

Official Administrator and Executive Expense Report

Name Dr. Paul Grundy
Title SVP Cancer Care/Senior Medical Director Cancer Care
Location Edmonton

Expenses submitted during the month of April 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) |
| Apr-14 | Direct Billing | Meetings | 2,584 | | | | 2,584 | | | |
| Apr-14 | Expense Claim | Meetings & Conference | | 238 | 400 | 719 | 1,357 | | | |
| Total | | | \$ 2,584 | \$ 238 | \$ 400 | \$ 719 | \$ 3,941 | \$ - | \$ - | \$ - |

Total for the Month \$ 3,941

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 200
 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

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions.
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- Indicate whether you have expenses to report in this section for this reporting period: Yes ☐ No ☐

Name: Dr. Paul Grundy

Reporting Period for the Month of: April 2014

| Date | Payment Method | Category | Description/Purpose for Expense | Name of Vendor Paid | Amount Paid |
|------------|----------------|----------------|---|---------------------|-------------|
| 2014-03-26 | Direct Billing | Transportation | Dr. Grundy traveled to Cancer Centres in Toronto, Boston and Raleigh for learnings regarding best practices for cancer care | Marlin | \$1,676.32 |
| 2014-04-02 | Direct Billing | Transportation | Dr. Grundy travelled to Calgary to participate in a tour with Minister Rick McIver and attended 4 | Marlin | \$447.96 |

| | | | | | |
|--------------------------------|-----------------------|-----------------------|---|---------------|-------------------|
| | | | CancerControl related meetings | | |
| 2014-04-10 | Direct Billing | Transportation | Dr. Grudny travelled to Calgary to perform Performance Appraisals on CancerControl memebrs | Marlin | \$459.96 |
| | Choose One | Choose One | | | |
| | Choose One | Choose One | | | |
| Total Paid in the Month | | | | | \$2,584.24 |

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: March 26, 2014
Page: 1/3
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR PAUL GRUNDY
AC [REDACTED]

Sunday, April 6, 2014

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: TORONTO PEARSON
Stops: 0
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 16D

Flight: 172 G CLASS
01:25 PM Equipment: E90
07:04 PM [REDACTED]

Monday, April 7, 2014

✈ Air

AIR CANADA
From: TORONTO PEARSON
To: BOSTON-LOGAN INTL
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 14D

Flight: 7388 Q CLASS
06:15 PM Equipment: E75
07:48 PM [REDACTED]

Tuesday, April 8, 2014

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: March 26, 2014
Page: 3/3
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

| | |
|---------------------------------------|---------|
| Grand Total: | 1676.32 |
| Less Credit Card Payments: | 1676.32 |
| Credit / Balance Due To This Invoice: | 0.00 |
| Total Balance Due: | 0.00 |

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT... VISA... TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:
Agent:

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date: April 2, 2014

Page: 1/2

Our Reference:

Your Reference:

INVOICE

For
DR PAUL GRUNDY
AC

Friday, April 11, 2014

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION
TICKET NUMBER
SEAT 2D

Flight: 8131 V CLASS
06:00 AM Equipment: D8 (300 SERIES)
06:51 AM

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION
TICKET NUMBER
SEAT 2D

Flight: 8152 V CLASS
04:30 PM Equipment: D8 (300 SERIES)
05:21 PM

Cost:

| | |
|---------------|--------|
| | 368.00 |
| Tax: | 69.96 |
| Ticket Total: | 437.96 |

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

April 2, 2014

Page:

2/2

Our Reference:

Your Reference:

INVOICE

Total:

10.00

Grand Total:

447.96

Less Credit Card Payments:

447.96

Credit / Balance Due To This Invoice:

0.00

Total Balance Due:

0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

DOCUMENTATION REQUIRED: VALID PASSPORT... VISA... TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....

PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.

CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL

24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT

1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0

OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

April 10, 2014

Page:

1/3

Our Reference:

Your Reference:

INVOICE

For

DR PAUL GRUNDY

AC

Tuesday, April 15, 2014

✈ Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 5C

Flight: 8171

W CLASS

07:30 AM Equipment: DH4

08:20 AM

Hotel

Check In: 15Apr2014 12:00 AM

Check Out: 16Apr2014 12:00 AM

CALGARY AB

DELTA HOTELS

DELTA BOW VALLEY

209 4TH AVE SOUTHEAST

CALGARY

CA

ABT2G 0C6

Tel:

Fax:

Confirmation:

Rooms 1

1 Nights(s)

NK1

Rate: 199.00

CAD

per Night

Guaranteed for late arrival

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: April 10, 2014
Page: 2/3
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Wednesday, April 16, 2014

← Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3C

Flight: 8225 Q CLASS
07:30 PM Equipment: D8 (300 SERIES)
08:21 PM

Mile(s) Flown: 153

Cost:

[REDACTED]

[REDACTED]

380.00

Tax:

69.96

Ticket Total:

449.96

10.00

Total:

[REDACTED]

Grand Total:

459.96

Less Credit Card Payments:

459.96

Credit / