

## Board and Executive Expense Report

**Name** Mike Conroy  
**Title** SVP, Edmonton Zone  
**Location** Edmonton

Expenses submitted during the month of November 2012 - Updated January 2, 2013

			Travel (1)						Working Sessions Hosting and Hospitality		
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	(3)	Other (4)	
November 2012	Expense Claim	Various meetings	469	21		130	620				
<b>Total</b>			\$ 469	\$ 21	\$ -	\$ 130	\$ 620	\$ -	\$ -	\$ -	

**Total for the  
Month** \$ 620

Maximum meal expense claimed in the month \$ 21  
 Maximum 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

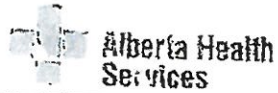
### 3) Hosting and Hospitality expenses

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: Oct 17-12 To Dec 10 - 12  
 Travel Period from: Oct 17-12 To Dec 10 - 12 (\* Job code)  
 Out-of-Province Travel

Name: Mike Conroy Position (Title): Senior Vice President  
 Location: Edmonton - UAH Site 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 Expenditure Organization Expenditure Type Project Task Number

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	0008	71110100014	619.68						619.68		
2B												
2C												
2D												
				619.68							TOTAL CLAIM	59619.68

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

NOTE: \*User to enter Coding & \$ amounts

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

NOTE: Subsequent to disclosure for November 2012, the Discloser chose to reimburse AHS for the expense charged.

**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: 11/17/2012

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: Date: 11/17/12

Approved By (PRINT ONLY): DOFA Level Position # Phone # Ext  
 Signature: 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 Procedure to Pay program. For more information, questions or concerns about the collection, use or disclosure of your health and personal information, please contact Mark Palke, Director Accounts Payable at 780-735-6806 or email Mark.Palke@albertahealthservices.ca

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EXPENSE CLAIM DETAILS

Enter Finance Coding **101 - 0006 - 71110100014** Emp # (E-People) XXXXXXXXXX Emp # (prior to E-people) XXXXXXXXXX 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 those 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!).  
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mm-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						
17-10-12	Covenant Health Annual Comm. Mtg at Fantasyland Hotel		Meeting							\$22.22		
06-11-12	Cig airfare to attend Nov 23-12 all day meeting		Meeting				\$468.56					
23-11-12	Cig travel to attend wkshp on Capital Submission		Meeting	BL		\$20.80	\$23.00			\$85.10		
28-11-12	Parking for Festival of Trees event		N/A				\$10.00					
10-12-12	Pkg at Stollery Foundation Snowflake Gala downtown		N/A				\$10.00					
<b>SUBTOTALS</b>							\$20.80	\$511.56		\$187.32		Total Kms

**MEAL PER DIEM RATES**  
 B = Breakfast = \$9.20 L = Lunch = \$11.60 D = Dinner = \$20.75 A = ALL MEALS = \$41.55  
 BL = Breakfast & Lunch = \$20.80 BD = Breakfast & Dinner = \$29.95 LD = Lunch & Dinner = \$32.35

**MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle**  
 → details of travel location to & from must be included above under the purpose of travel column  
 \$0.505 per km for under 5,000km/yr  
 \$0.47 per km for over 5,000km/yr  
 or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement  
 (see Mileage details to the left)

Mileage \$ XXXXXXXXXX

Travel \$ Subtotal **\$1619.68**

Enter on page 1 TOTAL TRAVEL \$ **\$1619.68**

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

**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"> <li>Expenses to be claimed in this section include but are not limited to: Hospitality &amp; Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.</li> <li>If expenses are for travel, gas, etc., go to Section B on pg 2.</li> <li>ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</li> </ul>										
<p>***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-mm-yy	Purpose of Expense 70 characters maximum - length of shaded area	Finance Coding			Secondary/ Expense eg. 4100000 (8 characters)	Continuing Education Select type from dropdown menu (if applicable)	GST is ON (if slip/receipt, enter total amount in this column)	GST is NOT on (if slip/receipt, enter total amount in this column)	TOTAL OTHER \$	
		Bal Unit	Location	Functional Centre						

NOTE:  
Subsequent to disclosure for November 2012, the Discloser chose to reimburse AHS for the expense charged.

