

## Board and Executive Expense Report

**Name** Michael Long  
**Title** SVP & Chief Information Officer  
**Location** Calgary  
 Expenses submitted during the month of October 2012

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
October 2012	Expense Claim	Various meetings	424	21	181	424	1,050			
<b>Total</b>			424	21	181	424	1,050	-	-	-

**Total for the Month** 1,050

Maximum meal expense claimed in the month \$ 21  
 Maximum daily hotel rate claimed in the month \$ 165  
 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 & HOSTING EXPENSE CLAIM

**SECTION A: Employee Details (for AHS Staff ONLY)**

Travel Period from: 15-Oct-12 to 16-Oct-12

- 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 Michael Long	Position (Title) SVP and CIO	Employee # (E-People) [REDACTED]	Employee # (Legacy)
Location Quarry Park	Dept IT	Union	Business Phone # [REDACTED] Ext Out-of-Province Travel no
What is your former legacy region (prior to AHS consolidation)?		Please click in cell and select from dropdown menu → Calgary Health	

**SECTION E: Finance Coding & Total Claim**

<b>CAPITAL PROJECT CODING ONLY →</b>	Project Number _____	Project Task Number _____
	Expenditure Organization _____	Expenditure Type _____

Total - Section B: Travel - Pg 2				
Pg	Bal Unit	Location	Functional Centre (FC)	Total
2A	101	0005	7112500069	\$519.95
2B				
2C				
2D				
				\$519.95

Total - Section C&D: Other & Foreign Expenses - Pg 3				
Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total

TOTAL REIMBURSEMENT	
Total Section B	\$519.95
Total Section C&D	
Less Cash Advance	
<b>TOTAL CLAIM</b>	<b>\$519.95</b>

\*\*User to enter Coding & \$ amounts  
NOTE: These fields do not automatically fill for Section C&D

**SECTION F: Authorization**

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made.  
Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Heather Burdeyney Phone # [REDACTED] Ext

I hereby acknowledge that I have read the "Travel, Hospitality and Hosting Expense Policy" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy.  
I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature *[Signature]* Date Nov 1/2012

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04).  
Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Bill Trafford DOFA Level 2B Position # [REDACTED] Phone # [REDACTED] Ext

Signature *[Signature]* Title EVP & Chief Development Officer Date

Approved By (PRINT ONLY) DOFA Level Position # Phone # Ext

Signature Title Date

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Polke, Director Accounts Payable at 780-735-0500 or email: Mark.Polke@albertahealthservices.ca



**EXPENSE CLAIM DETAILS**

Enter Finance Coding

101 • 0005 • 71125000069

Emp # (E-People)

Emp # (Legacy)

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, **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 relocation, continuing education, business insurance), go to SECTION C

Select from dropdown menu (column Province) 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.

Date dd-mmm-yy	Purpose of Travel 55 characters maximum (length of shaded area)	Province, US, or Out of N.America	What is travel related to?	Meal (Select type from dropdown)			Airfare Bus/LRT Parking	Hotel	Rental Car	Taxi	Fuel	Mileage (km)	
				Type	w/receipt	w/o receipt or per diem							
(1) 16-Oct-12	IMTS Exec In person PHP-MHA Demo	AB	Meeting					\$181.01					
(2) 16-Oct-12	IMTS Exec In person PHP-MHA Demo	AB	Meeting				\$22.00						
(2) 16-Oct-12	IMTS Exec in person PHP-MHA Demo	AB	Meeting									627.60	
<b>SUBTOTALS</b>							\$22.00	\$181.01					Total Kms 627.60

**MEAL PER DIEM RATES**

B = Breakfast = \$10 L = Lunch = \$12 D = Dinner = \$21 A = ALL MEALS = \$43  
BL = Breakfast & Lunch = \$22 BD = Breakfast & Dinner = \$31 LD = Lunch & Dinner = \$33

Enter \$0.505 OR rate per Union Agreement

\$0.505

Mileage \$

\$316.94

Travel \$ Subtotal

\$203.01

Enter on page 1 TOTAL TRAVEL \$

\$519.95

Note, total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form

The Westin Edmonton  
10135 100 St  
Edmonton, AB T5J 0N7  
Canada  
Tel: 780-426-3636 Fax: 780-428-1454

Michael Long

[REDACTED]

Email: [REDACTED]

Page Number : 1 Invoice Nbr: [REDACTED]  
Guest Number: 707721 Arrive Date: 15-OCT-12 23:25  
Folio ID : A Depart Date: 16-OCT-12 07:43  
No. Of Guest: 1  
Room Number : 302  
Room Rate : 165.00  
Club Account: [REDACTED]

Tax Invoice

Tax ID: 861336493RT0005  
The Westin Edmonton 16-OCT-12 07:43 TAZMBI

Date	Reference	Description	Charges	Credits
15-OCT-12	RT302	Govt PKG	165.00	
15-OCT-12	RT302	Room Revenue	14.01	
[REDACTED]				
16-OCT-12	MC	Mastercard		-181.01
		** Total	207.01	-207.01
		*** Balance	0.00	

