

## Board and Executive Expense Report

**Name** Dr. Ian Phelps  
**Title** Senior Medical Director, EMS  
**Location** Medicine Hat  
 Expenses submitted during the month of January 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)
Jan-14	Expense Claim	Meetings	44	-	-		44	-	-	-
<b>Total</b>			\$ 44	\$ -	\$ -	\$ -	\$ 44	\$ -	\$ -	\$ -

**Total for the Month** \$ 44

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

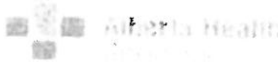
### 3) Hosting and Hospitality expenses

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



AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention	

**MEDICAL AFFAIRS  
TRAVEL/MEETING EXPENSE CLAIM FORM**

**SECTION 1: PAYEE INFORMATION (Check one only)**

<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Professional Corporation					
Invoice Date	03-Feb-14	Invoice #			
Vendor Name	Dr. Ian Phelps	Vendor# (if known)			
Address	[Redacted]		City	Medicine Hat	
Province/State	AB	Postal Code	[Redacted]	Country	Canada
Reason for Expense &/or Business Case	Dec 3: EMS Provincial Leadership Team Face-To-Face Meeting - Calgary. Dec 4: Public Accounts Meeting - Legislature Annex, Edmonton.				

If claiming Meals/Travel/Accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" rational is required  
Cells that are locked (Complete calculations) are shaded Aqua      Cells requiring selection from dropdown menu are shaded Orange

**SECTION 2: FINANCE CODE/ACCOUNTING DISTRIBUTION (Departments must provide Complete Coding)**

Corp/BU/Org e.g. 101	Location (If applicable) e.g. 0000	Functional Centre/Primary e.g. 71135050410	Expense/ Secondary Acct e.g. 69500001	Expense Sub - Total	GST (If applicable)	TOTAL
101	0000	7111000012		\$77.00	\$0.10	\$77.10
<input checked="" type="checkbox"/> Canadian \$	<input type="checkbox"/> US \$	<input type="checkbox"/> Other Currency	<b>TOTAL PAYMENT</b>	\$77.00	\$0.10	\$77.10

**SECTION 3: AUTHORIZATION**

Requisitioned by (Print Name) Lindsay Perry	Position Title/Program Group Executive Administrative Assistant	Date 3-Feb-14	Phone# [Redacted]
<input checked="" type="checkbox"/> I attest that I have read the "Travel, Hospitality & Working Session Expense Policy(1122)" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy. <input checked="" type="checkbox"/> I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rational and supporting analysis is provided. <input checked="" type="checkbox"/> I attest that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. <input checked="" type="checkbox"/> I attest that the expenses in this claim are for valid business purposes for Alberta Health Services.			
Claimant signature [Signature]	Position Title/Program Group Senior Medical Director/EMS	Date 3-Feb-14	Phone# [Redacted]
<input type="checkbox"/> I attest that I have read the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy. <input type="checkbox"/> I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rational and supporting analysis is provided. <input type="checkbox"/> I attest that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. <input type="checkbox"/> I attest that the expenses in this claim are for valid business purposes for Alberta Health Services.			
Approved by (Print Name) Rick Trimp	Signature [Signature]	Date 06-05-2014	Phone# [Redacted]
Title/Program Group Interim President / CEO Potentially Training Work Svc	DOFA Level	Position#	[Redacted]

**GOVERNING POLICIES FOR THIS CLAIM ARE DELEGATION OF AUTHORITY #1118 AND TRAVEL, HOSPITALITY & WORKING SESSION #1122**

- 1) All employee claims must be submitted on the Travel, Hospitality & Working Session Expense Claim form.
  - 2) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
  - 3) Non-compliant and incomplete properly authorized payment requestions will be returned without processing.
- This form 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 Act (FIPPA), respectively, for the purpose of administering AHS Procure to Pay program. For more information, questions or concern about the collection, use or disclosure of your health personal information, please contact Mark Palla, Director Accounts Payable at 780-735-3506 or email Mark.Palla@albertahealthservices.ca

