

Board and Executive Expense Report

Name Patti Grier
Title Chief of Staff
Location Calgary
 Expenses submitted during the month of October 2012

		Travel (1)						Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel			
September/ October 2012	P-card	Various Board related meetings	438	20	114	68	640			
October 2012	Expense Claim	Meetings - mileage				313	313			
Total			<u>\$ 438</u>	<u>\$ 20</u>	<u>\$ 114</u>	<u>\$ 381</u>	<u>\$ 953</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Total for the Month \$ 953

Maximum meal expense claimed in the month 20
 Maximum daily hotel rate claimed in the month 109
 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

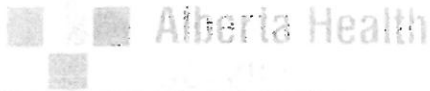
3) Hosting and Hospitality expenses

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



P-Card
 details Online ®
 Cardholder Statement Report

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

GRIER, PATTI Cardholder's Name	CHIEF OF STAFF Cardholder's Position/Title	Billing Reporting Period:	20/10/2012
BOARD OFFICE Cardholder's Dept	SOUTHPORT TOWER Cardholder's Site/Location	Total Statement Amount:	\$640.06
PATTI.GRIER@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #	██████████

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
10/07/2012	296302040	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	67.50	CAD	67.50	3.21		Calg Airport to 10301 Southport Lane SW/GP Board Mtg (3staff)
20/08/2012	296792041	RED DEER LODGE, EATING PLACES, RESTAURANTS	20.00	CAD	20.00	.95		Meal P.Grier/L DeCoster-Ring Derr Oct Board Logistics
09/10/2012	297624819	COAST EDMONTON PLAZA H, LODGING HOTELS, MOTELS, RESORTS	114.45	CAD	114.45	00		Accommodation - Senior Leadership Meeting Edmonton
15/10/2012	298005482	AIR CAN 0142113412206, AIR CANADA	419.21	CAD	419.21	00		ACC Calgary-Edmonton Foundation Forum - P.Grier
15/10/2012	298005483	AIR CAN 0142113412206, AIR CANADA	18.90	CAD	18.90	00		ACC Misc Seat Selection - P.Grier

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<u>Lyone Nicholas</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title	
<u>Lyone Nicholas</u> Signature of Cardholder Designate	<u>Oct 22, 2012</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> • I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide • I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable) 		
<u>GRIER, PATTI</u> Name of Cardholder	<u>CHIEF OF STAFF</u> Cardholder Position/Title	
<u>[Signature]</u> Signature of Cardholder	<u>Oct 22, 2012</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver 		
<u>[Signature]</u> Name of Approver Designate	<u>Executive Assistant</u> Approver Designate Position/Title	
<u>[Signature]</u> Signature of Approver Designate	<u>Oct 25, 2012</u> Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> • I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed • I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable) 		
<u>Stephan Beckwood</u> Name of Approver	<u>AHS Board Chair</u> Approver Position/Title	
<u>[Signature]</u> Signature of Approver	<u>Oct 22, 2012</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • Original itemized receipts • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #:	Reviewed by:	Date:


Calgary
2012/09/13
ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

Accept
to Southport
DATE: 2012/09/13
PICK-UP TIME: 15:00
DROP-OFF TIME: 18:05
TRIP ID: 8
LOCATION: 073800-45021103.07
CAR NUMBER: 8886
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: AP28370-1

FARE (\$) 67.50
EXTRA (\$) 8.00
SUBTTL (\$) 67.50

TIP (\$) *included*

TOTAL (\$) *67.50*

SIGNATURE: 

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE @ WWW.ASSOCIATEDCAB.CA

Board Meetings Sep 12-13, 2012
In Grande Prairie
Travel Expense – Taxi September 13, 2012
Calgary International Airport to 10301 Southport
Lane SW, Calgary
Staff: P.Grier , S. Garcia, C. Gara(Ross)

Pre-trip to Red Deer Lodge - work out logistics for October Board Meetings
Travel Expense – Lunch at Red Deer Lodge

Claiming lunch per diem
 (\$20.00 claimed on Corporate Credit Card and balance paid by staff personally)

Red Deer Lodge
 4511 48th Ave
 Deer Lodge, MT 59901
 Tel: 406-339-0941
 www.reddeerlodge.com

