

Board and Executive Expense Report

Name Jitendra Prasad
Title Chief Program Officer, Contracting, Procurement & Supply Management
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 | | 32 | | 378 | 410 | | | |
| Jun-14 | Direct Billing | Meetings | 1,379 | | | | 1,379 | | | |
| Total | | | \$ 1,379 | \$ 32 | \$ - | \$ 378 | \$ 1,789 | \$ - | \$ - | \$ - |

Total for the Month \$ 1,789

Maximum daily single meal expense claimed in the month \$ 21
 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: June 2014

| Date | Payment Method | Category | Description/Purpose for Expense | Name of Vendor Paid | Amount Paid |
|-------------------------|----------------|----------------|-----------------------------------|---------------------|-------------|
| 2014-01-29 | Direct Billing | Transportation | Change Fee | Marlin Travel | \$50.00 |
| 2014-03-21 | Direct Billing | Transportation | Administration+Change Fee | Marlin Travel | \$63.00 |
| 2014-06-04 | Direct Billing | Transportation | Retrn trip EDM-CAL to attend Mtg. | Marlin Travel | \$429.96 |
| 2014-06-16 | Direct Billing | Transportation | Retrn trip EDM-ON to attend Mtg. | Marlin Travel | \$785.96 |
| 2014-06-16 | Direct Billing | Transportation | Change Fee | Marlin Travel | \$50.00 |
| Total Paid in the Month | | | | | \$1,378.92 |

Out of Province Travel Approval

- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services
- Pre-Approval form MUST be attached to the actual expense claim

Travel Policy

| | | | |
|--|--------------------------|--|---------------------------------------|
| Employee Information | | | |
| First Name Jitendra | | Last Name Prasad | |
| Employee Number [REDACTED] | | Reports To Deborah Rhodes | |
| Phone Number [REDACTED] | | Office Location SSP - [REDACTED] North Tower | |
| Department CPSM | | | |
| Travel Details | | | |
| Purpose of Trip Attending GS1 Canada Carenet Healthcare Sector Board | | | |
| Destination Toronto, Ontario | | From 16 June, 2014 | To 17 June, 2014 |
| Finance Coding / Accounting Distribution | | | |
| Corp/BU/Org 101 | Location / Site 0006 | Functional Centre / Primary 71135050000/62312000 | |
| Project Coding | | | |
| Project | Task | Expense Type | Expense Org |
| Estimate of Expenses | | | Amount |
| Category | | Description | |
| Accommodation Charge | | Reservation at the Westin Prince Hotel | \$169.00 |
| Meals | | | \$0.00 |
| Registration | | | \$790.00 |
| Airfare | | Return flight Edmonton to Toronto | \$80.00 |
| Taxi/Rental Car/Fuel/Parking/Bus/LRT | | | |
| Other Expenses (please specify) | | | |
| | | | |
| | | | \$1,039.00 |
| | | Currency <input checked="" type="checkbox"/> Cdn <input type="checkbox"/> USD <input type="checkbox"/> OTHER | |
| Total Estimated Travel Costs | | *Bank of Canada Currency Converter | Exchange Rate \$0.00 Cdn\$ \$1,039.00 |
| *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 | | | |
| Approvals (Pre-approvals for all Out-of-Province Travel must be per DOFA table) | | | |
| Employee Signature | | authorization table | |
| [Signature] | | Date (dd-Mon-yyyy) JUN 02 2014 | Phone Number [REDACTED] |
| Approved by (Print Name) Deborah Rhodes | Signature [Signature] | Date (dd-Mon-yyyy) 03-06-2014 | Phone Number [REDACTED] |
| Title Acting Vice President, Corporate Services and Chief Financial Officer | | Position Number [REDACTED] | DOFA Level [REDACTED] |
| Approved by (Print Name) | Signature | Date (dd-Mon-yyyy) | Phone Number |
| Title | | Position Number | DOFA Level |

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.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: TIFFANY ASKE Tel: 780-425-8611

To: ALBERTA HEALTH SERVICES
[REDACTED], NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: January 30, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MR JITENDRA PRASAD
AC [REDACTED]

Wednesday, January 29, 2014

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT [REDACTED]

Flight: 8166 W CLASS
09:15 PM Equipment: D8 (300 SERIES)
10:08 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB [REDACTED] 50.00

Total:

| | |
|---------------------------------------|--------|
| Grand Total: | 50.00 |
| Less Credit Card Payments: | 50.00 |
| Credit / Balance Due To This Invoice: | 0.00 |
| Total Previous Payments: | 226.00 |
| Total Charges Previous Invoices: | 226.00 |
| Total Balance Due: | 0.00 |

To: ALBERTA HEALTH SERVICES
[REDACTED] NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: January 30, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

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 Reasons

Attended several business meetings including Surgery Executive meeting which requires in-person attendance. Required to change flight due to meeting time extended.

