

Official Administrator and Executive Expense Report

Name Dr. Gerry Predy
Title Senior Medical Officer of Health & Senior Medical Director
Location Edmonton
 Expenses submitted during the month of June 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)
Jun-14	Expense Claim	Meetings		279	200	477	956			
Total			\$ -	\$ 279	\$ 200	\$ 477	\$ 956	\$ -	\$ -	\$ -

Total for the Month \$ 956

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 200
 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)

- 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: 1-Jun-14 To 30-Jun-14
Travel Period from: To (if different)
Out-of-Province Travel

Name: Dr. Geny Prody Position (Title): Senior Medical Officer of Health
Location: Coronation Plaza Edmonton Dept: 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	Bel Unit	Location	Functional Centre (FC)	Total Expense	Bel Unit	Location	Functional Centre (FC)	Secondary/Expense
2A	101	0306	71552000133	\$919.48				
2B	101	0306	71552000133	\$36.13				
2C								
2D								
				\$955.61				
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C & D			

TOTAL REIMBURSEMENT	
Total Section B	\$955.61
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$955.61

SECTION F: AUTHORIZATION

I attest that I have read and understood the "Travel, Hospitality & Working Session Expense Policy" (1122) of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.
I attest the expenses submitted 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 most effective method, alternative methods and supporting analysis is provided above.
Travel, Hospitality and Working Session Expense Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements
Employee Signature: Date 27-Jun-14

I attest that I have read and understood 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 submitted 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 most effective method, alternative methods and supporting analysis is provided above.
Approved claim forms with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level Position # Phone # 780-342-2033 Ext
Signature: Title VP Quality and CMO Date July 10/14

I attest that I have read and understood 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 submitted 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 most effective method, alternative methods 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 Programs to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 40th Floor, Accounts Payable, Edmonton, AB T6J 1E4

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EXPENSE CLAIM DETAILS

Enter Finance Coding		101 0306	71552000133	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? Yes/No	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 Type with value	Meal with Receipt Meal Type with receipt	Airfare	Hotel	Taxi			
2-Jun-14	Travel from Coronation Plaza to ATB Building for meeting with CMOH and return	AB	Meeting	Yes						\$7.50		16.00
5-Jun-14	Travel to Calgary for CPHP meeting	AB	Meeting	Yes								304.00
5-Jun-14	Lunch for meeting, attendee list attached to invoice	AB	Meeting	Yes		L \$248.74						
5-Jun-14	Travel from CPHP meeting at Southport to Hotel			Yes	D-\$20.75	\$20.75		\$200.00				17.00
6-Jun-14	Travel from Hotel to CPHP meeting at Southport	AB	Meeting	Yes	B-\$9.20	\$9.20						17.00
6-Jun-14	Travel from Calgary to Edmonton	AB	Meeting	Yes								304.00
10-Jun-14	Taxi to Airport for trip to Calgary for PPAH meeting	AB	Meeting	Yes					\$46.00			
10-Jun-14	Taxi from Airport to Residence	AB	Meeting	Yes					\$55.00			
SUBTOTALS						\$29.95	\$248.74	\$200.00	\$101.00	\$7.50		Total Kms 658.00
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 QR rate per Union Agreement (see Mileage details to the left)			\$0.505		
							Mileage \$			\$332.29		
							Travel \$ Subtotal			\$587.19		
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 \$			\$919.48		
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)												

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

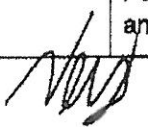
- 3 of 3 -

EXPENSE CLAIM DETAILS

Enter Finance Coding		101	0306	71552000133	Emp # (E-People)				Page 2B						
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.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	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							
16-Jun-14	Travel from Coronation Plaza to Legislature for RBB meeting and return	AB	Meeting	Yes									\$23.00		14.00
24-Jun-14	Travel from Coronation Plaza to RBB meeting at Ramada Hotel and return	AB	Meeting	Yes											12.00
SUBTOTALS													\$23.00		Total Kms 26.00
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 <u>under 5,000km/yr</u> or \$0.47 per km for <u>over 5,000km/yr</u> or per Union Agreement										Enter \$0.505 km, \$0.47 km <u>OR</u> rate per Union Agreement (see Mileage details to the left)		\$0.505			
										Mileage \$		\$13.13			
										Travel \$ Subtotal		\$23.00			
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 fills on page 1 - TOTAL TRAVEL \$		\$36.13			
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)															

Working Session Pre-Approval Request

In accordance with the Travel, Hospitality & Working Session Expense Claim Policy #1122 this form must be pre-approved for all working sessions, in accordance with the Delegation of Authority for Financial Commitments table.