Invoice # [redacted] Date: 10/12/2011

1 x Dinner (2011)	20.00
1 x Parking (2011)	10.00
1 x Gas (2011)	12.00
Subtotal	42.00
20% Tax	8.40
Amount Due	50.40

By: [redacted]

Date:

PO#: [redacted]

Site:

Phone:

Red Deer Lodge
 Red Deer Lodge
 4511 48th Ave
 Deer Lodge, MT 59901
 Tel: 406-339-0941
 www.reddeerlodge.com

Date: 10/12/2011
 Card Type: MASTER CARD
 Acct #: [redacted]
 Exp Date: [redacted]
 Auth Code: 135197
 Check #: 482
 ID #: 291
 Ref No: [redacted]
 Card No: 0411-011K
 Amount: 20.00

Tax: 0.00
 Total: 20.00

Signature: *[Handwritten Signature]*
 Title: [redacted]

10155 105th Street,
 Edmonton, AB, T5J 1E2
 Tel: (780) 423-4811 Fax: (780) 423-3204

1416

Ms Patti Grier
 10101 South Port Road SW
 CALGARY AB T2W 3N2
 CANADA

Invoice

Invoice date: 10/4/2012
 Invoice number: 212112
 Our reference: CEP-FC377145 /
 Client Number: CRS-G1209884
 GST Number: 10103 5167 R10020

Guest	Ms Patti Grier	Arrival	10/3/2012	Departure	10/4/2012	Room	1416
Date	Description	Quantity	Unit Price			Total (1)	
10/3/2012	Room Charge	1	109.00			109.00	
10/3/2012	Tourism Levy	1	4.36			4.36	
10/3/2012	Destination Market Fee	1	1.09			1.09	
						Total invoice	114.45
10/4/2012	MC [REDACTED] Auth: 191445					Total Paid	-114.45
						Total Due	0.00

Total GST

*Event: Senior Leadership held
 October 4, 2012*

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 _____

Booking Information

Booking Reference: ME7CDE

Customer Care

Air Canada
1-888-247-2262
Flight Arrivals and
Departures
1-888-422-7533

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

Main Contact:

Ms Patricia Rosalynn Grier
patti.grier@albertahealthservices.ca
Home: [REDACTED]
Work: [REDACTED]
Mobile: [REDACTED]
At dest: [REDACTED]

Online Services

[Manage](#) my booking online (view/change my booking; select seats*)
[Alert me](#) of flight status changes directly to my mobile phone or email.
[Flight Arrivals & Departures](#) - check online if my flight is on time.
[Check-in online](#) and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8172 ¹	Calgary (YYC) Thu 25-Oct 2012 17:30	Edmonton, Edmonton Int'l (YEG) Thu 25-Oct 2012 18:22	0	0hr52	DH2	Tango, P	
AC8169 ¹	Edmonton, Edmonton Int'l (YEG) Fri 26-Oct 2012 17:00	Calgary (YYC) Fri 26-Oct 2012 17:45	0	0hr45	CRJ	Tango Plus, H	

Operated by:

Air Canada Express - Jazz

Passenger Information

1: Ms Patricia Rosalynn Grier : Adult (16+), Ticket Number: 0142113412206

Air Canada - [REDACTED] Meal Preference : None
Aeroplane : [REDACTED]
Payment Card: [REDACTED] Special Needs: None
Seat Selection: AC8172 4D Paid , AC8169 10A

Purchase Summary

Fare Summary

Passenger Type	Adult
Departing Flight - Tango	99.00
Return Flight - Tango Plus	212.00
Surcharges	24.00

Taxes, Fees and Charges

Canada Airport Improvement Fee	50.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	19.96
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	419.21

Airfare from Calgary to Edmonton, 2) to attend Arts Foundations Forum
+ Seat Selection \$18.90 on October 26, 2012

Options

Departing Flight - **Tango**

▾ Advance Seat Selection 18.00

Return Flight - **Tango Plus**

▾ NIL

Canada Goods and Services Tax (GST/HST #10009-7287 RT0001) 0.00

Total airfare, taxes and options (per passenger) **438.11**

Number of passengers 1

RBC Travel Insurance (declined) 0.00

Grand Total - Canadian dollars \$438.11

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

Air Canada: \$419.21 (Airfare - per ticket)

Air Canada: \$18.90 (Advance Seat Selection - per ticket)

Ticket number(s): 0142113412206

enRoute City Guide

Edmonton

Sitting on the 53rd parallel, Edmonton is the most northern city in the Americas with a population of over one million. Though it does feel northerly, it doesn't feel particularly crowded, maybe because it straddles the North Saskatchewan River to create the largest urban green space in North America...

