

Board and Executive Expense Report

Name

Michael Long

Title

SVP & Chief Information Officer

Location

Calgary

Expenses submitted during the month of January 2013

					Travel (1)							
Source Date Document Purpose	Airf	are	Meal	S	Accommodation	her avel	Tota Trav		Professional Development (2)	Ho	Working Sessions sting and ospitality (3)	Other (4)
January Expense Claim Various meetings 2013				32		319		351				
Total	\$	-	\$	32	\$ -	\$ 319	\$	351	\$ -	- \$	-	\$
Total for the Month \$ 351												
Maximum meal expense claimed in the month Maximum daily hotel rate claimed in the month Non economy air travel in the month	\$ \$ \$	32 - -										

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







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 Expense Date From: Jan 1 2013 To Jan 21 2013										
									(if applicable)	
e If you are a new employee and your payroll is E-People you will only have an Employee # (E-People) Out-of-Province Travel No										
Name: Michael Long Position (Title): CIO/SVP										
Location: Quarry Park Dept: Information Technology DOFA Level: 3b (# applicable) Union: Business Phone #: Ext:										
Employee # (E-People): Employee # (REQUIRED # prior to E-People migration):										
SECTION E: FINANCE CODING & TOTAL CLAIM										
CAPIT	AL PROJECT	CODING ONLY →	Project Nu	mber			Projec	ct Task Number		
CAPIT	AL PROJECT	CODING ONLY	Expenditure 0	Organizatio	n	•	_	Expenditure Type		
	Total - S	ection B: Travel - I	Pg 2	Tot	al - Section	C&D: Other & F	oreign Expe	enses - Pa 3		
D. B.	al	Functional Centre Total Superioral Constant Total						-	TOTAL REIMBL	RSEMENT
Pg Ur	Location	(FC)	Expense	Bal Unit	Location	Centre (FC)	Expense	Expense	Total Section B	\$351.65
2A 10	1 0005	71125000069	\$351.65						Total Section C&D	
2B									Less Cash Advance	
2C										
2D						1100			TOTAL CLAIM	\$351.65
			\$351.65		"User to er	nter Coding & \$ amo	ounts			
NOT	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										
If applicable, <u>print</u> the name of the person (<u>other than claimant</u>) that prepared the claim along with phone number so if there are any questions contact can be easity made. Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.										
Claim Beanned by (2011) Only Only Only Only Only Only Only Only										
I hereby acknowledge that I have read the "Travel, Hospitality and Working Session Expenses Policy" of Alberta Health Services and hereby confirm that the expenses claimed are in complicated with any builty and the expenses of the complicated with any builty and the expenses of the complicated with any builty and the expenses of the complicated with any builty and the expenses of the complication of the complication of the complication of the complex o										
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: Date D Z 0/2013										
I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s 1118, 1122).										
Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing. Approved By (PRINT ONLY): Bill										
Signature: DOFA Level 2b Position # Phone # Ext Title EVP and Chief Development Officer Date Scv. 29, 20, 3										
Approved	Approved By /PRINT ONLY!									
Signature						Title			Date	Ly Ext 2013
Health and Personal information on this form is collected by AHS under the authority of section 20th of the Health Information And Utilia and a discussion 20th of the Health Information And Utilia and a discussion 20th of the Health Information And Utilia and a discussion 20th of the Health Information And Utilia and a discussion 20th of the Health Information And Utilia and Andrew Company (1997).										

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 Palka, Director Accounts Payable at 780-735-0506 or email. Mark Palka@albertahealthservices ca

EXPENSE CLAIM DETAILS

					SE CLAIM L							
Enter Finance Coding 101 • 0005 • 71125000069 Emp # (E-People) Emp # (prior to E-people) 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 Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C												
Select from dropdown menu (column Province) where expenses were incurred (Out of N.America = Inter ⁱ l). Ensure separate lines are used for claim items that differ in Province, US and Out of North America.												
Province, What is Meal Airfare										***		
	Purpose of Travel	US, or	travel	(Sel	ect type from d		Bus/LRT	Hotel	Rental Car	Taxi	Fuel	Mileage (km)
	55 characters maximum -length of shaded area	Out of N.America	related to?	Туре	wireceipt	w/o receipt or per diem	Parking					
9-Jan-13	Edmonton - CIS Prepatory Meeting	AB	Meeting	LD		\$32.35						
9-Jan-13	Edmonton - CIS Prepatory Meeting	AB	Meeting									£18.00
16-Jan-13	UofC integration Committee	AB	Meeting				\$11.25					
												ANNA COLUMN DE CONTROL DE C
	L											Total Kms
		;	SUBTO	TALS		\$32 35	\$11.25					610.00
MEAL PER DIEM RATES Enter \$0.505 km, \$0.47 km OR rate per Union Agreement B = Breakfast = \$9.20 L = Lunch = \$11.60 D = Dinner = \$20.75 A = ALL MEALS = \$41.55 (see Mileage details to the left of the											\$0.505	
B) = Breakfast & Lunch = \$20.80										Mileage \$	\$308.05	
MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle Travel \$ Subtota									el \$ Subtotal	\$43.60		
→ details of travel location to & from must be included above under the purpose of travel column Enter on page 1 TOTAL TRAVEL \$										I TRAVELS	\$351.65	
\$0.505 per km for <u>under 5,000km/yr</u>									4001,00			
\$0.47 per km for over 5,000km/yr or per Union Agreement Note: Total will auto fill into pg 1, Section E, if form completed electronical pg 2s can be found at end of form								ally - Additiona				

Michael Long CIO/SVP Receipts

Receipt #:	Date: G	Fan 9/2013
Edmonton CIS Meeting Prepatorey to Decision	- Edmonton Clinic. South.	Edmenter Mart.
January 4, 2013		Milray WOKP
Mileage = 305 Km X	2	#308,05
= \$10 Km. 1 =\$308.05	N SCS Initial Michael Long	
Receipt #: (3)	Date:	TAM 9/2013
Edmintin CIS Meeting Prepatory to Decision	ממו	Notes Edmontin Cis
January 9, 2013	3.	Duner
Lunch & Dinner = * s perdiem of	32.35	Per Dem
Travel time 5 Am to 7 p.n	Initial Michael Long	
Receipt #: 3	Date: ∂_i	an 16/2013.
PLACE ON DASH PL		Parking. University of
SPACE 233	03:24 PM JAN 16	CALGARY
Expires at 03:24 _{PM}	Paid 11.25\$	#11.25
Paid11.25\$ JAN 16 at 12:55 PM 00126071	00126(
	00 /E00	