

Board and Executive Expense Report

Name Jitendra Prasad
Title SVP, Contracting, Procurement & Supply Management
Location Edmonton
 Expenses submitted during the month of April 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)
April-14	Expense Claim	Meetings		46		762	808			
April-14	Direct Billing	Meetings	1,847				1,847			
Total			\$ 1,847	\$ 46	\$ -	\$ 762	\$ 2,655	\$ -	\$ -	\$ -

Total for the Month \$ 2,655

Maximum daily single meal expense claimed in the month \$ 12
 Maximum daily base 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

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions.
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- Indicate whether you have expenses to report in this section for this reporting period: Yes ☒ No ☐

Name: Jitendra Prasad

Reporting Period for the Month of: March to April 28, 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-03-21	Direct Billing	Transportation	Rtrn flight to Calgary to attend mtg	Marlin Travel	\$110.00
2014-03-26	Direct Billing	Transportation	Rtrn flight to Calgary to attend mtg	Marlin Travel	\$432.96
2014-04-03	Direct Billing	Transportation	Retrn flight to Vancouver to conf.	Marlin Travel	\$742.96
2014-04-08	Direct Billing	Transportation	Retrn flight to Calgary attend mtg.	Marlin Travel	\$560.98
	Choose One	Choose One			
Total Paid in the Month					

560.96

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

March 12, 2014

Page:

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Our Reference:

Your Reference:


INVOICE

For

MR JITENDRA PRASAD

AC

Friday, March 21, 2014

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2D

Flight: 8171 G CLASS
07:30 AM Equipment: D8 (300 SERIES)
08:23 AM

Mile(s) Flown: 153

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 3C

Flight: 8150 G CLASS
03:30 PM Equipment: D8 (300 SERIES)
04:23 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB

100.00

10.00

To: ALBERTA HEALTH SERVICES



Invoice Number:



Date:

March 12, 2014

Page:

2/2

Our Reference:



Your Reference:

INVOICE

Total:

Grand Total:	110.00
Less Credit Card Payments:	110.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
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.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Business Reason in person
To attend mtg with Fresenius Kabi. Also attended
mtg with concerning care back force mtg and participated
in Generalist Creek mtg.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

March 21, 2014

Page:

1/2

Our Reference:

Your Reference:

INVOICE

For

MR JITENDRA PRASAD

AC

Wednesday, March 26, 2014

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2C

Flight: 8131

V CLASS

06:00 AM Equipment: D8 (300 SERIES)

06:53 AM

Mile(s) Flown: 153

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2D

Flight: 8225

W CLASS

07:30 PM Equipment: D8 (300 SERIES)

08:23 PM

Mile(s) Flown: 153

Cost:

10.00

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

March 21, 2014

Page:

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Our Reference:

Your Reference:

INVOICE

Cost:

AIR CANADA WEB

353.00

Tax:

69.96

Ticket Total:

422.96

Total:

Grand Total:

432.96

Less Credit Card Payments:

432.96

Credit / Balance Due To This Invoice:

0.00

Total Balance Due:

0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE

ACCEPTED:.....DECLINED:.....

DOCUMENTATION REQUIRED: VALID PASSPORT...VISA...TOURIST CARD..

...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....

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GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL

24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL

1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT

1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0

OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Business Reason

To attend in-person mtg with Basia and
provide presentation at the Surgery Executive
mtg.

MARLIN TRAVEL

■ O-O PERCY HUNT TRAVELGROUP INC

MAIN FLOOR, 9929 108TH ST.

EDMONTON, AB T5K 1G8

GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

April 3, 2014

Page:

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Our Reference:

Your Reference:

INVOICE

For

MR JITENDRA PRASAD

AC

Thursday, April 3, 2014

✈ Air

AIR CANADA

From: VANCOUVER BC

To: EDMONTON INTL AB

Stops: 0 Arrival: 04Apr14

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 30D

Flight: 252 Q CLASS

10:40 PM Equipment: E90

01:10 AM

Mile(s) Flown: 504

Cost:

AIR CANADA WEB

Total:

50.00

Grand Total:

50.00

Less Credit Card Payments:

50.00

Credit / Balance Due To This Invoice:

0.00

Total Previous Payments:

692.96

Total Charges Previous Invoices:

692.96

Total Balance Due:

0.00

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

April 3, 2014

Page:

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Our Reference:

Your Reference:

