

Official Administrator and Executive Expense Report

Name Noela Inions
Title Ethics & Compliance Officer
Location Edmonton
 Expenses submitted during the month of March 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Mar-14	Expense Claim	Professional Membership					-	4,725		
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,725	\$ -	\$ -

Total for the Month \$ 4,725

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base 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: 1-Mar-14 To 31-Mar-14
 Travel Period from: 1-Mar-14 To 31-Mar-14 (if applicable)
 Out-of-Province Travel ☒

Name: Noela Inions Position (Title): Chief Ethics & Compliance Officer
 Location: Dept: Ethics & Compliance DOFA Level: (If applicable) Union: Business Phone #: Ext:
 Employee # (E-People):

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			
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense
2A					101	0006	71110560088	68020000
2B								
2C								
2D								
					**User to enter Coding & \$ Amounts			
					\$4,725.00			
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C & D			

TOTAL REIMBURSEMENT	
Total Section B	
Total Section C&D	\$4,725.00
Less Cash Advance	
TOTAL CLAIM	\$4,725.00

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Employee Signature: *[Signature]* **Date:** 27-Mar-14

Approved By (PRINT ONLY): Susan McGillivray **DOFA Level:** **Position #:** **Phone #:** **Ext:**

Signature: *[Signature]* **Title:** Acting VP, People **Date:** 27-Mar-14

I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

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.

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)		Page 3			
<p>* Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.</p> <p>→ If expenses are for travel, gas, etc., go to Section B on pg 2.</p> <p>* ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</p> <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	Business Reason for Expense - Detailed Description Required (Include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bal Unit	Location	Functional Centre	Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Continuing Education Select type from dropdown menu (if applicable)	GST is ON bill slip/receipt, enter total amount in this column WITH GST	GST is NOT on bill slip/receipt, enter total amount in this column	TOTAL OTHER \$
27-Mar-14	Corporate Ethics Management Council Renewal Fee's	101	0006	71110550008	66020000	Yes	Conference		\$4,725.00	\$4,725.00

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-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value

Rationale is Required for expenses that are not Cost Effective (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)	
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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



The Conference Board
of Canada

Le Conference Board
du Canada

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conferenceboard.ca

Council/Centre

Invoice

Sold To: Ms. Noela Joy Inions

Ship To: Ms. Noela Joy Inions

Account No.	Purchase Order No.	Order Date	Order Number	Terms	Invoice Date
		3/27/2014		Due on Receipt	3/27/2014

Qty Ordered	Item Description	Unit Price	Extended Price
1	CEM Corporate Ethics Management Council Participation fee from June 1, 2014 to May 31, 2015	ME51004-03-4150100 4,725.00	4,725.00

Line Item Total	Freight	Handling	Restocking/ Cancellation Fee	Tax	Subtotal	Amount	Amount Due
4,725.00					4,725.00		4,725.00

Contact Karla Holmes at
holmes@conferenceboard.ca for details.

Payment Confirmation

This is your official payment confirmation page. Please print this page for your records.

This invoice has been paid.

If you have any questions please contact [REDACTED]

Invoice

Number: [REDACTED]
Date: March 27, 2014
Description: Corporate Ethics Management Council
Participation fee from June 1, 2014 to
May 31, 2015.

Billed to

Name: Ms. Noela Joy Inions
Title: Ethics and Compliance Officer
Company: Alberta Health Services

Credit Card Transaction Details

Transaction Type:	Purchase	Cardholder Name:	Noela Inions
Transaction Number:	[REDACTED]	Authorization Code:	[REDACTED]
Date/Time:	3/27/2014 1:22:52 PM	Response/ISO Code:	[REDACTED]
Reference Number:	[REDACTED]	Response Message:	APPROVED * =
Amount:	\$4725.00 (CAD)		

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Noela Inions

Budget - Expenses
Mem - CEMC

From: Susan Morrison [REDACTED]
Sent: Monday, March 17, 2014 1:56 PM
To: Susan Morrison
Cc: Michael Bassett
Subject: Corporate Ethics Management Council 2014-2015 Membership Renewals

Dear Members of the Corporate Ethics Management Council,

As we approach our next business cycle at the Conference Board, we are canvassing our current network members regarding their intent to renew their memberships for the upcoming 2014-2015 membership year which, as you know, runs from June 1, 2014 to May 31, 2015.

Next year's CEMC membership fee will be \$4,725 reflecting a nominal \$100 increase. We are committed to continue to offer a beneficial, meaningful experience - unique in Canada.

Your renewal information will support and feed into our organization's budget and planning process and initiate the annual renewals. During the month of April, we will send an invoice for your CEMC participation for next year. If you would prefer to receive your invoice sooner, please contact us and we will send it along to help facilitate your renewal process.

We hope that you and your organization will continue to be part of the CEMC in 2014-2015. If you and your organization do not intend to renew your membership next year, could you please let us know by return email.

Looking forward to another exciting year for the council.

Michael Bassett
Senior Research Associate
Governance and Corporate Responsibility

[REDACTED]
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