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MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: TIFFANY ASKE Tel: 780-425-8611


To: ALBERTA HEALTH SERVICES
[REDACTED], NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: June 18, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For: [REDACTED]
MR JITENDRA PRASAD
AC [REDACTED]

Friday, March 21, 2014

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT [REDACTED]

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 [REDACTED]
TICKET NUMBER [REDACTED]
SEAT [REDACTED]

Flight: 8160 V CLASS
06:30 PM Equipment: D8 (300 SERIES)
07:23 PM

Mile(s) Flown: 153

Cost: [REDACTED]

| | | |
|---------------------------|------------|-------|
| AIR CANADA WEB [REDACTED] | [REDACTED] | 13.00 |
| AIR CANADA WEB [REDACTED] | [REDACTED] | 50.00 |

To: ALBERTA HEALTH SERVICES
SUITE [REDACTED] NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: June 18, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

| | |
|--|-------|
| Grand Total: | 63.00 |
| Less Credit Card Payments: | 63.00 |
| 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

Change fee regarding in-person meeting with Fresenius Kabi.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: TIFFANY ASKE Tel: 780-425-8611

To: ALBERTA HEALTH SERVICES
[REDACTED], NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: May 28, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MR JITENDRA PRASAD
AC [REDACTED]

Wednesday, June 4, 2014


 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT [REDACTED]

Flight: 8226 W CLASS
09:00 AM Equipment: CRJ JET
09:44 AM

Mile(s) Flown: 153

Thursday, June 5, 2014

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT [REDACTED]

Flight: 8172 W CLASS
05:30 PM Equipment: D8 (300 SERIES)
06:21 PM

Mile(s) Flown: 153

To: ALBERTA HEALTH SERVICES
[REDACTED] NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: May 28, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

| | | |
|----------------|---------------------------------------|--------|
| Cost: | | |
| AIR CANADA WEB | [REDACTED] | 350.00 |
| | Tax: | 69.96 |
| | Ticket Total: | 419.96 |
| TKT- | [REDACTED] | 10.00 |
| Total: | | |
| | Grand Total: | 429.96 |
| | Less Credit Card Payments: | 429.96 |
| | 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..
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1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
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Business Reason

To attend staff engagement meetings at SouthPort Tower. Staff were required to meet with me in person.

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O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: TIFFANY ASKE Tel: 780-425-8611

To: ALBERTA HEALTH SERVICES
[REDACTED] NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: May 22, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For: [REDACTED]
MR JITENDRA PRASAD
AC [REDACTED]

Monday, June 16, 2014


 Air

AIR CANADA
From: EDMONTON INTL AB
To: TORONTO PEARSON
Stops: 0
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT [REDACTED]

Flight: 1160 G CLASS
10:05 AM Equipment: A320
03:45 PM

Mile(s) Flown: 1676

Tuesday, June 17, 2014

 Air

AIR CANADA
From: TORONTO PEARSON
To: EDMONTON INTL AB
Stops: 0
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT [REDACTED]

Flight: 157 G CLASS
06:40 PM Equipment: A320
08:44 PM

Mile(s) Flown: 1676

Cost: [REDACTED]
AIR CANADA WEB [REDACTED]

TKT- [REDACTED]

| | |
|---------------|--------|
| [REDACTED] | 711.00 |
| Tax: | 64.96 |
| Ticket Total: | 775.96 |
| [REDACTED] | 10.00 |

To: ALBERTA HEALTH SERVICES
[REDACTED] NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: May 22, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

| | |
|---------------------------------------|--------|
| Grand Total: | 785.96 |
| Less Credit Card Payments: | 785.96 |
| Credit / Balance Due To This Invoice: | 0.00 |
| Total Balance Due: | 0.00 |

