

Official Administrator and Executive Expense Report

Name Martin Harvey
Title Official Administrator Committee Member
Location Edmonton
 Expenses submitted during the month of January 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-14	Expense Claim	Meetings				94	94			
Total			\$ -	\$ -	\$ -	\$ 94	\$ 94	\$ -	\$ -	\$ -

Total for the Month \$ 94

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ -
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

Name:	Martin Harvey	Vendor# (if known)		Expense Period Month:	Jan/Feb 2014
Address:		City:	Okotoks	Province:	AB
Postal Code:		Country:		Phone #:	
Reason for Expense &/or Business Case					

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/O rg	Location (if applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300004	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300004	62212000	\$92.68
Other (D)	101	0005	71110300004	41090000	\$0.00
TOTAL PAYMENT					\$92.68

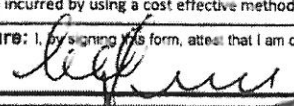
Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 3: AUTHORIZATION

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.

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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

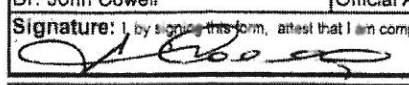
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Martin Harvey		Feb 7 2014	

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.

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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved by (Print Name)	Position Title/Program Group	Date	Phone#
Dr. John Cowell	Official Administrator	Feb. 24/14	

Signature: I, by signing this form, attest that I am compliant with all the above statements	DOFA Level	Position#
		

- 1) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- 2) 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 Precure to Pay program. For more information, questions or concern about the collection, use or disclosure of your health personal information, please contact Mark Paika, Director Accounts Payable at 780-735-0506 or email: Mark.Paika@albertahealthservices.ca

For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste

Carry forward from Section 1

Name:	Martin Harvey	Vendor# (if known)		Expense Period Month:	Jan/Feb 2014
-------	---------------	-----------------------	--	--------------------------	--------------

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 above

SECTION 4A: OFFICIAL ADMINISTRATOR & COMMITTEE MEMBER - TRAVEL EXPENSE CLAIM

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
29-Jan-14	Human Resources Advisory Committee							\$12.00		68
5-Feb-14	Human Resources Advisory Committee							3 \$12.00		68

OA COMMITTEE MEMBER Mileage Rate	0.505	Total Mileage	\$ 68.68
----------------------------------	-------	---------------	----------

For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCosta

E UP

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

PL

ALBERTA HEALTH SERVICES

SPT-1 GST R124072513

EXPIRES

29 JAN 14

03:44 PM PAID \$ 12.00C

ENTRY TIME 29 JAN 14 12:44 PM

E BORD

EXPIRES

29 JAN 14

03:44 PM

PAID

\$ 12.00C

RECEIPT

SPACE 12

PLACER SUR LE TABLEAU DE BORD
CE CÔTÉ VISIBLE

DASH FACE UP

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

ALBERTA HEALTH SERVICES

SPT-1 GST R124072513

EXPIRES

06 FEB 14

12:48 PM PAID \$ 13.00C

ENTRY TIME 05 FEB 14 12:48 PM

TABLEAU DE BORD
E VISIBLE

CE CÔTÉ VISIBLE

EXPIRES

06 FEB 14

12:48 PM

PAID

\$ 13.00C

RECEIPT

SPACE 28

PLACER SUR LE TABLEAU DE BORD
CE CÔTÉ VISIBLE