

Board and Executive Expense Report

Name Dr. Ian Phelps
Title Senior Medical Director, EMS
Location Medicine Hat
 Expenses submitted during the month of March 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) |
| Mar-14 | Expense Claim | Meetings | 465 | 156 | 326 | 613 | 1,560 | - | - | - |
| Total | | | \$ 465 | \$ 156 | \$ 326 | \$ 613 | \$ 1,560 | \$ - | \$ - | \$ - |

Total for the Month \$ 1,560

Maximum daily single meal expense claimed in the month \$ 63 5 persons
 Maximum daily base hotel rate claimed in the month \$ 145
 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)

☐ Sole Proprietor☐ Professional Corporation

| | | | |
|-----------------|----------------|--------------------|--------------|
| Invoice Date: | 20-Mar-14 | Invoice #: | |
| Vendor Name: | Dr. Ian Phelps | Vendor# (if known) | |
| Address: | | City: | Medicine Hat |
| Province/State: | AB | Postal Code: | |
| | | Country: | Canada |

Reason for Expense March 13/14: Interviews for IFT & Dispatch EMS Medical Director (HSBC Building, Edmonton),
&/or Business Case March 20: IFT Strategy Planning (EMS Headquarters) - mileage only, Brooks to Calgary and back

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. 9000) | Functional Centre/Primary e.g. 71135050440 | Expense/ Secondary Acct e.g. 69500001 | Expense Sub - Total | GST (If applicable) | TOTAL |
|---|---|--|---|------------------------|------------------------|------------|
| 101 | 0000 | 71110000012 | | \$1,514.36 | \$45.62 | \$1,559.98 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| <input checked="" type="checkbox"/> Canadian \$ | <input type="checkbox"/> US \$ | <input type="checkbox"/> Other Currency | TOTAL PAYMENT | \$1,514.36 | \$45.62 | \$1,559.98 |

SECTION 3: AUTHORIZATION

| | | | |
|---|---|-------------------|----------------------|
| Requisitioned by (Print Name) Lindsay Perry | Position Title/Program Group Executive Administrative Assistant | Date 20-Mar-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 20-Mar-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. | | |
| Approved by (Print Name) Rick Trimp | Signature [Signature] | Date 3/27/14 | Phone# [REDACTED] |
| Title/Program Group Interim President & CEO, Pop Health & PWS | DOFA Level 1 | Position# | |

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/improperly authorized payment requisitions will be returned without processing.

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, questions or concern about the collection, use or disclosure of your health personal information, please contact Mark Palke, Director Accounts Payable at 780-735-0508 or email: Mark.Palke@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 |
|----------|----------------------------|---------|------|----------|------------------|--------------|----------|-------|-----------------------|--------------------------------------|------------|
| | Flight:Cal-Edm-Cal, Hotel | \$37.10 | | \$310.64 | | | | | \$443.25 | Yes | |
| | MH-Cal-MH, Brks-Cal-Brks | | | | | | | | | Yes | 966.00 |
| | Edm Transport, Cal Park | \$5.51 | | | \$119.34 | | | | | Yes | |
| | perdiem meals:2xB,2xL,2xD | | | | | | \$83.10 | | | Yes | |
| | Lunch: Interview Panelists | \$3.01 | | | | | \$70.20 | | | Yes | |
| SUBTOTAL | | \$45.62 | | \$310.64 | \$119.34 | | \$153.30 | | \$443.25 | | 966.00 |

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

0.505

Mileage \$ \$ 487.83

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 | \$ | 1,026.53 |
| Section 4 GST Total | \$ | 45.62 |
| Section 5 Subtotal | | |
| Mileage Total | \$ | 487.83 |
| Total Payment | \$ | 1,559.98 |

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 HI-ALTA TRAVEL LTD.,
BOX 8747
300 SOUTH RAILWAY AVENUE EAST
DRUMHELLER, AB T0J 0Y0
GST Reg#: R898409768
Branch: [REDACTED]
Agent: [REDACTED]

Re: IFT+Dispatch EMS Medical Director
Interviews in Edmonton - March 13/14.

