Cinn	200000	(FC)	Expense	, 0,2,1	Total Section B	\$186.97
2A	101	0306	71552000133	\$186.97						Total Section C&C	ı
2B		T						•		Less Cash Advanc	e
2C					1					TOTAL CLAIM	£495.07
2D										TOTAL CLAIM	\$186.97
•				\$186.97	**User t	o enter Coo	ling & \$ amounts			L.	
			,		NOTE:	These fields	do not automatically f	ill for Section C8	D		
SEC	TION	Authoriz	ation		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
			ne of the person (other						questions contact ca	in be easily made.	
	-		gnatures required as w		delegation of a	authority leve	el) and Position # of the				
		ed by (PRINT						Phone		Ext	
0.0000000000000000000000000000000000000		•	penses listed above an	^ -			s incurred on Alberta H	leatth Services b	usiness and have no	ot been	
-			or on my behalf from A	ibena Health Service	ses or other or	ganization.		Date Dal	1 7	2012	
	oyee Sig					M		Use (Va f	Ther 31	, 2010,	
			reviewed the expenses					CF-U3, CF-U4).			
			Dr. David Magran		to reco			Position#	20:33	Phone #	Ext
Signa			10	1			Title EVP & CMO			Date Onv	6/10
Appro	oved By	PRINT ONL		LIE	~ PA	2 DOS	A Level	Position#		Phone#	Ext

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (NIA) and sections 33(c) and 34(2) of the Freedom of Information and Proceeding 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 Pellta, Director Accounts Payable at 780-735-0506 or email: Mark Pellta@albertahealthservices.ca

Title

Signature



TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A - Employee Details (for AHS Staff ONLY) Travel Period from: 1-Oct-12 to 31-Oct-12 • 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)

Expenditure Organization

Cerry Predy Position (Title) Senior Medical Officer of I			Employee # (E-People)	Emplo	yee # (Legacy)
dmonton	Dept Population Public Health	Union	Business Phone #	Ext	Out-of-Province Travel

Name Dr. Gerry Predy	Position (Title) Senior Medical Officer of Health	• • • • • • • • • • • • • • • • • • • •	Employee # (E-People)	Em	ployee # (Legacy)
Location Edmonton Dept Population Public Health		Union	Business Phone #		Out-of-Province Travel No
What is your former legacy regi	on (prior to AHS consolidation)?	Please click	in cell and select from dropdown menu		Capital Health
SECTION E Finance Coding 8	& Total Claim			/	
CAPITAL PROJECT CODING	Project Number		Project Task Number		

		Total - Se	ection B - Travel - Po	j 2
Pg	Bal Unit	Location	Functional Centre (FC)	Total
2A	101	0306	71552000133	\$186.97
2B				
2C				
2D				
		1		\$186.97

CAPITAL PROJECT CODING ONLY ->

Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total
	-			V

Expenditure Type

TOTAL REIMBUF	RSEMENT
Total Section B	\$186.97
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$186.97

NOTE: These fields do not automatically fill for Section C&D

	L. These lielus do flot autom	alleany in 101 decitori Cab		
SECTION F Authorization				
If applicable, <u>print</u> the name of the person (<u>other than claimant</u>) that prepared t	he claim along with phone nu	mber so if there are any question	s 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) Gillian McGarvey		Phone #	Ext	
I hereby certify that the expenses listed above are in accordance to applicable previously claimed by me or on my behalf from Alberta, Health Services or other	policies and was incurred on A organization.	Alberta Health Services business	and have not been	
Employee Signature	The state of the s	Date Office	r 31, 2012.	
I hereby certify that I have reviewed the expenses and they are in accordance w	vith the applicable policies (Po	olicy #'s CF-03, CF-04).		
Approved claim form with receipts should be sent by the approver directly to Ac	counts Payable for processing].		
Approved By (PRINT ONLY) Dr. David Megran	DOFA Level 2	2a Position#	Phone #	Ext
Signature	Title EVP 8	& CMO	Date	
Approved By (<u>PRINT ONLY</u>)	DOFA Level	Position #	Phone #	Ext
Signature	Title		Date	