INVOICE

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA...TOURIST CARD..
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GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Business Reason

Additional fee incurred as I was requested
by the CEO Office to attend the event
conference on their behalf due to last minute
changes.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
[REDACTED]

Invoice Number: [REDACTED]
Date: March 21, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MR JITENDRA PRASAD
AC [REDACTED]

Thursday, April 3, 2014

 Air

AIR CANADA
From: EDMONTON INTL AB
To: VANCOUVER BC
Stops: 0
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 13C

Flight: 239 Q CLASS
10:10 AM Equipment: E90
10:47 AM

Mile(s) Flown: 504

 Air

AIR CANADA
From: VANCOUVER BC
To: EDMONTON INTL AB
Stops: 0
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 13D

Flight: 248 H CLASS
09:05 PM Equipment: A320
11:35 PM

Mile(s) Flown: 504

Cost:

AIR CANADA WEB [REDACTED]

[REDACTED] 623.00

Tax: 59.96

Ticket Total: 682.96

TKT [REDACTED]

[REDACTED] 10.00

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

March 21, 2014

Page:

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Our Reference:

Your Reference:

INVOICE

Total:

Grand Total:	692.96
Less Credit Card Payments:	692.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
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.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Business Reason

To attend CSI presentation / Supply chain
Report conference and Western CEO Conference

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

April 1, 2014

Page:

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Our Reference:

Your Reference:


INVOICE

For

MR JITENDRA PRASAD

AC

Tuesday, April 8, 2014

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2D


Flight: 8131

W CLASS

06:00 AM Equipment: D8 (300 SERIES)

06:51 AM

Mile(s) Flown: 153

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2D

Flight: 8152

M CLASS

04:30 PM Equipment: D8 (300 SERIES)

05:21 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB

481.00

Tax:

69.96

Ticket Total:

550.96

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

April 1, 2014

Page:

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Our Reference:

Your Reference:

INVOICE

Cost:

10.00

Total:

Grand Total:

560.96

Less Credit Card Payments:

560.96

Credit / Balance Due To This Invoice:

0.00

Total Balance Due:

0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
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.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Business Reason

To attend mtg with the Executive Director,
Surgery. Due to the complexity of the issues
to be discussed, I was required to attend
in person.



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: 21-Mar-14 To: 8-Apr-14	
		Travel Period from: 21-Mar-14 To: 8-Apr-14 (if applicable)	
		Out-of-Province Travel Yes	
Name: Jitendra Prasad		Position (Title): Chief Program Officer	
Location: SSP		Dept: CPSM 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	TOTAL REIMBURSEMENT					
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	\$808.22
2A	101	0006	71135050000	\$254.70						Total Section C&D	
2B	101	0006	71135050000	\$294.56						Less Cash Advance	
2C	101	0006	71135050000	\$258.96						TOTAL CLAIM	\$808.22
2D											
				\$808.22	**User to enter Coding & \$ Amounts						
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 understand 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.</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 most effective method, reasonable rate and supporting analysis is provided above.</p>																	
I, by signing this form, attest that I am committed to all the above statements.										Date: MAY 02 2014							
Employee Signature:																	
<p>I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.</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 most effective method, reasonable rate and supporting analysis is provided above.</p>																	
Approved By (PRINT ONLY): Deborah Rhodes										DOFA Level		Position #		Phone #		Ext	
I, by signing this form, attest that I am committed to all the above statements.										Date: May 7/14							
Signature:										Title							
<p>I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.</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 most effective method, reasonable rate and supporting analysis is provided above.</p>																	
Approved By (PRINT ONLY): Deb Rhodes										DOFA Level		Position #		Phone #		Ext	
I, by signing this form, attest that I am committed to all the above statements.										Date:							
Signature:										Title		A/Vice-President Corporate Services/CFO					

Health and Personal Information on this form is collected by AHS under the authority of section 20(h) 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.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

- 1 of 3 -
EXPENSE CLAIM DETAILS

Page 2A

Enter Finance Coding 101 0006 71135050000

Emp # (E-People) [REDACTED]

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, Refraction, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov.) where expenses were incurred (Out of N. America = Int'l)
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