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>Please click on the following link for the Bank of Canada exchange rate using the date of expense</p>			<p>Bank of Canada Currency Converter → 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-mm-yy	Purpose of Expense 70 characters maximum - length of shaded area	Finance Coding			Secondary/ Expense eg. 4100000 (8 characters)	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 -



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: **NIW5JM**

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

Flight Arrivals and Departures  
1-888-422-7533

### Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8133 <sup>1</sup>	Edmonton, Edmonton Int'l (YEG) Fri 23-Nov 2012 07:00	Calgary (YYC) Fri 23-Nov 2012 07:52	0	0hr52	DH3	Tango Plus, S	
AC8156 <sup>1</sup>	Calgary (YYC) Fri 23-Nov 2012 17:30	Edmonton, Edmonton Int'l (YEG) Fri 23-Nov 2012 18:22	0	0hr52	DH3	Tango Plus, S	

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

### Passenger Information

1: Mr Mike Conroy : Adult (16+), Ticket Number: 0142114229167

Frequent Flyer Pgm : None  
Meal Preference: None  
Payment Card:  
Special Needs: None  
Seat Selection: AC8133 2D , AC8156 2D

### Purchase Summary

Fare Summary	Adult
Passenger Type	
Departing Flight - Tango Plus	179.00
Return Flight - Tango Plus	179.00
Surcharges	24.00
<b>Taxes, Fees and Charges</b>	
Canada Airport Improvement Fee	50.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	22.31
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	468.56
Number of passengers	1
RBC Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$468.56</b>

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

• Air Canada: \$468.56 (Airfare - per ticket)

Ticket number(s): 0142114229167

### Fare Rules

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

Return Flight Calgary (YYC) To Edmonton (YEG) - Tango Plus

① YELLOW CAB  
10135 31 AVENUE NW  
EDMONTON AB T6H-1C2  
780-462-3456

ern Id: 4582412472253  
Veh #: 0114  
sa Credit  
PURCHASE

D: A000060031910

PROVID

3011 CAD\$2.20  
CAG#2.02  
AL CAD\$22.22

Auth # 066620  
Resp. Code: 00  
Tsk: 4000000003  
TSI: PC00

BOOK BY CONTACT.COM  
THANK YOU FOR BEING OUR GUEST

103462670

Date: 2012/11/23 Time: 11:45:10  
Response: AUTH 062620

\*\*\*CUSTOMER COPY\*\*\*

GST# R128599776

② Edmonton Airports  
Can-T5J 2T2 Edmonton  
Tax CodeCA5%

Exit Lane 23/11/12 18:26  
Receipt 052236

Short-term parking tkt  
DL - No. 076429  
23/11/12 06:09 -  
24/11/12 06:08 -  
Period 1d0h0'  
(Tax) \$23.00

Total \$23.00

Payment Received  
VISA \$23.00

Merch: 82005340013  
Auth: 049953  
Type: Swiped

Sub Total \$21.90  
Tax 5% 1.10

\* TRANSACTION RECEIPT \*  
④ Checker/Yellow Cabs  
316 Meridian Road SE  
Calgary, AB, T2A 1X2  
403-299-9999

Taxi Service

TYPE: Visa

EXP :xx/xx  
DATA: SWIPED

TerminalID: 000014729D70

DATE: 2012/11/23 15:58:28

AUTH: 022908  
IFID: 7576308  
DRV : 7627  
VEH : 1078  
GST : 832844823

Meter Start Time:  
15:01:28

Meter Stop Time:  
15:57:30

Distance: 29.5 Km

FARE 1: \$ 59.10  
FLAT : \$ 0.00  
TAX : \$ 0.00

TOTAL FARE: \$ 59.10

PAYMENT AMOUNT: \$ 59.10  
TIP: \$ 6.00

TOTAL PAYMENT: \$ 65.10

Purchase Auth Complete

⑤ PLACE FACE UP ON DASH  
Impark Lot 1  
Expiration Date/Time  
06:00 AM  
NOV 29, 2012

Purchase Date/Time: 06:38pm Nov 28, 2012  
Total Parking: \$9.52  
Total gst: \$0.48  
Total Due: \$10.00  
Total Paid: \$10.00  
Ticket # 10533240  
S/N #: 100008460018  
Setting: Lot 1  
Mach Name: Meter 2

Auth #: 05594  
GST #887315638RT0001

RECEIPT  
Impark Lot 1

Expiration Date/Time: 06:00am Nov 29, 2012  
Purchase Date/Time: 06:38pm Nov 28, 2012  
Total Parking: \$9.52  
Total gst: \$0.48  
Total Due: \$10.00  
Total Paid: \$10.00  
Ticket # 10533240  
Setting: Lot 1  
Mach Name: Meter 2

Auth #: 05594

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

⑥ PLACE FACE UP ON DASH  
Impark Lot 1  
Expiration Date/Time  
06:00 AM  
DEC 11, 2012

Purchase Date/Time: 06:42pm Dec 10, 2012  
Total Parking: \$9.52  
Total gst: \$0.48  
Total Due: \$10.00  
Total Paid: \$10.00  
Ticket # 50074951  
S/N #: 100008460018  
Setting: Lot 1  
Mach Name: Meter 2

Auth #: 076856  
GST #887315638RT0001

RECEIPT  
Impark Lot 1

Expiration Date/Time: 06:00am Dec 11, 2012  
Purchase Date/Time: 06:42pm Dec 10, 2012  
Total Parking: \$9.52  
Total gst: \$0.48  
Total Due: \$10.00  
Total Paid: \$10.00  
Ticket # 50074951  
Setting: Lot 1  
Mach Name: Meter 2

Auth #: 076856