[Read the complete guide](#)

What do you think of our new City Guide feature?



Fare Rules

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

- **Changes:**
 - Prior to day of departure - **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
 - **Airport same-day changes** are subject to availability and are permitted only for same-day flights at a fee of \$150 CAD/USD per direction, per passenger, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded), for whom the flat fee is \$75 CAD/USD. Same-day flights only.
 - **Same-day standby** is not permitted.
 - Flights can only be used in sequence from the place of departure specified on the itinerary.
- **Cancellations:**
 - Tickets are **non-refundable** and **non-transferable**.
 - **Cancellations** can be made up to 45 minutes prior to departure.
 - Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger.

TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A: Employee Details (for AHS Staff ONLY) Travel Period from: 3-Oct-12 to 4-Oct-12

- 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)

Name **PATTI GRIER** Position (Title) **Chief of Staff & Corporate Secretary** Employee # (E-People) [REDACTED] Employee # (Legacy) [REDACTED]

Location **Southport Tower** Dept **Board Office** Union [REDACTED] Business Phone # [REDACTED] Ext [REDACTED] Out-of-Province Travel [REDACTED]

What is your former legacy region (prior to AHS consolidation)? Please click in cell and select from dropdown menu ➔ **Calgary Health**

SECTION E: Finance Coding & Total Claim

CAPITAL PROJECT CODING ONLY → Project Number [REDACTED] Project Task Number [REDACTED]
Expenditure Organization [REDACTED] Expenditure Type [REDACTED]

Total - Section B: Travel - Pg 2				
Pg	Bal Unit	Location	Functional Centre (FC)	Total
2A	101	0005	71110300000	\$313.10
2B				
2C				
2D				
				\$313.10

Total - Section C&D: Other & Foreign Expenses - Pg 3				
Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total

**User to enter Coding & \$ amounts

TOTAL REIMBURSEMENT	
Total Section B	\$313.10
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$313.10

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.

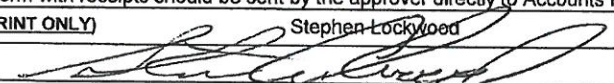
Claim Prepared by (PRINT ONLY) **Lynne Nicholas** Phone # [REDACTED] Ext [REDACTED]

I hereby acknowledge that I have read the "Travel, Hospitality and Hosting Expense 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-Oct-12**

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) **Stephen Lockwood** DOFA Level [REDACTED] Position # [REDACTED] Phone # [REDACTED] Ext [REDACTED]

Signature  Title **Board Chair** Date **11-Oct-12**

Approved By (PRINT ONLY) [REDACTED] DOFA Level [REDACTED] Position # [REDACTED] Phone # [REDACTED] Ext [REDACTED]

Signature [REDACTED] Title [REDACTED] Date [REDACTED]

AHS - Edmonton
Accounts Payable
OCT 16 2012
RECEIVED

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

EXPENSE CLAIM DETAILS

Enter Finance Coding	101 • 0005 • 71110300000	Emp # (E-People)	[REDACTED]	Emp # (Legacy)	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 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-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						
3-Oct-12	Calgary to Edmonton - Senior Leadership	AB	Meeting									310.00
4-Oct-12	Edmonton to Calgary return trip (car pool - Lori Anderson, Cheri Nijssen-Jordan)	AB										310.00
SUBTOTALS												Total Kms
												620.00

MEAL PER DIEM RATES
 B = Breakfast = \$10 L = Lunch = \$12 D = Dinner = \$21 A = ALL MEALS = \$43
 BL = Breakfast & Lunch = \$22 BD = Breakfast & Dinner = \$31 LD = Lunch & Dinner = \$33

Enter \$0.505 OR rate per Union Agreement	\$0.505
Mileage \$	\$313.10
Travel \$ Subtotal	
Enter on page 1 TOTAL TRAVEL \$	\$313.10

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