

## Official Administrator and Executive Expense Report

**Name** Kerry Bales

**Title** SVP, Central Zone

**Location** Red Deer

Expenses submitted during the month of February 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)
Feb-14	P-Card	Meetings				6	6			
Feb-14	Expense Claim	Meetings				46	46			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 52	\$ 52	\$ -	\$ -	\$ -

**Total for the Month** \$ 52

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

# TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

**SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)**

\* Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system  
 \* Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system  
 \* If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 21-Jan-14 To 21-Feb-14  
 Travel Period from: To  
 Out-of-Province Travel

Name: Kerry Bales Position (Title): SVP, Central Zone  
 Location: Red Deer Dept: Corporate Administration DOFA Level: (if applicable) Union: Business Phone #: Ext:  
 Employee # (E-People):

**SECTION E: FINANCE CODING & TOTAL CLAIM**

CAPITAL PROJECT CODING ONLY → Project Number Expenditure Organization Project Task Number 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	Total Section C&D	
2A	101	0007	71110100064	\$46.46						\$46.46		
2B												
2C												
2D												
				\$46.46								

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

NOTE: These fields do not automatically fill for Section C & D

\*\*\*User to enter Coding & \$ Amounts

TOTAL CLAIM \$46.46

**SECTION F: AUTHORIZATION**

I certify that I have read and understood the Travel, Hospitality and Working Session Expense Policy (1102) of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.  
 I certify 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.  
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise reasonable and supporting analysis is provided above.

Employee Signature: Date: 2014 March 10

Approved By (PRINT ONLY): Brenda Huband DOFA Level: Position #: Phone #: Ext: Date: 2014 March 10

Signature: Title: Approved By (PRINT ONLY): DOFA Level: Position #: Phone #: Ext: Date:

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(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act respectively for the purpose of administering AHS Procedure to Pay program

## EXPENSE CLAIM DETAILS

Enter Finance Coding		101 0007 71110100064	Emp # (E-People)		[REDACTED]		Page 2A					
If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip. <b>DO NOT</b> separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.												
<b>SECTION B: TRAVEL EXPENSES</b> <span style="float:right">NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C</span>												
Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter'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 <b>REQUIRED</b> . If you select "No" in this column, Further Explanation is <b>REQUIRED</b> 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? 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			
24-Jan-14	Return travel from Red Deer to Sylvan Lake - FCC/AH Meeting	AB	Meeting	Yes								46.00
21-Jan-14	Return travel from Red Deer to Sylvan Lake - FCC Meeting	AB	Meeting	Yes								46.00
<b>SUBTOTALS</b>												Total Kms 92.00
<b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> -- 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 \$0.605 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)			\$0.505		
							Mileage \$			\$46.46		
							Travel \$ Subtotal					
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3							Auto fills on page 1 - TOTAL TRAVEL \$			\$46.46		
<b>Rationale is Required for expenses that are not Cost Effective</b> (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)												

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>Cardholder AND Approver's signatures required where indicated below</li> </ul>			
BALES, KERRY	SENIOR VICE PRESIDENT	Billing Reporting Period	20/02/2014
Cardholder's Name	Cardholder's Position/Title		
CENTRAL ZONE	AHS MICHENER BEND	Total Statement Amount:	\$6.00
Cardholder's Dept	Cardholder's Site/Location		
KERRY.BALES@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #	██████████
Cardholder's e-mail address			

Transactions without Receipts or supporting documentation								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/01/2014	340831769	AHS PARKING, HOSPITALS	6.00	CAD	6.00	22		Meeting Red Deer Regional

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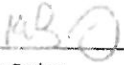
<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement: <ul style="list-style-type: none"> <li>I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.</li> </ul>		
<u>Name of Cardholder Designate</u>	<u>Cardholder Designate Position/Title</u>	
<u>Signature of Cardholder Designate</u>	<u>Date of Signature</u>	
<b>Cardholder</b> By signing this statement: <ul style="list-style-type: none"> <li>I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>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. A personal cheque for any personal expenses inadvertently charged is attached.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>BALES, KERRY</u> <u>Name of Cardholder</u>	<u>SENIOR VICE PRESIDENT</u> <u>Cardholder Position/Title</u>	
<u>[Signature]</u> <u>Signature of Cardholder</u>	<u>2014/3/07</u> <u>Date of Signature</u>	
<b>Approver Designate (if Applicable)</b> By signing this statement: <ul style="list-style-type: none"> <li>I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>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. A personal cheque for personal expenses inadvertently charged has been obtained.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Name of Approver Designate</u>	<u>Approver Designate Position/Title</u>	
<u>Signature of Approver Designate</u>	<u>Date of Signature</u>	
<b>Approver</b> By signing this statement: <ul style="list-style-type: none"> <li>I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>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. A personal cheque for personal expenses inadvertently charged has been obtained.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Brenda Hubbard</u> <u>Name of Approver</u>	<u>Chief Executive Officer</u> <u>Approver Position/Title</u>	
<u>[Signature]</u> <u>Signature of Approver</u>	<u>2014 March 07</u> <u>Date of Signature</u>	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> <li>And where applicable:               <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>		<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____


ATTESTATION OF MISSING RECEIPTS

Re: Parking fee of 6.00 on 2014 Jan 23

Parking for Red Deer Regional -- Obstetrical Expansion. It is a valid expense.

Parking machine not working, no receipt printed.

  
\_\_\_\_\_  
Kerry Bales  
SVP, Central Zone

  
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Brenda Huband  
South, Vice President / COO

2014 March 07