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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 GS1 Canada Carenet Healthcare Sector Board Meeting June 16 to June 17, 2014.
Meeting held in Toronto.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: TIFFANY ASKE Tel: 780-425-8611


To: ALBERTA HEALTH SERVICES
[REDACTED], NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: June 5, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For [REDACTED]
MR JITENDRA PRASAD
AC [REDACTED]

Monday, June 16, 2014

 Air

AIR CANADA
From: EDMONTON INTL AB
To: TORONTO PEARSON
Stops: 0

AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT [REDACTED]

Flight: 1160 G CLASS
10:05 AM Equipment: A320
03:45 PM

Mile(s) Flown: 1676

Tuesday, June 17, 2014

 Air

AIR CANADA
From: TORONTO PEARSON
To: EDMONTON INTL AB
Stops: 0

AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT [REDACTED]

Flight: 159 G CLASS
08:55 PM Equipment: 321
10:59 PM

Mile(s) Flown: 1676

Cost: [REDACTED]

AIR CANADA WEB [REDACTED]

50.00

To: ALBERTA HEALTH SERVICES
[REDACTED] NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: June 5, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

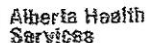
Total:

| | |
|---------------------------------------|-------|
| Grand Total: | 50.00 |
| Less Credit Card Payments: | 50.00 |
| 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
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CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
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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 GS1 Healthcare Sector Board meeting held in Toronto June 16 and 17, 2014. Required to change return flight on June 17 due to teleconference with Vickie Kaminski, President and CEO.



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 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: Jilendra Prasad | | Position (Title): Chief Program Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location: SSP | | Dept: CPSM | | DOFA Level: [] (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Union: | | Business Phone #: [] Ext: [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee # (E-People): 01045579 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION E: FINANCE CODING & TOTAL CLAIM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____ Project Task Number _____ Expenditure Type _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5" style="text-align: left; padding: 5px;">Total - Section B: Travel - Pg 2</th> <th colspan="5" style="text-align: left; padding: 5px;">Total - Section C&D: Other & Foreign Expenses - Pg 3</th> <th colspan="2" style="text-align: left; padding: 5px;">TOTAL REIMBURSEMENT</th> </tr> <tr> <th>Pg</th><th>Bal Unit</th><th>Location</th><th>Functional Centre (FC)</th><th>Total Expense</th> <th>Bal Unit</th><th>Location</th><th>Functional Centre (FC)</th><th>Secondary/Expense</th><th>Total Expense</th> <th>Total Section B</th><th></th> </tr> </thead> <tbody> <tr> <td>2A</td><td>101</td><td>0006</td><td>71135050000</td><td>\$378.44</td> <td></td><td></td><td></td><td></td><td></td> <td>Total Section C&D</td><td>\$378.44</td> </tr> <tr> <td>2B</td><td></td><td></td><td></td><td>410.79</td> <td></td><td></td><td></td><td></td><td></td> <td>Less Cash Advance</td><td></td> </tr> <tr> <td>2C</td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> <td>TOTAL CLAIM</td><td>\$378.44</td> </tr> <tr> <td>2D</td><td></td><td></td><td></td><td>410.79</td> <td></td><td></td><td></td><td></td><td></td> <td></td><td>410.79</td> </tr> <tr> <td></td><td></td><td></td><td></td><td>\$378.44</td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td> </tr> </tbody> </table> | | | | | 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 | | 2A | 101 | 0006 | 71135050000 | \$378.44 | | | | | | Total Section C&D | \$378.44 | 2B | | | | 410.79 | | | | | | Less Cash Advance | | 2C | | | | | | | | | | TOTAL CLAIM | \$378.44 | 2D | | | | 410.79 | | | | | | | 410.79 | | | | | \$378.44 | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2A | 101 | 0006 | 71135050000 | \$378.44 | | | | | | Total Section C&D | \$378.44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2B | | | | 410.79 | | | | | | Less Cash Advance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2C | | | | | | | | | | TOTAL CLAIM | \$378.44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2D | | | | 410.79 | | | | | | | 410.79 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | \$378.44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: This section auto fills from page 2A, 2B, 2C & 2D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION F: AUTHORIZATION I attest that I have read and understand the Terms of Conditions and Spending Rules of the Alberta Health Services Expense Policy, Document # 1122, of which I am a member and all expenses being claimed are in compliance with said policy. I attest that the expenses submitted hereon are legitimate business purposes for Alberta Health Services and that they have not been previously claimed by me or any other person at Alberta Health Services or any other organization. I attest that no duplicate claims have been submitted for these expenses under any other name, number or title and that I am submitting and claiming as provided above. By signing this form, I agree that I am responsible for the accuracy of the above statements. Employee Signature: <u>[Signature]</u> Date: <u>JUN 23 2014</u> Approved claim forms must be sent by the approver directly to Accounts Payable for processing. Approved By (PRINT ONLY): _____ DOFA Level _____ Position # _____ Phone # _____ Ext _____ Signature: _____ Title _____ Date _____ I attest that I have read and understand the Terms of Conditions and Spending Rules of the Alberta Health Services Expense Policy, Document # 1122, of which I am a member and all expenses being claimed are in compliance with said policy. I attest that the expenses submitted hereon are legitimate business purposes for Alberta Health Services and that they have not been previously claimed by me or any other person at Alberta Health Services or any other organization. I attest that no duplicate claims have been submitted for these expenses under any other name, number or title and that I am submitting and claiming as provided above. Approved By (PRINT ONLY): Deborah Rhodes DOFA Level [] Position # [] Phone # [] Ext [] Signature: <u>Deborah Rhodes</u> Title: <u>Acting CFO</u> Date: <u>June 25/14</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Health and Personal Information on this form is collected by AHS under the authority of section 20(1) of the Health Information Act (HIA) and sections 33(1) 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