Describe the purpose of the working session. The session represents the regular full day meeting of the AHS Clinical Department of Public Health and Preventive Medicine. The attendees are Medical Officers of Health who meet to address public health issues, to learn about developments in program areas, departmental organization, resource allocation, facilitation of teaching and research.			
Name of Event AHS Clinical Department of Public Health and Preventive Medicine Meeting			
Date of Request (yyyy-Mon-dd) 2014-05-20	Gerry		Last Name of Event Lead Predy
Title Senior Medical Officer of Health		Department Quality and CMO Office	
Location of Venue Calgary		2014 -May-2014	Number of Attendees 23
Guest Speaker(s)/Facilitators	Title/Role	Organization	
Proposed Budget	Venue Cost		
	Speaker/Facilitator Costs		
	Travel (mileage, accommodations, rentals) costs		
	Meals 260		
	Non- Alcoholic Beverages 160		
	Other Specify nature of expense		
	GST (if applicable)		
Total Planned Event Budget \$ \$420			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved	Name Dr. Verna Yiu	Position Title VP, Quality and CMO	DOFA Level 2b
	Signature 		Date (yyyy-Mon-dd) 2014 -June- 05

June 5/14

Name

BRENT FRIESEN

Deena Hirschman

Albert de Villiers

Uma Chandran

Digby Horne

Gerry Pready

Lizette Elumir

Marshall Wiebe

Shobhit Maruti

David Strong.

Vivien Sutton

Ifeoma Achebe

Silvina Mema

Richard Musto

Chris Sikora

Graham Tipples

Marcia Johnson

OLLY FRESCO'S INC
 UNIT 120 - 10301 SOUTHPORT LANE SW
 CALGARY, Alberta T2W 1S7
 CANADA

INVOICE

Invoice No.: [REDACTED]
 Date: 05/06/2014
 Page: 1

Sold to:

[REDACTED]

Ship to:

AHS - Gerry Predy [REDACTED]

Room: 1103

Business No.:

Item No	Unit	Quantity	Description	Tax	Unit Price	Amount
C	Each	30	@ 7:30			
T	Each	10	coffee		1.50	
			tea		1.25	
			@11:30			
BS	Each	15	bread sandwich			
WS	Each	8	wrap sandwich		5.75	
MFP	Each	1	medium fruit platter		55.00	
MVP	Each	1	medium veggie platter		40.00	
SD	Each	23	soft drink		1.75	
HM	Each	1	HOT MEAL*** GLUTEN FREE***		9.99	
			Subtotal:			
Comment:						TOTAL AMOUNT

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# [REDACTED]
06/02/14 08:36 L# 2 AM 36 Txn#121764
06/02/14 07:23 In 06/02/14 08:36 Out
Tkth# [REDACTED]

Regular Rate \$ 7.14
Total Tax \$ 0.36
Total Fee \$ 7.50
CASH PAID \$ 7.50-
Cash Tender \$ 20.00
Change Due \$ 12.50

THANK YOU
COME AGAIN

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

Expiration Date/Time

06:00 PM
JUN 16, 2014

Purchase Date/Time: 08:09am Jun 16, 2014
Total Parking: \$21.90
Total gst: \$1.10
Total Due: \$23.00
Total Paid: \$23.00
Ticket # [REDACTED]
S/N #: [REDACTED]
Setting: Lot 256
Mach Name: Meter 1
Rate: \$23 - Early Bird
Payment Type: Card