To: MR IAN PHELPS
ALBERTA HEALTH SERVICES
[REDACTED]

Invoice Number: [REDACTED]
Date: March 17, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MR IAN PHELPS

Wednesday, March 12, 2014

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0

Flight: 8140 S CLASS
11:30 AM Equipment: D8 (300 SERIES)
12:23 PM

Friday, March 14, 2014

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0

Flight: 8175 S CLASS
11:00 AM Equipment: D8 (300 SERIES)
11:53 AM

Cost:

| | |
|---------------------------------|--------|
| TKT [REDACTED] E-TKT [REDACTED] | 332.00 |
| GST: | 20.06 |
| Tax: | 69.25 |
| Ticket Total: | 421.31 |
| Service Fee PROFESSIONAL FEE | 42.00 |
| GST: | 2.10 |
| Service Fee Total: | 44.10 |

To: MR IAN PHELPS
ALBERTA HEALTH SERVICES

Invoice Number: [REDACTED]
Date: March 17, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

| | |
|---------------------------------------|--------|
| Grand Total: | 465.41 |
| Less Credit Card Payments: | 421.31 |
| Total GST/HST: | 22.16 |
| Credit / Balance Due To This Invoice: | 44.10 |
| Total Previous Payments: | 44.10 |
| Total Balance Due: | 0.00 |

THANKS FOR BOOKING WITH MARLIN TRAVEL - SM

TRAVEL INSURANCE HAS BEEN OFFERED AND ACCEPTED...DECLINED...
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA...TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
THANK YOU FOR BOOKING WITH MARLIN TRAVEL
CLIENT SIGNATURE:.....
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
780-426-3636
<http://www.westin.com/edmonton>



Phelps, Ian

Page Number 1

Invoice Nbr [REDACTED]

Guest Number [REDACTED]

Arrive Date 03-12-2014 13:02

Folio ID [REDACTED]

Depart Date 03-14-2014 10:00

No. Of Guest 1

Room Number [REDACTED]

Time

03-14-2014 04:20

*Re: IPT + Dispatch EMS
Medical Director Interviews
(Edmonton, March 13/14)*

Information Invoice

| Date | Reference | Description | Charges | Credits |
|------------|------------|--------------|----------|-----------|
| 03-12-2014 | [REDACTED] | Room Charge | \$145.00 | |
| 03-12-2014 | [REDACTED] | GST | \$7.47 | |
| 03-12-2014 | [REDACTED] | DMF | \$4.35 | |
| 03-12-2014 | [REDACTED] | Tourism Levy | \$5.97 | |
| 03-13-2014 | [REDACTED] | Room Charge | \$145.00 | |
| 03-13-2014 | [REDACTED] | GST | \$7.47 | |
| 03-13-2014 | [REDACTED] | DMF | \$4.35 | |
| 03-13-2014 | [REDACTED] | Tourism Levy | \$5.97 | |
| 03-14-2014 | MC | [REDACTED] | | \$-325.58 |
| | | ** Total | \$325.58 | \$-325.58 |
| | | ** Balance | \$0.00 | |

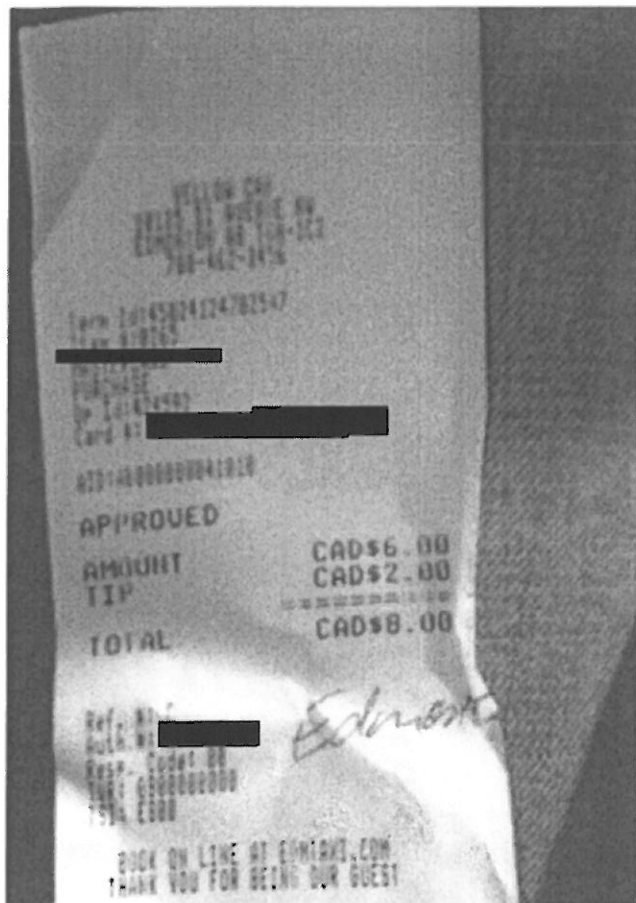
For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE SUMMARY REPORT