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 with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
21-Mar-14	Return travel to Calgary to meet with Fresenius Kabi	AB	Meeting	No	L-\$11.60	\$11.60 ✓								
21-Mar-14	Taxi Calgary Airport to Kensington Riverside Inn for meeting with Fresenius Kabi	AB	Meeting	Yes							\$40.90 ✓			
21-Mar-14	Taxi Memorial Drive to Southport for Continuing Care Meeting	AB	Meeting	Yes							\$32.70 ✓			
21-Mar-14	Parking for the day at Edmonton Airport	AB	Meeting	Yes							\$21.90 ✓			
25-Mar-14	Return Travel to Calgary attend meeting with Baxter and Surgery Executive Meeting	AB	Meeting	No	L-\$11.60	\$11.60 ✓								
26-Mar-14	Taxi residence to Edmonton Airport	AB	Meeting	Yes							\$47.30 ✓			
26-Mar-14	Taxi Calgary Airport to East Lake Warehouse to meet with staff	AB	Meeting	Yes							\$68.70 ✓			
26-Mar-14	Taxi East Lake to Southport Tower	AB	Meeting	Yes							\$22.00 ✓			
SUBTOTALS						\$23.20					\$231.50			Total Kms

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 OR rate per Union Agreement
(see Mileage details to the left)

Mileage \$

Travel \$ Subtotal \$254.70

Auto fills on page 1 - TOTAL TRAVEL \$ \$254.70

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

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)

Required to make in-person attendance and to make in-person presentations

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

- 3 of 3 -

EXPENSE CLAIM DETAILS

Page 2B

Enter Finance Coding

101 0006

71135050000

Emp # (E-People)

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.A. means = Int'l)
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	Further Explanation is REQUIRED in the "Rationale is Required" section on this page				Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal (Allowance OR Receipt)							
					Meal Allowance		Meal with Receipt					
					Meal Type with value	Allowance	Meal Type	with receipt				
If amount being claimed is above the policy limit stated in Appendix "A" rationale is required									Airfare	Hotel	Taxi	
26-Mar-14	Taxi Seaport to Foothills Medical Centre to meet with Baxter and present at Surgery Executive Meeting	AB	Meeting	Yes						\$28.70 ✓		
26-Mar-14	Taxi Foothills Medical Centre to Calgary Airport	AB	Meeting	Yes						\$43.90 ✓		
26-Mar-14	Taxi Edmonton Airport to residence	AB	Meeting	Yes						\$54.00 ✓		
3-Apr-14	Return travel to Vancouver to attend Western CEO Conference	BC	Conf	Yes	L-\$11.60	\$11.60 ✓						
3-Apr-14	Taxi Edmonton Airport to residence	AB	Conf	Yes						\$53.90 ✓		
8-Apr-14	Return travel to Calgary to meet with Executive Directors, Surgery	AB	Meeting	Yes	L-\$11.60	\$11.60 ✓						
8-Apr-14	Taxi residence to Edmonton Airport	AB	Meeting	Yes						\$47.96 ✓		
8-Apr-14	Taxi Calgary Airport to Foothills Medical Centre	AB	Meeting	Yes						\$42.90 ✓		
SUBTOTALS						\$23.20				\$271.36		Total Kms

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 OR rate per Union Agreement
(see Mileage details to the left)

Mileage \$

Travel \$ Subtotal \$294.56

Auto fills on page 1 - TOTAL TRAVEL \$ \$294.56

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

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

Enter Finance Coding 101 0006 71135050000				Emp # (E-People) [REDACTED]				Page 2C							
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							
15) 8-Apr-14	Taxi Footfalls Medical Centre to Southport Tower to meet with staff and participate in teleconference calls	AB	Meeting	Yes								\$132.50 ✓			
16) 8-Apr-14	Taxi Southport Tower to Calgary Airport	AB	Meeting	Yes								\$55.90 ✓			
17) 8-Apr-14	Taxi Edmonton Airport to residence	AB	Meeting	Yes								\$66.00 ✓			
3) 21-Mar-14	Taxi Southport to Calgary Airport	AB	Meeting	Yes								\$67.70 ✓			
11) 3-Apr-14	Taxi residence to Edmonton Airport	BC	Conf	Yes								\$46.86 ✓			
SUBTOTALS												\$258.96			Total Kms
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 OR rate per Union Agreement (see Mileage details to the left)					
										Mileage \$					
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3										Travel \$ Subtotal \$258.96					
										Auto fills on page 1 - TOTAL TRAVEL \$258.96					
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)															

