

Board and Executive Expense Report

Name Patti Grier
Title Chief of Staff
Location Calgary

Expenses submitted during the month of December 2012

						Trave	1(1)						Vonancia de Company	
Date	Source Document	Purpose	Airfar	e	Meals	Accomm	odation	Otl Tra	her ivel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)	
November/ December	P-Card	Various meetings												
2012 November/ December 2012	Expense Claim	Mileage and meals for various meetings			30		548		50 344	598 374				
Total		- =	\$	- 9	\$ 30	\$	548	\$	394	\$ 972	\$ -	\$ -	\$	

Total for

the Month \$ 972

Maximum meal expense claimed in the month	\$ 21
Maximum daily hotel rate claimed in the month	\$ 149
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 details	ailed receipts and supporting documents in the	same order as it appears on this stat	tement
Cardholder AND Approver	's signatures required where indicated below		
GRIER, PATTI	CHIEF OF STAFF		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/12/2012
BOARD OFFICE	SOUTHPORT TOWER		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$698.25
PATTI,GRIER@ALBERTAHEA	LTHSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #	#:

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	Freight	Description
	302294777	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	26,00	CAD	26.00	1.24	.00	Parking - Quality & Safety -10030 107St NW Edmonton
	802470866	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.86	.00	Parking - Audit & Finance 10030 107 St NW Edmonton
	302470867	THE WESTIN EDMONTON, WESTIN HOTELS	180.33	CAD	180.33	14.03	.00.	Accommodation/Parking - Audit & Finance Nov 28 /12 Edmonton
30/11/2012	302470865	MPARK00030178U, AUTOMOBILE PARKING LOTS AND GARAGES	6.30	CAD	6.30	.30	.00	Mtg YMCA President & CEO 10*3 St SW Calgary
13/12/2012	303775790	THE WESTIN EDMONTON, WESTIN HOTELS	367.62	CAD	367.62	22.53	.00	Accommodations/Parking for 2 nights - Dec 11/12 AHS Bd mtgs





P-Card details Online ® Cardholder Statement Report

Cardholder Designate (if Applicable) By signing this statement	
	atement in BMO details Online® to the best of my ability in accordance to AHS Corporate d the transaction(s) to the proper cost centre.
Name of Cardholder Designate	Cardholder Designate Position/Title
Signature of Cardholder Designate	Date of Signature
Program User Guide.	egitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card
 I acknowledge that the above Cardholder Designate has contained. 	ompleted reviews and reconciliation in BMO details Online® on my behalf (if applicable).
GRIER, PATTI	CHIEF OF STAFF Cardholder Position/Title
Signature of Cardholder	Dec 20, 2012 Date of Signature
Approver Designate (if Applicable) By signing this statement I hereby certify that I have reviewed and approved this state Guide and Training on behalf of a authorized approver.	ement in BMO details Online® in accordance to AHS Corporate Policies, Program User
Mama of Approver Designate	EXECUTIVE ASSISTANT Approver Designate Position/Title
Signature of Approver Designate	Dec: 20/12 Date of Signature
Program User Guide and nereby approve the transactions	gifimate business purposes in accordance to AHS Corporate Policies and AHS P-Card as listed. pleted reviews and approvals in BMO details Online® on my behalf (if applicable).
Stephen Lackwood Name of Approver	Approver Rosition/Title
Signature of Approver	Date of Signature
(Mar	
Attach: Original itemized receipts	Address:
 Signed Cardholder Statement Report (or copies of electroni signatures if signatures are not on report) 	ic Alberta Health Services Accounts Payable
And where applicable:	7th Street Plaza
 Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" 	10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
 Return, refund and/or credit receipts Disputes letter 	
Reference #: Reviewe	ed by: Date:

RUN DATE: 12/19/2012



November 28, 2012 Quality & Safety Committee Meeting Parking at AHS Corporate Office 10030 107 Street NW, Edmonton, AB

November 29, 2012 Audit & Finance Committee Meeting Parking at AHS Corporate Office 10030 107 Street NW, Edmonton, AB The Westin Edmonton 10135 100 St

Edmonton, AB T5J 0N7

Canada

Tel: 780-426-3636 Fax: 780-428-1454

Miss Patti Grier

Canada

Page Number: 1 Invoice Nbr: 134842

Guest Number: Arrive Date: 28-NOV-12 16:48

Folio ID : A Depart Date: 29-NOV-12

No. Of Guest: 1 Room Number: 1216

Email: PATTI.GRIER@ALBERTAHEALTH Room Rate : 139.00

SERVICES.CA Club Account:

