

Board and Executive Expense Report

Name Mike Conroy
Title SVP, Edmonton Zone
Location Edmonton
 Expenses submitted during the month of October 2012

			Travel (1)						Working Sessions Hosting and Hospitality (3)		Other (4)
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)			
September 2012	Expense Claim	Glenrose Foundarion Event				6	6			65	
October 2012	Expense Claim	Various meetings	561	9	196	159	925				
26-Oct-12	Edmonton	Alberta Diabeties Foundation Forum				12	12			550	
Total			\$ 561	\$ 9	\$ 196	\$ 177	\$ 943	\$ -	\$ -	\$ 615	

Total for the Month \$ 1,558

Maximum meal expense claimed in the month \$ 9
 Maximum hotel rate claimed in the month \$ 169
 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 - Edmonton
Accounts Payable

NOV 06 2012
RECEIVED

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

AHS - Edmonton
Accounts Payable

NOV 19 2012
Q & C - Completed
Initials

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: 1-Sep-12 To 27/10/2012
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Mike Conroy Position (Title): Senior Vice President
 Location: Suite 1J2, 8440 112 Street Dept: Edmonton Zone DOFA Level: 3a (if applicable) Union: _____ Business Phone #: _____ Ext: _____
 Employee # (E-People): _____ Employee # (REQUIRED # prior to E-People migration): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Project Task Number _____
 Expenditure Organization _____ 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			
2A	101	0006	71110100014	\$1,008.16	101	0006	71110100014	69500000	550.00	Total Section B	\$1,008.16	
2B										Total Section C&D	\$550.00	
2C										Less Cash Advance		
2D										TOTAL CLAIM	\$1,558.16	
				\$1,008.16					**User to enter Coding & \$ amounts	550.00		

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, 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): Val Nakonechny Phone # _____ Ext _____

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 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: _____ Date: NOV 02 2012

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): Chris Mazurkewich DOFA Level 2a Position # _____ Phone # _____ Ext _____
 Signature: _____ Title: EVP i COO Date: Nov 2/12

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

EXPENSE CLAIM DETAILS

If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

SECTION C: OTHER EXPENSES					Emp # (E-People)	Emp # (prior to E-people)	Page 3		
<ul style="list-style-type: none"> • Expenses to be claimed in this section include but are not limited to: <u>Hospitality & Hosting</u>, <u>Working Sessions</u>, <u>Relocation</u>, <u>Continuing Education</u>, <u>Business Insurance</u>, and <u>miscellaneous expenses</u>. → If expenses are for <u>travel, gas, etc.</u>, go to Section B on pg 2. • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated! <p align="center">***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>									
Date dd-mmm-yy	Purpose of Expense <small>70 characters maximum - length of shaded area</small>	Finance Coding			Secondary/ Expense <small>eg. 41000000 (8 characters)</small>	Continuing Education <small>Select type from dropdown menu (if applicable)</small>	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount is this column	TOTAL OTHER \$
		Bal Unit	Location	Functional Centre					
13-Oct-12	Ab Diabetes Foundation Research Evening Event/Ticket purchase	101	0006	71110100014	69500000		\$550.00		\$550.00 ✓

SECTION D: FOREIGN CURRENCY									
<p>ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement) If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.</p>									
<p><i>Please click on the following link for the Bank of Canada exchange rate using the date of expense</i></p>			<p>Bank of Canada Currency Converter →</p>				<p>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 - enter this amount in exchange rate column</p>		
Date dd-mmm-yy	Purpose of Expense <small>70 characters maximum - length of shaded area</small>	Finance Coding			Secondary/ Expense <small>eg. 41000000 (8 characters)</small>	Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
		Bal Unit	Location	Functional Centre					

Expenses Paid (Retain a copy for your records)
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization
 - 3 of 3 -

Val Nakonechny

From: Glenrose Rehabilitation Hospital Foundation [info@Glenrosefoundation.com]
Sent: Tuesday, September 11, 2012 11:41 AM
To: Mike Conroy
Subject: Payment Receipt