If claiming Meals/Travel/Accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" rational is required  
 Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is  
 Required in the "Rational is Required" section below

#### SECTION 4: MEDICAL AFFAIRS - TRAVEL EXPENSE CLAIM PORTION

Date	Purpose of Expense	GST	Fuel	Hotel	Parking /Taxi	Meal Type	Meals	Other	Rental Car/Airfare	Cost Effective method used?	Mileage km
14-Jan-14	Reimburse: canceled travel	\$0.10						\$44.00		Yes	
SUBTOTAL		\$0.10						\$44.00			

Enter \$0.505, \$0.47 OR rate per Union Agreement  
 (see Mileage details below)

Mileage \$

#### SECTION 5: MEDICAL AFFAIRS STAFF COMMITTEE MEETING EXPENSES

BU/Unit	Location	Functional Centre	Expense Account	Approved AHS Committee Name	Meeting Date	Cost effective Method Used	Stipend	Other Expenses
SUBTOTAL								

**Rational is Required for expenses that are not Cost Effective:**  
 (supporting analysis and documentation must be attached to this form)

Section 4 Subtotal	\$	44.00
Section 4 GST Total	\$	0.10
Section 5 Subtotal		
Mileage Total		
<b>Total Payment</b>	<b>\$</b>	<b>44.10</b>

#### MEAL PER DIEM RATES

B = Breakfast = \$9.20 L = Lunch = \$11.60 D = Dinner = \$20.75 A = ALL MEALS = \$41.55

#### MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle

→ details of travel location to & from must be included above under the purpose of travel column

\$0.505 per km for under 5,000km/yr

\$0.47 per km for over 5,000km/yr

or per Union Agreement

#### Reference Links

[Delegation of Authority for Financial Commitments Authorization Table](#)

[Policy #1118 - Delegation of Authority for Financial Commitments](#)

[Policy #1122 Travel, Hospitality & Working Session Expenses](#)

[AHS Chart of Account Mapping Tool \(this page also has a link for BAS Representatives\)](#)

MARLIN TRAVEL  
O-O HIGH ALTA TRAVEL  
315 B-2 STREET W  
BROOKS, ALBERTA  
T1R 0E8

INVNO

GST REG# R898409768

PHONE: 403-362-4011

TO: MR IAN PHELPS  
AB CA

YOUR REF :  
LOCATOR :  
OUR REF :  
AGENT :

I N V O I C E

INV NO:  
DATE:  
PAGE:

FOR: MR IAN PHELPS

----- I T I N E R A R Y -----

\*\*\* AIR/RAIL/BUS \*\*\*

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
CALGARY	EDMONTON INTL	AIR CANADA	8156 W	HS	15JAN	5:30P	6:23P		
		DH4							
EDMONTON INTL	CALGARY	AIR CANADA	8149 H	HS	16JAN	3:00P	3:53P		
		D8 (300 SERIE							

----- C O S T -----

PROFESSIONAL SERVICE FEE ON AIR ONLY BOOKING	42.00
GST ON PROFESSIONAL FEE	2.10

*** SUB-TOTAL EXCLUDING GST/HST & APT	42.00
*** TOTAL GST/HST	2.10
*** TOTAL CHARGES THIS INVOICE ***	44.10
*** BALANCE DUE THIS INVOICE ****	44.10
TOTAL PREVIOUS PAYMENTS	44.10
BALANCE DUE TO DATE	0.00

I HAVE RECEIVED AND UNDERSTAND ALL RELEVANT INFORMATION -  
SUPPLIER TERMS AND CONDITIONS AND A BROCHURE IF APPLICABLE.  
CLIENT SIGNATURE:.....  
OUR PRIVACY POLICY CAN BE FOUND AT [WWW.MARLINTRAVEL.CA](http://WWW.MARLINTRAVEL.CA).