Information Invoice

Tax ID: 861336493RT0005

The Westin Edmonton 29-NOV-12 06:48 SUJIRAI

Date	Reference Description		Charges	Credits
28-NOV-12	RT1216	Room Charge	139.00	
28-NOV-12	RT1216	GST	7.02	
28-NOV-12	RT1216	DMF	1.39	
28-NOV-12	RT1216	Tourism Levy	5.62	
28-NOV-12	RT1216	Parking Self	26.00	
28-NOV-12	RT1216	GST	1.30	
29-NOV-12	MC	Mastercard	-180.33	
		** Total	180.33	-180.33
		*** Balance	0.00	

November 28, 2012
AHS Board Meetings Edmonton
Accommodation/Hotel Self Parking

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7

Canada

Tel: 780-426-3636 Fax: 780-428-1454

Miss Patti Grier

Page Number: 2 Invoice Nbr: 134842

Guest Number: Arrive Date: 28-NOV-12 16:48

Folio ID : A Depart Date: 29-NOV-12

Canada No. Of Guest: 1
Room Number: 1216

Email: PATTI.GRIER@ALBERTAHEALTH Room Rate : 139.00

SERVICES.CA Club Account:

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

As a Starwood Preferred Guest you have earned at least 546 Starpoints for this visit G671021009

EXPENSE SUMMARY REPORT

Date 28-NOV-12	Room 139.00	GST 7.02	Tour Levy 5.62	Food\Bev 0.00	Phone 0.00	Other 28.69
Total	139.00	7,02	5.62	0.00	0.00	28.69
Date 28-NOV-12	Total 180.33	Payment 0.00				
Total	180.33	0.00				

RECEIPT

Stall # 4

03:43 PM

NOV 30, 2012

Purchase Oate/Time: 01:43pm Nov 30, 2012 Total Parking: \$6.00 Total FEDERAL: \$0.30

Rate: 2 HOURS Payment Type: Card

Total Due: \$5,30 Total Paid: \$6,30 Ticket # 00007563

Setting: Lot 178 Mach Name: Lot 178-1

Auth #: 154435

GST REG #R102466000

November 30, 2012

Meeting with YMCA President & CEO & AHS

President & CEO

Location: 101 3rd Street SW Calgary

Parking Receipt

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 780-426-3636 / 780-428-1454 http://www.westin.com/edmonton

HOTELS & RESORTS

Ms Grier, Patti Alberta Health Services Guest Number

Page Number Folio ID

I

Invoice Nbr Arrive Date 1000094408 12-10-2012

Depart Date

12-13-2012

No. Of Guest 1 Room Number 908 Club Account Time 12-14-2

Event: December Board Meetings - Edmonton Dec 11 & 12 Accommodation on & Parking

Event: Judicial Inquiry - Edmonton

Dec 10 Accommodation & Parking Personal Credit Card

Date	Reference	Duplicate Inv	cice Charges Credits	•
12-10-2012	RT908	Room Charge	\$149.00	
12-10-2012	RT908	DMF	\$1.49	
12-10-2012	RT908	Tourism Levy	\$6.02	
12-10-2012	RT908	Parking Self	\$26.00	
12-10-2012	RT908	GST	\$1.30	
12-11-2012	RT908	Room Charge	\$149.00	
12-11-2012	RT908	DMF	\$1 .4 9	
12-11-2012	RT908	Tourism Levy	\$6.02	
12-11-2012	RT908	Parking Self	\$26.00	
12-11-2012	RT908	GST	\$1.30	
12-12-2012	RT908	Room Charge	\$149.00	
12-12-2012	RT908	DMF	\$1.49	
12-12-2012	RT908	Tourism Levy	\$6.02	
12-12-2012	RT908	Parking Self	\$26.00	
12-12-2012	RT908	GST	\$1.30	
12-13-2012	VI	Visa	\$~156.51	
12-13-2012	VI.	Visa	\$-27.30	
12-13-2012	MC	Mastercard	\$-367.62	
12-14-2012	MC	Mastercard	\$-0.00	
		** Total	\$551.43 \$-551.43	
		** Balance	\$0.00	

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE SUMMARY REPORT Currency: CAD

Date	Room	GST	Tour Lavy	Food\Bev	f. Phone	Other	Total	Payment
12-10-2012	\$149.00	\$0.00	\$6.02	\$0.00	\$0.00	\$28.79	\$183.81	\$0.00
12-11-2012	\$149.00	\$0.00	\$6.02	\$0.00	\$0.00	\$28.79	\$183.81	\$0.00
12-12-2012	\$149.00	\$0.00	\$6.02	\$0.00	\$0.00	\$28.79	\$183.81	\$0.00
12-13-2012	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$-551.43
Total	\$447.00	\$0.00	\$18.06	\$0.00	\$0.00	\$86.37	\$551.43	S-551.43