EXPENSE CLAIM DETAILS

Page 2A

| 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 Host/ally, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C | | | | | | | | | | | | | | | | | |
| Select from dropdown (column: Prov) where expenses were incurred (Out of N.A. = Inter). Ensure separate lines are used for 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.A. 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 value | Allowance | Meal Type | with receipt | | | | | | | | | |
| 4-Jun-14 | Return travel to Calgary - taxi from residence to Edmonton Airport <i>To attend staff engagement meeting</i> | AB | Meeting | No | LD-\$32.35 | \$32.35 | | | | | \$47.98 | | | | | | |
| 4-Jun-14 | Taxi from Calgary Airport to Southport Office <i>Same as above</i> | AB | Meeting | Yes | | | | | | | \$59.73 | | | | | | |
| 4-Jun-14 | Taxi from Calgary Airport to Calgary Airport <i>Same as above</i> | AB | Meeting | Yes | | | | | | | \$46.00 | | | | | | |
| 4-Jun-14 | Taxi from Edmonton Airport to residence <i>Same as above</i> | AB | Meeting | Yes | | | | | | | \$53.50 | | | | | | |
| 16-Jun-14 | Return flight to Toronto - taxi from Toronto Airport to Hotel <i>To attend GSI Can. Carenet meeting</i> | ON | Meeting | Yes | | | | | | | \$80.00 | | | | | | |
| 17-Jun-14 | Taxi from GSI Office to Toronto Airport <i>Same as above</i> | ON | Meeting | Yes | | | | | | | \$61.25 | | | | | | |
| 17-Jun-14 | Short term parking at Edmonton Airport June 16 to 17, 2014 <i>Same as above</i> | AB | Meeting | Yes | | | | | | | \$50.00 | | | | | | |
| SUBTOTALS | | | | | | \$32.35 | | | | | \$378.44 | | | | | | |
| 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 | | \$378.44 | | 440.79* | | | | | |
| | | | | | | | | Auto fills on page 1 - TOTAL TRAVEL \$ | | \$378.44 | | 440.79 | | | | | |
| 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) Attended several business meetings including Surgery Executive meeting which requires in-person attendance. | | | | | | | | | | | | | | | | | |

June 4th Trip to
Calgary, Southport

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6N-1C2
780-462-3436

Term Id: 45024124782314
Item #: 0494
PURCHASE
De Id: 500000
Card #: [REDACTED]
AID: [REDACTED]

APPROVED

| | |
|--------|------------|
| AMOUNT | CAD\$43.60 |
| TIP | CAD\$4.36 |
| ===== | |
| TOTAL | CAD\$47.96 |

Ref. #: C
Auth. #: 045040
Resp. Code: 00
TUR: [REDACTED]
TSI: [REDACTED]

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

GST 100403070

Date: 2014/06/04 Time: 07:31:48

Taxi from residence
to Edmonton Airport

ASSOCIATED CAB
404-35 AVENUE NE T2E2K7
CALGARY AB
22143180

|||| PURCHASE ||||

06-04-2014 10:29:17
Acct # [REDACTED]
Exp Date [REDACTED] Card Type [REDACTED]
Name: JITENDRA PRASAD
[REDACTED]
Trace # [REDACTED]
Inv. # [REDACTED]
Auth # [REDACTED] RRR 00100140Z

| | |
|----------|---------|
| Purchase | \$54.30 |
| Tip | \$5.43 |
| Total | \$59.73 |

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

Date: 2014/06/04 Time: 07:31:48

Taxi from Calgary
Airport to Southport
Office.