Card [REDACTED], American Express
Auth # [REDACTED]
GST #867315638RT0001

RECEIPT

IMPARK LOT 256
NO IN AND OUT PRIVILEGES
Expiration Date/Time: 06:00pm Jun 16, 2014
Purchase Date/Time: 08:09am Jun 16, 2014
Total Parking: \$21.90
Total gst: \$1.10
Total Due: \$23.00
Total Paid: \$23.00
Ticket #: [REDACTED]
Setting: Lot 256
Mach Name: Meter 1
Rate: \$23 - Early Bird
Payment Type: Card

Card [REDACTED], American Express
Auth [REDACTED]

YELLOW CAB

GST# _____
Date: 10-6-14 Amount _____
Driver: _____ Car#: _____
From: [REDACTED]
To: AIRPORT
10135-31 Avenue, Edmonton, AB T6N 1C2

PRESTIGE CABS

78

GST# _____
Date: JUN 16/14 Amount: _____
Driver: F.N. Car#: _____
From: AIRPORT
To: [REDACTED]
10135-31 Avenue, Edmonton, AB T6N 1C2

YELLOW CAB

GST# _____

Date: 10-6-14 Amount: 46.00

Driver: _____ Car#: _____

From: _____

To: AIRPORT

10135-31 Avenue, Edmonton, AB T6N 1C2



PRESTIGE CABS

GST# _____

Date: JUN 10/14 Amount: 55.00

Driver: F. J. Car#: 978

From: AIRPORT

To: _____

10135-31 Avenue, Edmonton, AB T6N 1C2



Booking.com

Booking Number

PIN Code

Email

gerry.predy@albertahealthservices.ca

Booking Details

1 night, 1 apartment

Check-in

Thursday, June 5, 2014 (from 3:00 PM)

Check-out

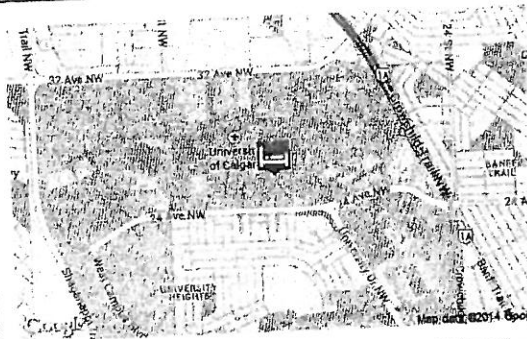
Friday, June 6, 2014 (until 12:00 PM)

Total Price:

CAD 185

TAX (12.27%) not included

with tax 207.70


Hotel Alma

Address 169 University Gate North West
Calgary (Alberta), T2N 1N4
Canada

Phone

+14032203203

Email

stay@hotelalma.ca

Travel info

Latitude 51.07617, Longitude -114.13263
(N 051° 4.570, W 114° 7.958)


Two-Bedroom Apartment

Free Wi-Fi, a 32-inch flat-screen cable TV, and a microwave are provided in this non-smoking room. A work desk and free long-distance calling are included.

Guest Name: Gerald Predy for max. 4 people. (non-smoking preference)

Meal plan

- No meal is included in this room rate.


Important information

Upon check-in photo identification and credit card is required. All special requests are subject to availability upon check-in. Special requests cannot be guaranteed and may incur additional charges.

Hotel policies
Guest parking

- Public parking is available on site (reservation is not needed) and costs CAD 10 per day.

Internet

- WiFi is available in all areas and is free of charge.
- Wired internet is available in the hotel rooms and is free of charge.

Special Requests

* Approximate time of arrival: between 16:00 and 17:00 hours

You have guaranteed your booking by credit card. Payment will be taken by the property's staff. Booking.com will never charge your card. The hotel will normally charge your card within 1-2 days. In some cases, the hotel will pre-authorize your card instead, or wait to take payment when you arrive – in all cases, your booking is still guaranteed.

This hotel accepts the following forms of payment: American Express, Visa, Euro/Mastercard

You can always view, change or cancel your booking online at: your.booking.com
For any questions related to the property, you can contact Hotel Alma directly at: +14032203203 or stay@hotelalma.ca

Or contact us by phone - we're available 24 hours a day:

<https://secure.booking.com/confirmation.en-us.html?aid=306395;label=Booking-En-II-CJ0...> 5/7/2014