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 780-426-3636 / 780-428-1454 http://www.westin.com/edmonton



1000094408

12-10-2012

12-13-2012

Invoice Nbr

Arrive Date

Depart Date

Ms Grier, Patti Page Number 2
Alberta Health Services Guest Number
Folio ID A

No. Of Guest 1
Room Number 908
Club Account

Time

Duplicate Invoice

12-14-2012 04:20

Your SPG Account earned at least 1575 Starpoints. Get 10,000 more with the SPG Credit Card. spg.com/axpcard

I have received The Globe and Mail. If you wish to decline this paper you will be credited \$1.00 (Mon to Fri) and \$2.00 (Sat).



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 Expense Date From: 20-Nov-12 To 12-Dec-12											
• Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system Travel Period from: To (if applicable) Out-of-Province Travel											
If you are a new employee and your payron is E4 copie you wan only not a unit Employee in E4 appley											
Name: PATTI GRIER Position (Title): Chief of Staff & Corporate Secretary											
Location: Southport Tower Dept: Board Office DOPA Level: 4 (if applicable) Union: Business Phone #: Ext:											
Employee # (E-People): Employee # (REQUIRED # prior to E-People migration):											
SECTION E: FINANCE CODING & TOTAL CLAIM											
Project Number Project Task Number											
CAPITAL PROJECT CODING ONLY → Expenditure Organization Expenditure Type											
Total - Section B: Travel - Pg 2 Total - Section C&D: Other & Foreign Expenses - Pg 3 TOTAL REIMBURSEMENT											
Pg Bal Location Functional Centre Total Bal Unit Location Functional Secondary/ Total											
Pg Unit Location (FC) Expense Bal Unit Location Centre (FC) Expense Expense Total Section B \$374.36											
ZA 101 0005 71110300000 \$374.36 Total Section C&D											
2B Less Cash Advance											
20											
1											
2D											
\$374.36 **User to enter Coding & \$ amounts											
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): Lynne Nicholas 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 Signatures Date 14-Nov-12											
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-Lockwood DOFA Level Position # Phone # Ext											
Signature: Title AHS Board Chair Date Dec 14, 2012											
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 Palka, Director Accounts Payable at 780-735-0506 or email: Mark Palka@albertahealthservices.ca

EXPENSE CLAIM DETAILS

	Enter Finance Coding 101 - 0005 •	71110300	000		Emp # (E-P	eople)	COLUMN TO A STATE OF THE STATE	Emp # (prior	to E-people)		Р	age 2A
If expenses	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'i). Ensure separate lines are used for claim items that differ in Province, US and Out of North America.												
Date							Airfare		Rental			0014
dd-mmm-yy	Purpose of Travel 55 characters maximum -langth of shaded area	US, or Out of N.America	travel related to?	Туре	w/receipt	w/o receipt or per diem	Bus/LRT Parking	Hotel	Car	Taxi	Fuel	Mileage (km)
20-Nov-12	Southport / Alberta Children's Hospital return	AB	Meeting									42.00
	AHS Executive Committees											
28-Nov-12	Calgary/Edmonton re Audit & Finance Committee	AB	Meeting									320.00
29-Nov-12	Edmonton/Calgary return trip /Audit & Finance Committee	AB										320.00
	car pool - staff: P.Grier and C. Gara											
12-Dec-12	Board Meetings - Breakfast & Dinner Per Diem Rete	AB	Meeting	BD		\$29.95						
		,	SUBTOT	ALS		\$29.95						Total Kms
												582.00
	MEAL PER DIEI B = Breakfast = \$9.20	Inner = \$20.						Enter \$0.505 k	m, \$0.47 km <u>OR</u> (se	rate per Unior e Mileage deta		\$0.505
<u> </u>	DL = Dieaviast of Cutical = \$20.80 BD = Breakfast & C	<u> </u>	LU=L	union & U	unter - \$32,35						Mileage \$	\$344.41
	MILEAGE - Business Kilometre Rate	for Person	ally-Own	ed Vehic	ele					Trave	el \$ Subtotal	\$29.95
	→ details of travel location to & from must be include		100	of travel	column				Enter on	page 1 TOTA	L TRAVEL \$	\$374.36
	\$0.505 per km for <u>und</u> \$0.47 per km for <u>ove</u> or <u>per Union Aç</u>	er 5,000km/					Note:	Fotal will auto fill int	o pg 1, Section E, pg 2s can be four			ally - Additional