

Board and Executive Expense Report

Name Patti Grier
Title Chief of Staff
Location Calgary

Expenses submitted during the month of January 2013

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
January 2013	Expense Claim	Board and Committee meetings		30		296	326			
January 2013	P-Card	Board and Committee meetings			183	44	227			
Total			\$ -	\$ 30	\$ 183	\$ 340	\$ 553	\$ -	\$ -	\$ -

Total for the Month \$ 553

Maximum meal expense claimed in the month \$ 21
Maximum daily hotel rate claimed in the month \$ 139
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

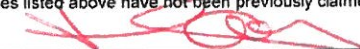
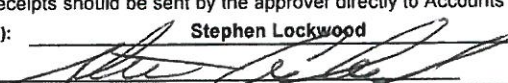
Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

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)		Expense Date From: 16-Jan-13 To: 17-Jan-13	
<ul style="list-style-type: none"> • 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) 		Travel Period from: _____ To: _____ (if applicable)	
		Out-of-Province Travel	
Name: PATTI GRIER		Position (Title): Chief of Staff & Corporate Secretary	
Location: Southport Tower	Dept: AHS Board Office	DOFA Level: 4 (if applicable)	Union: _____ Business Phone #: [REDACTED] Ext: _____
Employee # (E-People): [REDACTED]		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	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0005	71110300000	\$326.05
2B				
2C				
2D				
				\$326.05
NOTE: This section auto fills from page 2A, 2B, 2C & 2D				
Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
**User to enter Coding & \$ amounts				
NOTE: These fields do not automatically fill for Section C&D				
TOTAL REIMBURSEMENT				
Total Section B			\$326.05	
Total Section C&D				
Less Cash Advance				
TOTAL CLAIM			\$326.05	

SECTION F: AUTHORIZATION			
If applicable, <u>print</u> 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 _____	
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: 21-Jan-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 Lockwood		DOFA Level _____ Position # [REDACTED] Phone # [REDACTED] Ext _____	
Signature: 		Title: AHS Board Chair Date: _____	
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

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EXPENSE CLAIM DETAILS

Enter Finance Coding 101 • 0005 • 7111030000	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						
16-Jan-13	Calgary/Edmonton (car pool / staff Colleen Gara)											315.00
	-Quality & Safety Committee Corp Office 16-Jan-2013		Meeting	D		\$20.75						
	-Audit & Finance Committee Corp Office 17-Jan-2013		Meeting	B		\$9.20						
17-Jan-13	Edmonton/Calgary (car pool / staff Colleen Gara)											315.00
	-return trip from meetings in Edmonton											
SUBTOTALS												Total Kms 630.00

<p>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>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>\$0.505 per km for <u>under 5,000km/yr</u> \$0.47 per km for <u>over 5,000km/yr</u> or per Union Agreement</p>

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>	\$0.470
Mileage \$	\$296.10
Travel \$ Subtotal	\$29.95
Enter on page 1 TOTAL TRAVEL \$	\$326.05
<p>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form</p>	

Instruction:


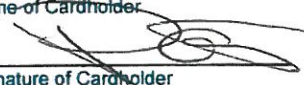
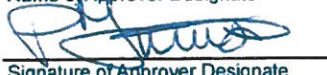

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>GRIER, PATTI</u>	<u>CHIEF OF STAFF</u>	Billing Reporting Period:	<u>20/01/2013</u>
Cardholder's Name	Cardholder's Position/Title		
<u>BOARD OFFICE</u>	<u>SOUTHPORT TOWER</u>	Total Statement Amount:	<u>\$227.36</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>PATTI.GRIER@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u> </u>
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
16/01/2013	306077045	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	26.00	CAD	26.00	1.24	00	Parking - Purpose: Quality & Safety Committee Edmonton
17/01/2013	306248304	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.86	00	Parking - Purpose: Audit & Finance Committee Edmonton
17/01/2013	306248305	THE WESTIN EDMONTON, WESTIN HOTELS	183.36	CAD	183.36	17.06	00	Accommodation & Parking: Meetings in Edmonton Jan 16-17

412

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>Lynne Nicholas</u> Name of Cardholder Designate  Signature of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title <u>21-Jan-2013</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  Signature of Cardholder	<u>CHIEF OF STAFF</u> Cardholder Position/Title <u>Jan 21, 2013</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>Paula Finnsen</u> Name of Approver Designate  Signature of Approver Designate	<u>Executive Assistant</u> Approver Designate Position/Title <u>Jan 21/13</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>Stephen Lockwood</u> Name of Approver  Signature of Approver	<u>AHS Board Chair</u> Approver Position/Title _____ 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: _____

TICKET VOID

impark

UP ON DASH

IMPARK

PHONE 780-420-1976

DAILY RATE

Meter : 101 383

Time: 12:20P JAN 16

Price: \$26.00

Card: [REDACTED]

Exp. : [REDACTED]

Expires:

6:00PM WED
JAN 16 13

GST NO. 88/315638R10C01
INSTRUCTIONS ON BACK

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

LD

PLA

Parking for AHS Quality & Safety Committee at AHS
Corporate Office Edmonton January 16, 2013

TICKET VOID IF RE-SOLD

IMPARK

PHONE 780-420-1976

EARLY BIRD

Meter : 101 383

Time: 7:33A JAN 17

Price: \$18.00

Card: [REDACTED]

Exp. : [REDACTED]

Expires:

6:00PM THU
JAN 17 13

GST NO. 887315638RT0C01
INSTRUCTIONS ON BACK

VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE L

Parking for AHS Audit & Finance Committee at
AHS Corporate Office Edmonton January 17, 2013

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



Miss Grier, Patti
 [Redacted]
 Page Number 1
 Guest Number [Redacted]
 Folio ID [Redacted]
 No. Of Guest 1
 Room Number 1407
 Time 01-17-2013 06:50
 Arrive Date 01-16-2013
 Depart Date 01-17-2013

Invoice

Date	Reference	Description	Charges	Credits
01-16-2013	RT1407	Room Charge	\$139.00	
01-16-2013	RT1407	GST	\$7.16	
01-16-2013	RT1407	DMF	\$4.17	
01-16-2013	RT1407	Tourism Levy	\$5.73	
01-16-2013	RT1407	Parking Self	\$26.00	
01-16-2013	RT1407	GST	\$1.30	
01-17-2013	MC	Mastercard		\$-183.36
		** Total	\$183.36	\$-183.36
		** Balance	\$-0.00	

EXPENSE SUMMARY REPORT
 Currency: CAD

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total	Payment
01-16-2013	\$139.00	\$7.16	\$5.73	\$0.00	\$0.00	\$31.47	\$183.36	\$0.00
01-17-2013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$-183.36
Total	\$139.00	\$7.16	\$5.73	\$0.00	\$0.00	\$31.47	\$183.36	\$-183.36

[Redacted] . Get
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One night accommodation in Edmonton for
 AHS Quality & Safety Committee meeting Jan 16/2013
 AHS Audit & Finance Committee meeting Jan 17/2013