

Official Administrator and Executive Expense Report

Name Dr. Gerry Predy
Title Senior Medical Officer of Health
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				197	197	250		
Total			\$ -	\$ -	\$ -	\$ 197	\$ 197	\$ 250	\$ -	\$ -

Total for the Month \$ 447

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">Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll systemIndicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll systemIf you are a new employee and your payroll is E-People you will only have an Employee # (E-People)				Expense Date From: 1-Feb-14 To 28-Feb-14 Travel Period from: _____ To _____ (if applicable) Out-of-Province Travel					
Name: Dr. Gerry Prady		Position (Title): Senior Medical Officer of Health							
Location: Edmonton		Dept: PPAH	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	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
2A	101	0306	71552000133	\$196.89	101	0306	71552000133	68020000	\$250.00
2B									
2C									
2D									
				\$196.89					\$250.00
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									
<p>I attest that I have read and understood the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</p> <p>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.</p> <p>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.</p> <p>I, by signing this form, attest that I am compliant to all the above statements</p> <p>Employee Signature: _____ Date: Feb 27/2014</p> <p>I attest that I have read and understood the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</p> <p>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.</p> <p>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.</p> <p>Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level _____ Position # _____ Phone # _____ Ext _____</p> <p>Signature: _____ Title: VP Quality & CMO Date: Feb 27/14</p> <p>I attest that I have read and understood the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</p> <p>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.</p> <p>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.</p> <p>Approved By (PRINT ONLY): _____ DOFA Level _____ Position # _____ Phone # _____ Ext _____</p> <p>Signature: _____ Title _____ Date _____</p>									

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 0306 71562000133	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-mm-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.America 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 volun	Allowance	Meal Type	with receipt					
3-Feb-14	Travel from Coronation Plaza to River Cree and return to attend meeting with FNIB		Meeting	Yes								15.00	✓
① 10-Feb-14	Travel from Coronation Plaza to Telus Plaza and return to attend RBB meeting		Meeting	Yes						\$7.50	✓	16.00	✓
② 12-Feb-14	Travel from Coronation Plaza to Seventh Street Plaza and return to attend COEC meeting		Meeting	Yes						\$18.00	✓	15.00	✓
③ 13-Feb-14	Travel from Coronation Plaza to Telus Plaza and return to attend meeting with CMCH		Meeting	Yes						\$7.50	✓	16.00	✓
④ 25-Feb-14	Taxi to International Airport to attend PPAH meeting in Calgary		Meeting	Yes					\$52.00	✓			
⑤ 25-Feb-14	Taxi from International Airport from PPAH meeting in Calgary		Meeting	Yes					\$55.00	✓			
⑥ 26-Feb-14	Travel from Coronation Plaza to Seventh Street Plaza and return to attend COEC meeting		Meeting	Yes						\$18.00	✓	15.00	✓
SUBTOTALS										\$107.00	\$51.00		Total Km 77.00
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 \$0.606 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement					Enter \$0.606 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)			Mileage \$ 30.505					
								Mileage \$ 338.89					
								Travel \$ Subtotal \$159.00					
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 fill on page 1 - TOTAL TRAVEL \$ 196.89					
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)													

EXPENSE CLAIM DETAILS

If **NOT** claiming any expenses in Sections C or D, this page does **NOT** have to be submitted.

SECTION C: OTHER EXPENSES					Emp # (E-People)		Page 3			
<p>• Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.</p> <p>→ If expenses are for travel, gas, etc., go to Section B on pg 2.</p> <p>• ALL "OTHER" expenses listed below MUST have a secondary expense code indicated</p> <p>***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>										
Date dd-mm-yy	Business Reason for Expense - Detailed Description Required (include who attended (if meal/hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bal Unit	Location	Functional Centre	Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Continuing Education Select type from dropdown menu (if applicable)	GST is ON this receipt, enter total amount in this column WITH GST	GST is NOT on this receipt, enter total amount in this column	TOTAL OTHER \$
22-Feb-14	2014-2015 CPHA Membership	101	0306	71552000133	66020000	Yes		\$250.00		\$250.00 ✓

SECTION D: FOREIGN CURRENCY										
<p>ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/invoice)</p> <p>If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.</p>										
<p>Please click on the following link for the Bank of Canada exchange rate using the date of expense</p>		<p>Bank of Canada Currency Converter</p>		<p>→ Select foreign country in "From cell", and Canadian Dollar in "To cell"; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column</p>						
Date dd-mm-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	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value

<p>Rationale is Required for expenses that are not Cost Effective</p> <p>(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)</p>
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Expenses Paid (Retain a copy for your records)
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization
- 3 of 3 -