[REDACTED]

Continued on the next page

The Westin Edmonton  
10135 100 St  
Edmonton, AB T5J 0N7  
Canada  
Tel: 780-426-3636 Fax: 780-428-1454

Michael Long

[REDACTED]

Email: [REDACTED]

Page Number : 2 Invoice Nbr: [REDACTED]  
Guest Number: 707721 Arrive Date: 15-OCT-12 23:25  
Folio ID : A Depart Date: 16-OCT-12 07:43  
No. Of Guest: 1  
Room Number : 302  
Room Rate : 165.00  
Club Account: [REDACTED]

EXPENSE SUMMARY REPORT

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other
15-OCT-12	0.00	7.01	5.61	0.00	0.00	166.39
16-OCT-12	0.00	0.00	0.00	2.00	0.00	0.00
Total	0.00	7.01	5.61	2.00	0.00	166.39

Date	Total	Payment
15-OCT-12	179.01	0.00
16-OCT-12	2.00	-181.01
Total	181.01	-181.01

	A	B	C	D	E	F	G	H	I	J
1	<b>Michael Long - No Receipt Claims</b>									
2	<b>Date</b>	<b>Destination</b>	<b>KM</b>	<b>Parking</b>	<b>Meals</b>	<b>Other</b>	<b>Explanation of Missing Receipt</b>			
3	Oct-15	Calgary Quarry Park to Edmonton Westin	308							
4	Oct-16	Edmonton Westin to Glen Sather Clinic	5.2							
5	Oct-16	Glen Sather to CN Tower	5.4							
6	Oct-16	Parking - Glenn Sather		\$15.00			Receipt printer malfunction - <del>MS</del>			
7	Oct-16	Parking - CN Tower		\$7.00			Street side meter - <del>MS</del>			
8	Oct-16	CN tower to Calgary Quarry Park	309							
9		<b>Total</b>	627.6	\$22.00						
10										
11										
12										
13										
14	<b>Michael Long CIO/SVP</b>						<b>Date</b>			

+ mileage  
+ Parking (Cash)  
\$15.00 - Edmonton Clinic  
\$7.00 - CN Tower





### TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

AHS - Edmonton  
 Accounts Payable  
 OCT 30 2012  
 RECEIVED

**SECTION A: Employee Details (for AHS Staff ONLY)** Travel Period from: 4-Oct-12 to 4-Oct-12

- 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 Michael Long	Position (Title) SVP and CIO	Employee # (E-People) [REDACTED]	Employee # (Legacy)
Location Quarry Park	Dept IT	Union	Business Phone # [REDACTED] Ext [REDACTED] Out-of-Province Travel no
What is your former legacy region (prior to AHS consolidation)?		Please click in cell and select from dropdown menu Calgary Health	

**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	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total		
2A	101	0005	71125000069	\$530.06						Total Section B	\$530.06
2B										Total Section C&D	
2C										Less Cash Advance	
2D										<b>TOTAL CLAIM</b>	<b>\$530.06</b>
				\$530.06							

\*\*User to enter Coding & \$ amounts  
NOTE: These fields do not automatically fill for Section C&D

**SECTION F: Authorization**

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made. Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Heather Burdayney Phone # [REDACTED] Ext [REDACTED]

I hereby acknowledge that I have read the "Travel, Hospitality and Hosting Expense Policy" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy. I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature *[Signature]* Date Oct 13/12

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Bill Trafford DOFA Level 2B Position # [REDACTED] Phone # [REDACTED] Ext [REDACTED]

Signature *[Signature]* Title EVP & Chief Development Officer Date Oct 24, 2012

Approved By (PRINT ONLY) \_\_\_\_\_ DOFA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Pelka, Director Accounts Payable at 780-735-6500 or email: Mark.Pelka@albertahealthservices.ca





Michael Long - Expense Receipts

= TRANSACTION RECEIPT =

ALBERTA COOP (A):  
10539 - 114 ST  
EDMONTON, AB T5H 0A7  
(780) 425-2525

ACCT TYPE: CREDIT CARD  
CARD NUMBER:

CARD TYPE: MC  
DATE/TIME:  
12/10/04 08:17:31  
AUTH#: 103819

DRV: 0231 1433  
D: 842927

#1

Rece  
FA: \$ 1.00  
TAX: \$ 2.56  
FA+FL+EX+TAX: \$ 6.00  
TIP: \$ 0.00  
DISCOUNT: \$ 0.00  
TOTAL: \$ 6.00  
SIGNATURE:

Receipt #

① = Taxi = \$60.00 ✓

#2

+ Dinner

\$21.00

Oct 4 Edmonton.

Receipt #

② Dinner = \$21

Destination: Edmonton. Provincial Senior Leadership Meeting

Date From: Oct. 4/2012

Date To: Oct 4/2012

Notes

#3 Attached.

WestJet.