June 4th 2014
Cont'd...

* TRANSACTION RECEIPT *

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

Taxi Service

TYPE: [REDACTED]
CARD: [REDACTED]
EXP: [REDACTED]
DATA: SWIPED
TerminalID: [REDACTED]
DATE: 2014/06/04 16:56:28
AUTH: [REDACTED]
IFID: [REDACTED]
DRV: [REDACTED]
VEH: [REDACTED]
GST: 839254745
Meter Start Time:
16:20:57
Meter Stop Time:
16:55:35
Distance: 22.0 Km
FARE 1: \$ 39.52
FLAT: \$ 0.00
TAX: \$ 1.98
TOTAL FARE: \$ 41.50
PAYMENT AMOUNT: \$ 41.50
TIP: \$ 4.50

TOTAL PAYMENT: \$ 46.00
Purchase Auth Complete
Cardholder Copy

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

Term Id: 45024124782621

Item #: 1812

PURCHASE

Op Id: 3

Card #: [REDACTED]

ATO: [REDACTED]

APPROVED

| | |
|--------|------------|
| AMOUNT | CAD\$49.00 |
| TIP | CAD\$4.90 |
| ===== | |
| TOTAL | CAD\$53.90 |

Ref. #: [REDACTED]

Auth. #: [REDACTED]

Resp. Code: 00

TUR: [REDACTED]

TSI: F800

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

GST 100403070

Date: 2014/06/04 Time: 23:35:22

Taxi from Southport
to Calgary Airport

Taxi from Edmonton
Airport to residence

June 16 - June 17, 2014
Travel to Toronto
via PSI Canada Council
Health Services MCA.

A-1 AIRLINE TAXI AND VAN FLEET
5225 ORBITER DR. UNIT 18
MISSISSAUGA, ON
CAN/62
416-756-1516

Term ID: 06518177

Purchase

[REDACTED]

Entry Method: C

Amount: \$ 54.00

Tip: \$ 6.00

Total: \$ 60.00

2014/06/16 16:26:09

Seq #: [REDACTED]

Appr Code: [REDACTED]

Resp Code: 01/027

[REDACTED]
A7 1B 76 59 B9 E2 DD E1
00 00 00 00 00
F8 00
7A 3A 1F 2A 56 02 3C 1E

APPROVED
Thank You

Customer Copy

- IMPORTANT -
retain this copy for your records

taxi from Toronto
Airport to Warden
Prince Hotel.

DIAMOND TAXI
251 QUEEN ST EAST
TORONTO ON
CAB 3455

Term ID: PS421242

Invoice # [REDACTED]
PURCHASE

App Label: VISA CREDIT

AID: [REDACTED]

TUR: [REDACTED]

TSI: F800

Card #: [REDACTED]

00 APPROVED 001

AMOUNT \$55.25

TIP \$6.00

TOTAL \$61.25

By entering a verified PIN, cardholder
agrees to pay issuer such total in
accordance with issuer's agreement
with cardholder

Ref. #: [REDACTED]

Entry Method: C

Auth. #: [REDACTED]

Date: 2014/06/17 Time: 03:05P

taxi from Cwi Office
1500 Dan Mills Road
to Toronto Airport.

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

Exit Lane 18/06/14 00:03
Receipt [REDACTED]

Short-term parking tkt
NL - Nc. 028012
16/06/14 08:42 -
18/06/14 08:41 -
Period 2d0h0'
(Tax) \$50.00

Total \$50.00

Payment Received
[REDACTED] \$50.00

Merch: [REDACTED]
Auth: [REDACTED]
Type: [REDACTED]

Sub Total \$47.62
tax 5% 2.38

Short-term parking
from June 16 - 17, 2014
at the Edmonton
Airport.