

Board and Executive Expense Report

Name Mike Conroy
Title SVP, Edmonton Zone
Location Edmonton

Expenses submitted during the month of December 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)
December 2012	Expense Claim	Meeting and ACHE Membership Fees				10	10			150
December 2012	Expense Claim	Hotel charges for out of province candidate			162		162			
Total			\$ -	\$ -	\$ 162	\$ 10	\$ 172	\$ -	\$ -	\$ 150

Total for the Month \$ 322

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ 154
 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: 1-Dec-12 To Dec 31 - 12
 Travel Period from: Dec 01-12 To Dec 31 - 12 (if applicable)
 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

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	\$171.78	101	0006	71110100014	66020000	150.00	Total Section B	\$171.78	
2B										Total Section C&D	\$150.00	
2C										Less Cash Advance		
2D										TOTAL CLAIM	\$321.78	
				\$171.78					**User to enter Coding & \$ amounts	150.00		

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 Jan 9-13

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: Chris Mazurkewich Title Date Jan 10/13

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 Palika, Director Accounts Payable at 780-134-2506 or email Mark.Palika@albertahealthservices.ca

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EXPENSE CLAIM DETAILS

Enter Finance Coding 101 • 0006 • 71110100014	Emp # (E-People) _____	Emp # (prior to E-people) _____	Page 2A
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*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'l).
 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						
11-Dec-12	Hotel charge for out of town guest to attend interview		Client					\$161.78				
13-Dec-12	Pkg for attending AHS Board-Report To Community Event		Meeting				\$10.00					
			N/A	A								
			N/A									
			N/A									
SUBTOTALS							\$10.00	\$161.78				Total Kms

<p style="text-align: center;">MEAL PER DIEM RATES</p> <p>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</p>	<p style="text-align: center;">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i></p>						
<p style="text-align: center;">MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</p> <p>→ details of travel location to & from must be included above under the purpose of travel column</p> <p style="text-align: center;">\$0.505 per km for under 5,000km/yr \$0.47 per km for over 5,000km/yr or per Union Agreement</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; text-align: right;">Mileage \$</td> <td style="width:20%;"></td> </tr> <tr> <td style="text-align: right;">Travel \$ Subtotal</td> <td style="text-align: right;">\$171.78</td> </tr> <tr> <td style="text-align: right;">Enter on page 1 TOTAL TRAVEL \$</td> <td style="text-align: right;">\$171.78</td> </tr> </table>	Mileage \$		Travel \$ Subtotal	\$171.78	Enter on page 1 TOTAL TRAVEL \$	\$171.78
Mileage \$							
Travel \$ Subtotal	\$171.78						
Enter on page 1 TOTAL TRAVEL \$	\$171.78						
<p><i>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form</i></p>							

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	
<p>• 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> <p style="text-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 70 characters maximum - length of shaded area	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
		Bal Unit	Location	Functional Centre					
13-Dec-12	2013 Membership Fees for ACHE	101	0006	71110100014	66020000		\$150.00		\$150.00

SECTION D: FOREIGN CURRENCY		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.							
Please click on the following link for the Bank of Canada exchange rate using the date of expense		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					
Date dd-mmm-yy	Purpose of Expense 70 characters maximum - length of shaded area	Finance Coding			Secondary/ Expense eg. 41000000 (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 -

Report to Community @
Westin Hotel

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

IMPARK

780-420-1976

Evening Parker

Motel
World Trade Centre

Time: 6:33P DEC 12

Price: \$10.00

Card: [REDACTED]

Exp: [REDACTED]

Expires:

ET VOID, IF RE-SOLD

PLACE THIS SIDE UP OF

6:00AM THU
DEC 13 12

INSTRUCTIONS ON BACK
GST No 637315638RT001

impark

Invoice



CAMPUS TOWER
SUITE HOTEL

11145-87th Avenue
Edmonton, AB, T6G 0Y1
Tel:(780)439-6060 Fax:(780)433-4410

Mike Conroy



Receipt

Invoice date 1/9/2013
Our reference ACT-FC74271 /B
GST Number 10343 8925 RT0004

Date	Description	Quantity	Unit Price	Total (CDN)
12/12/2012	Guaranteed No Show	1	154.00	154.00
12/12/2012	GST Taxes	1	7.78	7.78

12/12/2012	[Redacted] Auth: 025793			Total invoice 161.78
				-161.78
				Total Paid -161.78
				Total Due 0.00

Total GST 7.78

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X _____

** Candidate for UAH VP position interview & due to missed flight hotel no show.*

For reservations: www.coasthotels.com or 1-800-663-1144

Val Nakonechny

From: contact@ache.org
Sent: Thursday, December 27, 2012 8:52 AM
To: Mike Conroy
Subject: ACHE Dues Payment Confirmation/Receipt

Thank you for your dues payment! The American College of Healthcare Executives (ACHE) is glad for the opportunity to serve you and your career needs during the coming year.

Your payment has been processed:

Invoice num: 13831131

Payment Date: December 27, 2012

Payment for: 2013 Dues Billing

Total amount paid: \$150.00

Balance Due: 0.00

Payment Type: Visa

Payor: Michael Conroy

Your online dues record will be updated in 2-3 business days. If you have any questions regarding your payment, please contact the Customer Service Center at (312) 424-9400.

If you have received this confirmation email multiple times, your credit card will only be charged once.



American College of
Healthcare Executives
for leaders who care®

2013 Dues Statement

First Notice

Payment Due: December 31, 2012

STATEMENT DATE: October 29, 2012

INVOICE NUMBER: 13831131

ID NUMBER: [REDACTED]

Reflects payments processed as of: October 17, 2012

Michael Conroy
Senior Vice-President, Edmonton Zone
Alberta Health Services



DESCRIPTION	AMOUNT
<input type="checkbox"/> 2013 International Associate Fees	\$150.00
<input type="checkbox"/>	
<input type="checkbox"/>	
Chapter Membership: Canadian Chapter of ACHE	Included
Discounts to Congress and other ACHE educational programs	Included
Subscription to <i>Healthcare Executive</i> magazine	Included
Subscription to <i>Journal of Healthcare Management</i> OR <i>Frontiers of Health Services Management</i>	Included
Job Bank and Resume Bank	Included
Career Management and Leadership Mentoring Networks	Included
Members-only access to website resources and Member Directory	Included
ACHe-news biweekly email	Included
Ethics resources and policy statements	Included
Cutting-edge research studies	Included
<input type="checkbox"/> Yes! I want to support ACHE's Foundation through a gift to the Fund. My tax-deductible donation is included as specified.	
<input type="checkbox"/>	
Payable in U.S. currency or equivalents	
SUBTOTAL	

To ensure proper credit: RETURN BOTTOM PORTION WITH PAYMENT. Please see reverse side for important information!

Michael Conroy
Senior Vice-President, Edmonton Zone
Alberta Health Services



Please check here and fill out the back if your address has changed.

Invoice number	13831131	ANNUAL ACHE DUES	\$150.00
Contribution to the Fund for Innovation in Healthcare Leadership			
<input type="checkbox"/>			
Payable in U.S. currency or equivalents		TOTAL DUE	

Please Charge My: Visa MasterCard Discover American Express

CARD # _____ EXP. DATE _____

SIGNATURE _____ AMOUNT _____

Please make checks payable to the American College of Healthcare Executives, include ACHE ID Number

To renew online, please visit ache.org/Dues

Please return bottom portion of this form with payment to:

American College of Healthcare Executives
Dues Payment Processing Center
P.O. Box 4797
Carol Stream, IL 60197-4797