Ticket price for GRH- Research Breakfast

Glenrose Rehabilitation Hospital Foundation ONLINE Payment RECEIPT Thank you

Date: 2012-09-11 11:40:20 AM
Number: 623
Bank Auth Number: 006758
Total: 65.00 CAD


Name on Card: Mike Conroy
Email Address: mike.conroy@albertahealthservices.ca

BILL TO:

Name: Mike Conroy
Address: [REDACTED]
8440 112 Street
City: Edmonton, AB
Prov: AB
Postal Code: T6G 2B7
Country: CA
Phone: [REDACTED]

Glenrose Rehabilitation Hospital Foundation
10230 111 Ave
Edmonton, AB
T5G 0B7
CA

Phone: (780) 735-6024




NORTH SHORE TAXI

Valid and Expiry Date Checked

DATE	M / M	D / D	Y / Y

DESCRIPTION	AMOUNT
	32.85
TIP	3.15
TOTAL	36.00

Customer Copy

DO NOT WRITE ABOVE THIS LINE

D	DRIVER	DATE
	AUTH. #	
N	CAR #	

EXP. DATE CHECKED

C 5269925


DESCRIPTION			AMOUNT
FROM:			FARE
TO:			TIP
TIME	TO	WAITING	TOTAL
/M	/M	/M	

CUSTOMER COPY

TERMS AND CONDITIONS APPLICABLE TO THE SALES ARE IN ACCORDANCE WITH YOUR AGREEMENT WITH THE ISSUER OF YOUR CARD.

HST INCLUDED YELLOW TC VISA AMEX OTHER

Yellow Cab provides preferred service from the airport.



Company Ltd. 604-681-1111
www.yellowcabonline.com

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

Exit Lane 23/10/12 10:47
Receipt 097668

Short-term parking tkt

DL - No. 000449

22/10/12 06:25 -

24/10/12 06:24 -

Period 2d0h0'

(Tax) \$46.00

Total \$46.00

Payment Received
VISA \$46.00

Merch: 82005340013

Auth: 065254

Type: Swiped

Sub Total \$43.81

Tax 5% 2.19

92707421 - 1/1

Prov HAC Forum
13 October
Westin
Impark
780-420-1976
Day and Evening
Meter
World Trade Centre
Time: 8:01A OCT 13
Price: 136.00
Card: [REDACTED]
Exp: [REDACTED]
Expires: [REDACTED]

6:00AM SUN
OCT 14 12

INSTRUCTIONS ON BACK
GST No 887315638RT0001

TICKET VOID IF RE-SOLD
PLACE THIS SIDE UP ON DASH
PLACE THIS SIDE UP ON DASH

Impark
780-420-1976
Evening Parker
Meter
World Trade Centre
Time: 5:12P OCT 16
Price: 112.00
Card: [REDACTED]
Exp: [REDACTED]
Expires: [REDACTED]

6:00AM WED
OCT 17 12

INSTRUCTIONS ON BACK
GST No 887315638RT0001

TICKET VOID IF RE-SOLD
PLACE THIS SIDE UP ON DASH
PLACE THIS SIDE UP ON DASH

PLACE FACE UP ON DASH
Impark Lot 161
Expiration Date/Time
EXP. 06:00PM
OCT 26, 2012

Purchase Date/Time: 09:33am Oct 26, 2012
Total Parking: \$11.42
Total gst: \$0.58
Total Due: \$12.00
Total Paid: \$12.00
Rate: \$12 - All Day To 6PM
Payment Type: Card
Ticket # 50262109
S/N #: 100008460006
Setting: Lot 161
Mach Name: Meter 1
Auth #: 024790
GST #887315638RT0001

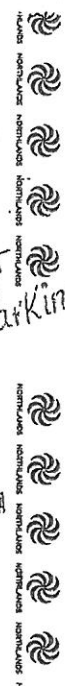
Foundation Forum
@
Coast Plaza

RECEIPT
Impark Lot 161

Expiration Date/Time: 06:00pm Oct 26, 2012
Purchase Date/Time: 09:33am Oct 26, 2012

RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

Stenrose
Research
10-25-12
12 *6.00
*6.00
000-2689
6-59



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: **KPHRUI**

Customer Care

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

Air Canada
1-888-247-2262

Main Contact:
Mr Mike Conroy
mike.conroy@albertahealthservices.ca
Mobile: [REDACTED]
Work: [REDACTED]

Flight Arrivals and Departures
1-888-422-7533

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC237	Edmonton, Edmonton Int'l (YEG) Mon 22-Oct 2012 07:25	Vancouver, Vancouver Int'l (YVR) Mon 22-Oct 2012 08:02 - Terminal M	0	1hr37	319	Tango Plus, S	
AC234	Vancouver, Vancouver Int'l (YVR) Tue 23-Oct 2012 08:15 - Terminal M	Edmonton, Edmonton Int'l (YEG) Tue 23-Oct 2012 10:40	0	1hr25	E90	Tango Plus, S	

Passenger Information

1: Mr Mike Conroy : Adult (16+), Ticket Number: 0142113032553

Frequent Flyer Pgm : None Meal Preference: None
Payment Card: [REDACTED] Special Needs: None
Seat Selection: AC237 21F , AC234 22D

Purchase Summary

Fare Summary

Passenger Type	Adult
Departing Flight - Tango Plus	224.00
Return Flight - Tango Plus	214.00
Surcharges	36.00

Taxes, Fees and Charges

Canada Airport Improvement Fee	45.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	25.66
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)	2.40
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	561.31
Number of passengers	1
RBC Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$561.31

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

- Air Canada: \$561.31 (Airfare - per ticket)

Ticket number(s): 0142113032553

Fare Rules

Departing Flight Edmonton (YEG) To Vancouver (YVR) - Tango Plus

Return Flight Vancouver (YVR) To Edmonton (YEG) - Tango Plus

- Changes:

THE *Fairmont*
HOTEL VANCOUVER

900 West Georgia Street
Vancouver, BC V6C 2W6
T 604 684 3131 F 604 662 1929
G.S.T. / H.S.T. Registration # 83253 2816

Room : 1105
Folio # : 697923
Invoice # :
Cashier # : 547
Page # : 1 of 1

Govt BC
Mr Mike Conroy

Arrival : 10-22-12
Departure : 10-23-12
Fairmont President's Club
3249593781

Date	Description	Additional Information	Charges	Credits
10-22-12	Room Charge		169.00	
10-22-12	Destination Marketing Fee*		2.22	
10-22-12	Hotel Room Tax		3.42	
10-22-12	Room HST		20.96	
10-23-12	Visa			195.60
Total			195.60	195.60
Balance Due			0.00	

GST Summary

Room : 0.00
F&B : 0.00
Other : 0.00
Total : 0.00

HST Summary

Room : 20.96
F&B : 0.00
Other : 0.00
Total : 20.96

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We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.




1-020 Li Ka Shing Centre
University of Alberta
Edmonton, AB T6G 2E1
Ph: 780-492-8652
Toll Free: 1-800-563-2450
Fax: 780-492-6046
Web: www.afdr.ab.ca

Thank you for your commitment in support of the Alberta Diabetes Foundation (ADF). Please retain this copy for your records. We are truly grateful for your support!

October 26, 2012

Oct 13/12

<p>Invoice to: Mike Conroy Senior Vice President Edmonton Zone Alberta Health Services</p> 	<p>Pay to: Alberta Diabetes Foundation 1-020 Li Ka Shing Centre University of Alberta Edmonton, AB T6G 2E1</p>
<p>- INVOICE DESCRIPTION -</p>	<p>-Payment amount-</p>
<p>2012 A Night to Remember Gala</p>	<p>Total Pledged: \$ 550.00</p> <p><i>←</i></p>
<p>Reference: GAL12-02 Two Tickets</p>	
<p>Your payment is received. Thank you!</p>	

Your generous support is vital to continue ADF's mission to find a cure for the diabetes epidemic!