

Board and Executive Expense Report

Name Dr. Gerry Predy
Title SVP, Population & Public Health
Location Edmonton
 Expenses submitted during the month of October 2012

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
October 2012	Expense Claim	Various Meetings				187	187			
Total			\$ -	\$ -	\$ -	\$ 187	\$ 187	\$ -	\$ -	\$ -

Total for the Month \$ 187

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 & HOSTING EXPENSE CLAIM

AHS - Edmonton
 Accounts Payable
 NOV 08 2012
 RECEIVED

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)

Name Dr. Gerry Predy	Position (Title) Senior Medical Officer of Health	Employee # (E-People) [REDACTED]	Employee # (Legacy) [REDACTED]
Location Edmonton	Dept. Population Public Health	Union	Business Phone # [REDACTED] Ext. Out-of-Province Travel No
What is your former legacy region (prior to AHS consolidation)?		Please click in cell and select from dropdown menu → Capital Health	

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	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total	Total Section B	Total Section C&D	
2A	101	0306	71552000133	\$186.97						\$186.97		
2B												
2C												
2D												
				\$186.97								

**User to enter Coding & \$ amounts

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

SECTION F Authorization

If applicable, print 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) Gillian McCarvey Phone # [REDACTED] Ext

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature Date October 31, 2012

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Dr. David Magran DOFA Level 2a Position # [REDACTED] Phone # [REDACTED] Ext

Signature Title EVP & CMO Date Nov 6/12

Approved By (PRINT ONLY) [Signature] DOFA Level Position # [REDACTED] Phone # [REDACTED] 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

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)

Name Dr. Gerry Predy	Position (Title) Senior Medical Officer of Health	Employee # (E-People) [REDACTED]	Employee # (Legacy) [REDACTED]
Location Edmonton	Dept Population Public Health	Union	Business Phone # [REDACTED] Ext [REDACTED] Out-of-Province Travel No
What is your former legacy region (prior to AHS consolidation)?		Please click in cell and select from dropdown menu ➔ Capital Health	

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	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total		
2A	101	0306	71552000133	\$186.97						Total Section B	\$186.97
2B										Total Section C&D	
2C										Less Cash Advance	
2D										TOTAL CLAIM	\$186.97
				\$186.97							

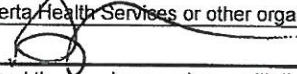
**User to enter Coding & \$ amounts
NOTE: These fields do not automatically fill for Section C&D

SECTION F Authorization

If applicable, print 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) Gillian McGarvey Phone # [REDACTED] Ext [REDACTED]

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature  Date October 31, 2012.

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04).
Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Dr. David Megran DOFA Level 2a Position # [REDACTED] Phone # [REDACTED] Ext [REDACTED]

Signature _____ Title EVP & CMO Date _____

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

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

10/31/12 10:17 L# 2 # 15 T#107840
10/31/12 07:13 In 10/31/12 10:17 Out
T#107840
Regular Rate \$ 14.29
Total Tax \$ 0.71
Total Fee \$ 15.00
CASH PAID \$ 15.00-
Cash Tender \$ 20.00
Change Due \$ 5.00

THANK YOU
COME AGAIN

PLACE ON DASH FACE UP PLACE ON DASH FACE UP

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

04 OCT

18:00 PAID \$18.00

ENTRY TIME 04 OCT 12 08:27
17269

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

PLACE O

(NEXT DAY 06h00am)
Standard Parking 107 Street
Machine Web ID = LOT 107
EXPIRES

29 OCT (+1)

06:00 PAID \$28.00

ENTRY TIME 29 OCT 12 11:40

18229

CER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

PLACER SUR LE
CE C

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

02 OCT

18:00 PAID \$18.00

ENTRY TIME 02 OCT 12 08:34

21724

TABLEAU DU BORD
É VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU
CE CÔTÉ VISIBL

Report 58723
10/23/12 09:53 L# 2 # 15 T#1164715
10/23/12 08:10 In 10/23/12 09:53 Out
T#1164715
Regular Rate \$ 9.52
Total Tax \$ 0.48
Total Fee \$ 10.00
CASH PAID \$ 10.00-
Cash Tender \$ 10.00
Change Due \$ 0.00

THANK YOU
COME AGAIN

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001