

## Board and Executive Expense Report

**Name** Noela Inions  
**Title** Ethics & Compliance Officer  
**Location** Edmonton  
 Expenses submitted during the month of January 2013

| Date         | Source Document | Purpose                                                       | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development<br>(2) | Working Sessions<br>Hosting and Hospitality<br>(3) | Other<br>(4) |
|--------------|-----------------|---------------------------------------------------------------|---------|-------|---------------|--------------|--------------|---------------------------------|----------------------------------------------------|--------------|
| Travel (1)   |                 |                                                               |         |       |               |              |              |                                 |                                                    |              |
| January 2013 | Expense Claim   | Various meetings                                              |         |       |               | 30           | 30           |                                 |                                                    |              |
| January 2013 | Expense Claim   | Professional fees for Canadian Bar Association North Sections |         |       |               |              |              |                                 |                                                    | 142          |
| <b>Total</b> |                 |                                                               | \$ -    | \$ -  | \$ -          | \$ 30        | \$ 30        | \$ -                            | \$ -                                               | \$ 142       |

**Total for the Month** \$ 172

|                                               |      |
|-----------------------------------------------|------|
| Maximum meal expense claimed in the month     | \$ - |
| Maximum daily 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: \_\_\_\_\_ To \_\_\_\_\_  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel

Name: Noela Inions Position (Title): Ethics & Compliance Officer

Location: Standard Life Building Dept: Ethics & Compliance DOFA Level: 4 (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 | Total Section B     | Total Section C&D |
| 2A                                                     | 101      | 0006     | 71110550008            | \$30.00 ✓     | 101                                                          | 0006     | 71110550008            | 85090000          | 141.75 ✓      | \$30.00             | \$141.75          |
| 2B                                                     |          |          |                        |               |                                                              |          |                        |                   |               |                     |                   |
| 2C                                                     |          |          |                        |               |                                                              |          |                        |                   |               |                     |                   |
| 2D                                                     |          |          |                        |               |                                                              |          |                        |                   |               |                     |                   |
|                                                        |          |          |                        | \$30.00       |                                                              |          |                        |                   | 141.75        |                     |                   |
|                                                        |          |          |                        |               | **User to enter Coding & \$ amounts                          |          |                        |                   |               |                     |                   |
| NOTE: This section auto file from page 2A, 2B, 2C & 2D |          |          |                        |               | NOTE: These fields do not automatically fill for Section C&D |          |                        |                   |               |                     |                   |
|                                                        |          |          |                        |               |                                                              |          |                        |                   |               | <b>TOTAL CLAIM</b>  | <b>\$171.75</b>   |

**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): Trudi Thew 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: [Signature] (Noela Inions) Date Jan 31/13

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): Stephen Gould DOFA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_  
 Signature: [Signature] Title EVP, People & Partners Date Feb. 1/13

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 Pelka, Director Accounts Payable at 780-735-0506 or email: Mark.Pelka@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                                                                         |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------|----------|-------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------|
| <p>• 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.<br/>                     → If expenses are for travel, gas, etc., go to Section B on pg 2.<br/>                     • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</p> <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<br>dd-mm-yy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Purpose of Expense<br><small>70 characters maximum - length of shaded area</small> | Finance Coding   |          |                   | Secondary/<br>Expense<br><small>eg. 41000000<br/>(8 characters)</small> | Continuing<br>Education<br><small>Select type from<br/>dropdown menu<br/>(if applicable)</small> | GST is ON till<br>slip/receipt,<br>enter total<br>amount in this<br>column<br><b>WITH GST</b> | GST is NOT on<br>till slip/receipt,<br>enter total<br>amount in this<br>column | TOTAL<br>OTHER \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    | Bal Unit         | Location | Functional Centre |                                                                         |                                                                                                  |                                                                                               |                                                                                |                   |
| 8-Jan-13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Canadian Bar Association North Sections Fees - Admin/Health Law                    | 101              | 0006     | 71110550008       | 88090000                                                                |                                                                                                  | \$141.75                                                                                      | /                                                                              | \$141.75          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                  |          |                   |                                                                         |                                                                                                  |                                                                                               |                                                                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                  |          |                   |                                                                         |                                                                                                  |                                                                                               |                                                                                |                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                  |          |                   |                                                                         |                                                                                                  |                                                                                               |                                                                                |                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                  |          |                   |                                                                         |                                                                                                  |                                                                                               |                                                                                |                   |

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

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 -

Pres - IIA's

CITY OF EDMONTON  
LIBRARY PARKADE  
EST # 119326270 RT0001

Rcpt# 67887  
01/22/13 13:24 LH 2 AH 15 Txn#189823  
01/22/13 11:10 In 01/22/13 13:24 Out  
Tkt# 331350  
Regular Rate \$ 11.90  
Total Tax \$ 0.60  
Total Fee \$ 12.50  
CASH PAID \$ 12.50  
Cash Tender 12.50 ✓  
Change Due 0.00

PLACE FACE UP ON DASH  
Impark Lot 389  
Expiration Date/Time  
03:41 PM  
JAN 21, 2013

Purchase Date/Time: 01:41pm Jan 21, 2013  
Total Parking: \$9.52  
Total gst: \$0.48  
Total Due: \$10.00  
Total Paid: \$10.00 ✓  
Rate: \$10 - 2 Hour  
Payment Type: Ca  
Ticket # 7605091  
SAI #: 300010390825  
Setting: Lot 389  
Mach Name: Meter 1  
Auth #: 06118  
GST #887315638RT0001

RECEIPT  
Impark Lot 389

Expiration Date/Time: 03:41pm Jan 21, 2013  
Purchase Date/Time: 01:41pm Jan 21, 2013  
Total Parking: \$9.52  
Total gst: \$0.48  
Total Due: \$10.00  
Total Paid: \$10.00 ✓  
Rate: \$10 - 2 Hour  
Payment Type: Ca  
Ticket # 7605091  
Setting: Lot 389  
Mach Name: Meter 1  
Auth #: 06118

01-21-2013 MON HQ

1 1/2 HOUR 7.50  
TOTAL 7.50 ✓  
CASH 26.00  
CHANGE 12.50

ITEM 1  
1CL 3847 13:28TM

Parking - Ethics + Compliance  
Presentations to Institute of Internal  
Auditors, Westin Hotel, Edmonton

Parking - attendance at Agency  
Governance Secretariat Networking  
Meeting - Edmonton

Parking - Administrative law (Canadian Bar Association)  
North Section Mtg.

Total = \$30.00

**North Sections Registration Form**  
Saturday, September 01, 2012 - Sunday, June 30, 2013  
Edmonton, AB  
[Update Member Profile](#)

Ms. Noela J. Inions, Q.C.  
Alberta Health Services  
Standard Life Centre 1220-10405 Jasper Ave NW  
Edmonton AB T5J 3N4

Email: [noela.inions@albertahealthservices.ca](mailto:noela.inions@albertahealthservices.ca)

| Description                          | Qty | Total               |
|--------------------------------------|-----|---------------------|
| Administrative Law - Full Membership | 1   | \$75.00             |
| Health Law - Full Membership         | 1   | \$60.00             |
|                                      |     | Sub-Total: \$135.00 |
|                                      |     | GST: \$8.75         |
|                                      |     | Total: \$141.75     |
| Payment Type: Visa                   |     |                     |

**Additional Information:**

**Primary Badge Information:**  
Noela Inions

[Print](#)

[Register another User](#)

Professional fees for Canadian Bar Association  
North Sections - Admin law + Health law.