To: \$207.43

#7 Form: \$216.43

WestJet.



eTicket Receipt

Prepared For  
LONG/MICHAEL MR

WESTJET RESERVATION CODE	YZFDAF
ISSUE DATE	02Oct2012
TICKET NUMBER	8382184707431
ISSUING AIRLINE	WESTJET
ISSUING AGENT	WestJet/SSW
FREQUENT FLYER NUMBER	[REDACTED]

#3

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
04Oct	WESTJET WS 165	CALGARY INTL AB, CANADA  Time 7:00am	EDMONTON INTL AB, CANADA  Time 7:47am	Seat Number CHECK-IN REQUIRED Baggage Allowance 1PC Booking Status USED TO FLY Fare Basis QAR Not Valid Before 04 OCT Not Valid After 04 OCT

Payment/Fare Details

Form of Payment	CREDIT CARD - [REDACTED]
Endorsement / Restrictions	NONREF - FEE FOR CHG/CXL
Fare Calculation Line	YYC WS YEA162.00QAR CAD162.00END
Fare	CAD 162.00
Taxes/Fees/Carrier-Imposed Charges	CAD 7.12 CA1 (CANADA AIR SECURITY CHARGE - SUBJECT TO GST)  CAD 10.31 XG (GST FOR CANADA EXCEPT ON/BC/NS/NF/NB/QC)  CAD 25.00 SQ (AIF - CANADA EXCEPT ON/BC/NS/QC/NB/NF)  CAD 3.00 YQF (SERVICE FEE - FUEL)

207.43

CAD 9.00 YQI (SERVICE FEE - INSURANCE)  
Total Fare CAD 216.43

**Positive identification required for airport check in**


**Notice:**

**Thank you for choosing WestJet**

**QST # 1202807956TQ0001 GST # 866112535**

- We look forward to welcoming you on board your upcoming WestJet flight. If you're travelling with one of our [airlines partners](#) as part of your WestJet booking, you'll want to familiarize yourself with the other airline's policies and restrictions as they may be different from ours. Generally, the most restrictive guidelines will apply.
- Positive identification is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in the cancellation of the return segment or remaining segments. The fare paid for these segments will be forfeited and compensation will not be issued.
- For information on baggage limits, identification and rules of carriage, please [click here](#).
- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our [contact us](#) page and select the give feedback tab. You may also send us a letter at: WestJet Campus, Attention Guest Relations, 22 Aerial Place N.E. Calgary, Alberta Canada T2E 3J1.

  
[Important Legal Notices](#)

  
[Get Adobe Reader®](#)



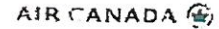
Search Select Review Passengers Purchase Seats Itinerary

**Itinerary/Receipt**



Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

**Booking Information**



Booking Reference: **NQK8FR**

**Customer Care**

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Air Canada  
1-888-247-2262

Main Contact:  
Mr Michael Long

Flight Arrivals and Departures  
1-888-422-7533

**Flight Itinerary**

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8171 <sup>1</sup>	Edmonton, Edmonton Int'l (YEG) Thu 04-Oct 2012 18:30	Calgary (YYC) Thu 04-Oct 2012 19:22	0	0hr52	DH3	Tango, N	

Operated by:  
<sup>1</sup> Air Canada Express - Jazz

#4

**Passenger Information**

1: Mr Michael Long : Adult (16+), Ticket Number: 014211297

Air Canada - Aeroplan: [Redacted]  
Payment Card: [Redacted]  
Seat Selection: None

Meal Preference: None  
Special Needs: None

**Purchase Summary**

Fare Summary	
Passenger Type	Adult
Departing Flight - Tango	162.00
Surcharges	12.00
<b>Taxes, Fees and Charges</b>	
Canada Airport Improvement Fee	25.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	10.31
Air Travellers Security Charge (ATSC)	7.12
Total airfare and taxes before options (per passenger)	216.43
Number of passengers	1
RBC Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$216.43</b>

The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$216.43 (Airfare - per ticket)

Ticket number(s): 014211297

**Fare Rules**

Departing Flight Edmonton (YEG) To Calgary (YYC) - Tango

- Changes:**
  - Prior to day of departure - Change fee per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference. Changes can be made up to 2 hours prior to departure.
  - Airport same-day changes are subject to availability and are permitted only for same-day flights at a fee of \$150 CAD/USD per direction, per passenger, except for passengers travelling on a flight

Michael Long - Expense Receipts

**RECEIPT**  
**GST NO. R122556194**

EXIT No. 42  
IN: 10/24/12 05:53  
OUT: 10/24/12 19:34  
DURATION: 0 13: 41  
PAID: \$ 25.28  
(GST INCLUDED)  
MASTERCARD  
[REDACTED]  
AUTH. CODE [REDACTED]  
REF. 64  
THANK YOU FOR  
YOUR VISIT

5

Calgary International Airport Parkade

Receipt # 5 Parking # 25.20 Airport

Receipt #

Receipt # Sonnet

Receipt #

Destination: Edmonton Provincial Recorders

Date From: Oct 4/2012

Date To: Oct 4/2012

Notes