March 21, 2014

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/03/21
PICK-UP TIME: 09:09
DROP-OFF TIME: 09:31
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 40.90
EXTRA (\$): 0.00
SUBTTL (\$): 40.90

TIP (\$): _____

TOTAL (\$): _____

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE @ WWW.ASSOCIATEDCAB.CA

RECEIVED - COPY

*Tosci from Calgary Airport
to attend mtg with
Frederick Kral at Kensington
Riverside Inn.*

* TRANSACTION RECEIPT *
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service

TYPE: Visa
CARD: [REDACTED]
EXP: [REDACTED]
DATA: SWIPE
TerminalID: 00001556F8D6
DATE: 2014/03/21 13:02:45
AUTH: [REDACTED]
IFID: 10519336
DRV: [REDACTED]
VEH: [REDACTED]
GST: 820325023
Meter Start Time:
12:43:49
Meter Stop Time:
13:02:13
Distance: 16.1 Km

FARE 1: \$ 29.70
FLAT : \$ 0.00
TAX : \$ 0.00
TOTAL FARE: \$ 29.70
PAYMENT AMOUNT: \$ 29.70
TIP: \$ 3.00

TOTAL PAYMENT: \$ 32.70
SIGNATURE: _____

THANK YOU
Cardholder Copy

*Tosci from Memorial Drive
to Southport for continuing
Cane mtg.*

March 21, 2014

3

TRANSACTION REPORT
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service

TYPE: Visa

CARD: [REDACTED]

EXP: [REDACTED]

DATA: SWIPED

TerminalID: 00001556F8D6

DATE: 2014/03/21 16:45:33

AUTH: [REDACTED]

IFID: 10520813

DRV: [REDACTED]

VEH: [REDACTED]

GST: 826325623

Meter Start Time:

15:50:21

Meter Stop Time:

16:44:59

Distance: 29.7 Km

FARE 1:	\$ 60.70
FLAT :	\$ 0.00
TAX :	\$ 0.00
TOTAL FARE:	\$ 60.70
PAYMENT AMOUNT:	\$ 60.70
TIP:	\$ 7.00

TOTAL PAYMENT: \$ 67.70

SIGNATURE:

THANK YOU

Cardholder Copy:----

Taxi from Southport
to Calgary Airport.

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

P3 North E 21/03/14 19:24
Receipt 095323

Short-term parking tkt

HL - No. 092013

21/03/14 07:03 -

22/03/14 07:02 -

Period 1d0h0'

(Tax) \$23.00

Total \$23.00

Payment Received

23.00

Type: Swiped

Sub Total \$21.90
Tax 5% 1.10

61447446 - 1/1

Parking for the day
at Edmonton Airport

March 26, 2014

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6H-1C2
780-462-3456

Term Id: 45024124782295
Item #: 0900
Visa Credit
PURCHASE
Op Id
Card

AID: A0000000031010

APPROVED

AMOUNT CAD\$43.00
TIP CAD\$4.30
=====

TOTAL CAD\$47.30

Ref. #: C
Auth. #:
Resp. Code: 00
TUR: 4000000000
TSI: F800

BOOK ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2014/03/26 Time: 05:07:33

Taxi from residence
to Edmonton Airport

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/03/26
PICK UP TIME: 07:42
DROP OFF TIME: 08:14
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER:
CARD TYPE:
CARD:
EXPIRY:
AUTH:

FARE (\$) 66.70
EXTRA (\$) 0.00
TOTAL (\$) 66.70

TIP (\$)

TOTAL (\$)

SIGNATURE

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

Taxi from Calgary
Airport to East
Lake Warehouse

310
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/03/26
PICK UP TIME: 08:54
DROP OFF TIME: 09:11
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER:
CARD TYPE:
CARD:
EXPIRY:
AUTH:

FARE (\$) 22.00
EXTRA (\$) 0.00
TOTAL (\$) 22.00

TIP (\$)

TOTAL (\$)

SIGNATURE

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

Taxi from East Lake
to Southport Tower

4
March 26, 2014

24-7 TAXI
10577 109 ST #201
EDMONTON, AB, T5H3B1
MID: 07112250014
GST#: 0000000000000000

DATE: 2014/03/26
PICK-UP TIME: 13:55
DROP-OFF TIME: 14:14
TRIP ID: 0
LOCATION: 073000-45024103707
CARD NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

TAXI (\$): 28.70
TAX (\$): 0.00
TOTAL (\$): 28.70

TIP (\$):