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# [REDACTED]
02/13/14 08:35 L# 1 A# 35 Txn#138301
02/13/14 02:23 In 02/13/14 08:35 Out
Tkt# [REDACTED]
Regular Rate \$ 7.14
Total Tax \$ 0.36
Total Fee \$ 7.50
CASH PAID \$ 7.50
Cash Tender \$ 7.50
Change Due \$ 0.00

THANK YOU
COME AGAIN

From E. I. A.
To 221
Time _____
Date 05/02/2014
Trip Amount \$ 55.00 ✓
Driver Name _____
Car Number C
GST _____

YELLOW CAB

780.462.3456

GST# 241479636 43.00
Date: Feb-25-14 Amount: 55.00 ✓
Driver: [REDACTED] Car#: 707
From: 2711 - Martell PL NW
To: Barpart

10135-31 Avenue, Edmonton, AB T6N 1C2



CITY OF EDMONTON
LIBRARY PARKADE
ST # 119326270 RT0001

47
11:05 LH 2 AH 43 Txn# [REDACTED]
09:32 In 02/10/14 11:05 Out
/34
Rate \$ 7.14
< \$ 0.36
= \$ 7.50
D \$ 7.50-
Ger \$ 10.00
ue \$ 2.50

THANK YOU
COME AGAIN

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time

06:00 PM
FEB 12, 2014

Purchase Date/Time: 07:38am Feb 12, 2014
Total Parking: \$17.14
Total gst: \$0.86
Total Due: \$18.00
Total Paid: \$18.00
Ticket #: [REDACTED]
S/N #: 50001245104
Setting: Lot 256
Mach Name: Meter 1
Rate: \$18.00-EarlyBird
Payment Type: Card

Card [REDACTED] American Express

Auth #: [REDACTED]

GST #887316638RT0001

RECEIPT

IMPARK LOT 256

NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00pm Feb 12, 2014
Purchase Date/Time: 07:38am Feb 12, 2014
Total Parking: \$17.14
Total gst: \$0.86
Total Due: \$18.00
Total Paid: \$18.00
Ticket #: [REDACTED]
Setting: Lot 256
Mach Name: Meter 1
Rate: \$18.00-EarlyBird
Payment Type: Card

Card [REDACTED] American Express

Auth #: [REDACTED]

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time

06:00 PM
FEB 26, 2014

Purchase Date/Time: 08:14am Feb 26, 2014
Total Parking: \$17.14
Total gst: \$0.86
Total Due: \$18.00
Total Paid: \$18.00
Ticket #: [REDACTED]
S/N #: 50001245104
Setting: Lot 256
Mach Name: Meter 1
Rate: \$18.00-EarlyBird
Payment Type: Card

Card [REDACTED] American Express
GST #887316638RT0001

RECEIPT

IMPARK LOT 256

NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00pm Feb 26, 2014
Purchase Date/Time: 08:14am Feb 26, 2014
Total Parking: \$17.14
Total gst: \$0.86
Total Due: \$18.00
Total Paid: \$18.00
Ticket #: 44015301
Setting: Lot 256
Mach Name: Meter 1
Rate: \$18.00-EarlyBird
Payment Type: Card

Card [REDACTED] American Express

Gerry Predy

From: CPHA Membership Department [membership@cpha.ca]
Sent: Wednesday, February 19, 2014 10:28 AM
To: Gerry Predy
Subject: Renewal Confirmation/Confirmation de renouvellement



February 19 2014

Membership Number [REDACTED]

(Vous trouverez la version française de ce courriel au bas de la page.)

Dear Dr Gerry Predy:

Thank you for renewing your membership with the Canadian Public Health Association (CPHA). Members give CPHA the support it needs to continue as a special resource for public and community health issues in Canada and we encourage our members to become involved in the activities of the Association.

We appreciate your support of CPHA. If we can be of any assistance in providing you with additional information on the programs and activities of the Association or how you may become involved in these activities, please do not hesitate to contact us.

If you have any questions, please contact Membership Services at [REDACTED] or by email:

Yours sincerely,

CPHA Membership Services

**Confirmation of Membership and Fees Payment /
Confirmation de l'adhésion et paiement de la cotisation**

Membership Details / Description de l'adhésion

Category/Catégorie	Membership Dates/ Dates d'adhésion	Payment Dates/ Dates de paiement	Fee/Cotisation	Amount Paid/ Montant payé
CPHA Membership / Adhésion à l'ACSP - Direct-Regular / Directe-Ordinaire	February 22 2014 - February 21 2015	February 22 2014 - February 21 2015	250.00	0.00
TOTAL			250.00	0.00

Payment Details / Détails de paiement	
Name on Card/Nom sur la carte	gerald predy
Payment Date/Date de paiement	February 19 2014
Amount Paid/Montant payé	250.00

February 19 2014

Ref [REDACTED]