Currency: CAD

| Date | Room | GST | Tour Levy | Food\Bev | Phone | Other | Total | Payment |
|------------|----------|---------|-----------|----------|--------|--------|----------|-----------|
| 03-12-2014 | \$145.00 | \$7.47 | \$5.97 | \$0.00 | \$0.00 | \$4.35 | \$162.79 | \$0.00 |
| 03-13-2014 | \$145.00 | \$7.47 | \$5.97 | \$0.00 | \$0.00 | \$4.35 | \$162.79 | \$0.00 |
| 03-14-2014 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$-325.58 |
| Total | \$290.00 | \$14.94 | \$11.94 | \$0.00 | \$0.00 | \$8.70 | \$325.58 | \$-325.58 |

Tell us about your stay. www.westin.com/reviews



Yellow Cab - Westin Hotel to HSBC Building
Re: Interviews, EMS MD - IFT + Dispatch
(March 13/14)

Credit Receipt

PUB 1906 ON JASPER
10525 JASPER AVENUE T5J1Z4
EDMONTON AB
22326157

|||| PURCHASE ||||

03-13-2014 12:09:09
Acct # [REDACTED] C
Exp Date [REDACTED] Card Type MC
Name: IAN PHELPS
A000000041010 [REDACTED]

Trace # [REDACTED] Operator 001
FS2232615701

Inv. # [REDACTED]
Auth # [REDACTED] RRN 001522035

Purchase \$63.21
Tip \$10.00
Total \$73.21

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

*ATS Interviewing
Lunch*

#73.21 Lunch - All Interview Panelists:

Dr. Ian Phelps, Jim Garland,
Graeme McAlister, Gord Bates,
Darren Sandbeck.

Re: Mar 13/14

Interviews - EMS MID - IFT + Dispatch

Lunch Order



10525 JASPER AVE NW
EDMONTON, AB T5J 1Z4
428.4711
PUB1905@SHAW.CA

1 LUNCH

Tbl 34/1 Chk 6442 Gst 0
Mar13'14 12:32PM
*** Reprint ***

**** SEAT 1 ****

1 POP LUNCH 0.95
1 MUSH CHED BURG 13.95
Subtotal 14.90
14.90 GST 0.75
Amount Due 15.65

**** SEAT 2 ****

1 POP LUNCH 0.95
1 DIAMOND PARK 9.50
Subtotal 10.45
10.45 GST 0.52
Amount Due 10.97

**** SEAT 3 ****

1 POP LUNCH 0.95
1 BOB&DOUG DOG 9.50
Subtotal 10.45
10.45 GST 0.52
Amount Due 10.97

**** SEAT 4 ****

1 SLED DOG 9.50
Subtotal 9.50
9.50 GST 0.48
Amount Due 9.98

**** SEAT 5 ****

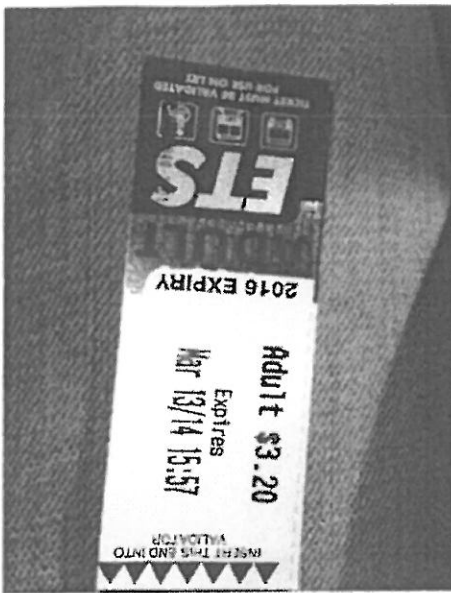
1 POP LUNCH 0.95
1 MUSH CHED BURG 13.95
Subtotal 14.90
14.90 GST 0.75
Amount Due 15.65

***** All *****

Subtotal 60.20
60.20 GST 3.01
Amount Due 63.21

THANK YOU!!!! SEE YOU SOON!!!
GST# 863633582

PLEASE PAY SERVER



Edmonton LRT- HSBC Building- Nestin Hotel \$3.20
Re: Interviews, EMS MD-1 FT+Dispatch (March 13/14)



Yellow Cab- Westin Hotel to Airport \$58.00

Re: Interviews, EMS MD - IFT + Dispatch
(March 13/14)

RECEIPT
GST NO. R122556194

EXIT No. 410
IN: 03/12/14 10:43
OUT: 03/14/14 11:07
DURATION: 2 23: 24
PAID: \$ 55.65
(GST INCLUDED)
MASTERCARD

REF. 1
THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

Parking - Calgary Airport.

Re: Mar 13/14 interviews (EMSMD - IFT + Dispatch).