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EXPENSE CLAIM DETAILS

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		i mani	e Coullia

101 • 0306 • 71552000133

Emp # (E-People)

Emp # (Legacy)

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 relocation, continuing education, business insurance), go to SECTION C

Select from dropdown menu (column Province) 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 55 characters maximum	Province, US, or	What is travel	Meal (Select type from dropdown)			Airfare		Rental			Mileage
dd-mmm-yy	(length of shaded area)	Out of N.America	related to?	Type	w/receipt	w/o receipt or per diem	Bus/LRT Parking	Hotel	Car	Taxi	Fuel	(km)
2-Oct-12	Executive Committee	AB	Meeting				\$18.00					16.00
4-Oct-12	Senior Leaders Meeting	AB	Meeting				\$18.00					16.00
9-Oct-12	Executive Committee	AB	Meeting									16.00
11-Oct-12	Meet with SVP Candidate - Seventh Street Plaza	AB	Meeting									16.00
16-Oct-12	Executive Committee	AB	Meeting		-							16,00
18-Oct-12	Urban Public Health Meeting	AB	Meeting	770070000								14.00
19-Oct-12	Urban Public Health Meeting	AB	Meeting									14,00
23-Oct-12	Joint AHS/AHW Meeting	AB	Meeting				\$10.00					18.00
23-Oct-12	U of A Search & Select Committee	AB	Meeting									12.00
24-Oct-12	Co-Executive Meeting	AB	Meeting									12.00
26-Oct-12	U of A Search & Select Committee	AB	Meeting									12.00
29-Oct-12	Quality Assurance Meeting Seventh Street Plaza	AB	Meeting				\$28.00					14.00
31-Oct-12	CDOM Meeting Telus Plaza North	AB	Meeting				\$15.00					18.00
					-							
	-6											
							-					
•			CURTO	TALO								Total Kms
			SUBTO	IALS			\$89.00					194.00

MEAL PER DIEM RATES

 Enter \$0.505 OR rate per Union Agreement \$0.505

Mileage \$ \$97.97

Travel \$ Subtotal \$89.00

Enter on page 1 TOTAL TRAVEL \$ \$186.97

Note, total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form

and the second

CITY OF ENGINEEL LICENSY PERSONS (ST # 119523270 RTCCO1

off 59896 19/31/12 10:17 L# 2 ## 15 Tx(#15/64) 18/31/12 07:33 In 10/31/12 16:17 Out tt (0:037 erular Pate e 14.29 0.71Total Tax 15.60 Total fee (AR PAID 15.67-20.00 cach Tander 5.00 Charge Due

TEAK YOU COSE ASAIX

PLACE ON DASH FACE UP PLACE ON DASH FACE UP (SAME DAY 18h00) Standard Parking 107 Street Machine Web ID = LOT 107 EXPIRES PAID \$18,000 TIME 04 OCT 12 08:27 PLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE PLACER SUR LE TABLEAU DU BORD CE COTÉ VISIBLE

PLACE ON DASH FACE UP PLACE ON DASH FACE UP PLACE O | NEXT DAY 06h00am) Standard Parking 107 Street Vachine Web ID = LOT 107 **EXPIRES** PAID \$28.00C ENTRY TIME 29 OCT 12 11:40

CE COTÉ VISIBLE

PLACER SUR I

DASH FACE UP

PLACE ON DASH FACE UP

PLACE ON DASH FAC

(SAME DAY 18h00) Standard Parking 107 Street Machine Web ID = LOT 107 B **EXPIRES**

\$18.00C

ENTRY TIME 02 OCT 12 08:34 21724

10/23/12

TABLEAU DU BORD LE VISIBLE

PLACER SUR LE TABLEAU CE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE

1 Tax 1 Fee PAID 8:53 8:53 8:53 *** 5

9.55 10.00 10.00 0.00

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