TOTAL (\$):

SIGNATURE:

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

DUPLICATE:

* TRANSACTION RECEIPT *
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service
TYPE: Visa
CARD: [REDACTED]
EXP: [REDACTED]
DATA: SWIPED
TerminalID: 00001591933C
DATE: 2014/03/26 17:21:27
AUTH: [REDACTED]
IFID: 10558853
DRV: 3937
VEH: 807
GST: 869385021
Meter Start Time:
16:44:55
Meter Stop Time:
17:20:28
Distance: 20.9 Km

FARE 1: \$ 38.00
FLAT: \$ 0.00
TAX: \$ 1.90
TOTAL FARE: \$ 39.90
PAYMENT AMOUNT: \$ 39.90
TIP: \$ 4.00

TOTAL PAYMENT: \$ 43.90
Purchase Auth Complete
Cardholder Copy

>-----<

TID: 025
Operator: [REDACTED]

SALE

Visa CHIP

03/26/2014 21:24:08 Inv#: [REDACTED]
Record#: [REDACTED] Batch#: [REDACTED]
Retrieval#: 00000006

A0000000031010 Visa Credit
TVR 0000000000 TSI F800

Amount: \$49.00
Tip: \$5.00
Total: \$54.00

Auth Code: 024199
APPROVED

Taxi from Edmonton
Airport to residence.

Taxi from Southport
to Foot Hills to meet
with Baxter and Surgery
Executive mtg.

Taxi from Foot Hills
to Calgary Airport.

April 3, 2014 12

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6N-1C2
780-462-3456

Term Id: 45024124782442
Item #: 0927
Visa Credit
PURCHASE
Op Id: 200425
Card #: [REDACTED]

AID: A6000000031010

APPROVED

AMOUNT	CAD\$47.60
TIP	CAD\$4.26
=====	
TOTAL	CAD\$46.86

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Resp. Code: 00
TUR: 4000000000
TSI: F800

BOOK ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2014/04/03 Time: 08:45:02
Response: AUTH 051281

AIRPORT TAXI SERVICES
4000-101-ST T6E0G0
EDMONTON AB
22433490

DATE PURCHASE TIME

04-04-2014 08:45:02

Acct # [REDACTED] C

Exp Date [REDACTED] 00 VI

Name: JITENDRA PRASAD

00000000031010 Visa Credit

Trace [REDACTED] Operator [REDACTED]

FV2243349001

Inv. # [REDACTED]

Auth [REDACTED] KRN 001408000

Purchase \$40.00

Tip \$4.90

Total \$53.90

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

GST 206300004 RT0001

00 00 00

Taxi from residence to
Edmonton Airport to
attend Washington Convention
Vancouver, BC.

Taxi from Edmonton Airport
to residence.

12

April 8, 2014

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6H-1C2
780-462-3456

Term Id: 45024124782173
Item #: 1687
Visa Credit
PURCHASE
Dr Id: [REDACTED]
Card #: [REDACTED]

AID: A8000000031010

APPROVED

AMOUNT CAD\$43.60
TIP CAD\$4.36
=====

TOTAL CAD\$47.96

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Resp. Code: 00
TUR: 4000000000
TSI: F800

BOOK ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST

GST 100403070

05/04/11

307 - 41 AVE NW (West) 2ND FLOOR
INSIST ON THE PROFESSIONALS

DATE: 2014/04/08
PICK-UP TIME: 07:42
DROP-OFF TIME: 08:14
TRIP ID: 0
LOCATION: [REDACTED]
CAR NUMBER: [REDACTED]
CARD TYPE: VISA
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 42.90
EXTRA (\$): 0.00
SUBTTL (\$): 42.90

TIP (\$):

TOTAL (\$):

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE @ WWW.ASSOCIATEDCAB.CA

EDMONTON TAXI

* TRANSACTION RECEIPT *
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service

TYPE: Visa

CARD: [REDACTED]

EXP: [REDACTED]

DATA: SWIPED

Terminal ID: 00001591D23E

DATE: 2014/04/08 10:10:42

AUTH: [REDACTED]

IFID: 10655709

DRV: [REDACTED]

VEH: [REDACTED]

GST: 857074314

Meter Start Time:

09:48:59

Meter Stop Time:

10:09:32

Distance: 15.7 Km

FARE 1: \$ 28.10
FLAT: \$ 0.00
TAX: \$ 1.40
TOTAL FARE: \$ 29.50
PAYMENT AMOUNT: \$ 29.50
TIP: \$ 3.00

TOTAL PAYMENT: \$ 32.50

Purchase Auth Complete
Cardholder Conv

Taxi from residence
to Edmonton Airport

Taxi from Foxhill
to Southport Ave

Taxi from Calgary
Airport to Foxhill
Hospital nearby with
Executive Director's
Surgery

April 8, 2014

* TRANSACTION RECEIPT *

Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service

TYPE: Visa

CARD: [REDACTED]

EXP: [REDACTED]

DATA: SWIPED

TerminalID: 00001591D23E

DATE: 2014/04/08 15:07:43

AUTH: [REDACTED]

IFID: 10657218

DRV: [REDACTED]

VEH: [REDACTED]

GST: 857074314

Meter Start Time:

14:41:38

Meter Stop Time:

15:06:51

Distance: 29.9 Km

FARE 1:	\$ 48.48
FLAT :	\$ 0.00
TAX :	\$ 2.42
TOTAL FARE:	\$ 50.90
PAYMENT AMOUNT:	\$ 50.90
TIP:	\$ 5.00

TOTAL PAYMENT: \$ 55.90

Purchase Auth Complete

Cardholder Copy

Taxi from Southport Tower
to Calgary Airport.

= TRANSACTION RECEIPT =

ALBERTA COOP TAXI

10538 - 114 ST

EDMONTON, AB T5H 3J7

(780) 425-2525

ACCT TYPE: CREDIT CARD

DATE/TIME:

14/04/08 17:56:21

AUTH#: [REDACTED]

VEH/DRV: [REDACTED]

GST#:

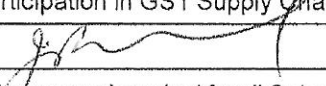
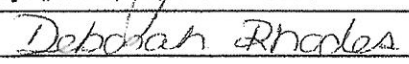
TXN ID: 2116845

FARE:	\$ 49.52
FLAT:	\$000.00
EXTRAS:	\$000.00
TAX:	\$ 2.48
FA+FL+EX+TAX:	\$ 52.00
TIP:	\$ 4.00
DISCOUNT:	\$000.00
TOTAL:	\$ 56.00

SIGNATURE:

Taxi from Edmonton Airport
to residence.

Travel Approval Form (Out-of Province Only) / Request for Advance

A. TRAVEL PARTICULARS			
Out-of-Province: <input checked="" type="checkbox"/>		Advance Request: <input type="checkbox"/>	
Destination: Vancouver, BC			
Name: Jitendra Prasad		Employee #: [REDACTED]	
Report To: Deb Rhodes			
Department: CPSM		Office Location: SSP - 3 rd Floor	
Business Phone #: [REDACTED]			
What former entity payroll systems is the employee currently being paid from? (Please ✓ one from below).			
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central	
<input type="checkbox"/> Alberta Cancer Board	<input checked="" type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights	
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health	
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country	
Finance Code/Accounting Distribution (if applicable):			
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account
101	0006	71135050000	62312000
Dates: From (day/month) April 3 (year) 2014 to (day/month) April 3 (year) 2014			
Purpose of Trip: AHS participation in GS1 Supply Chain Presentation - Western CEO Forum			
Employee Signature: 			Date:
APPROVALS: (Sr. VP prior approval required for all Out-of-Province Travel) (Travel Advance Approval – Travel Policy Appendix A)			
Approved By: (please print) Deb Rhodes		Title: AVP Corp. Services & CFO	Phone #: [REDACTED]
Signature: 		Date: Feb. 28/14	
Approved By: (please print)		Title:	Phone #
Signature:		Date:	

B. ESTIMATE OF EXPENSES <input checked="" type="checkbox"/> Canadian Dollars <input type="checkbox"/> US Dollars		
Category	Description	Amount
1. Accommodation Charge	# Nights at \$	
2. Meals		
3. Registration		
4. Airfare or Other Travel Costs		650.00
5. Other Expenses (please specify)		
Total Estimated Travel Costs		\$650.00

C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE (only if amount required is \$500 or above)	
Advance Amount (\$) Requested:	Date Required:

- If an advance is being requested the original approved Travel Approval Form should be forwarded to Accounts Payable 3 weeks prior to departure date, where possible.
- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services Travel Policy.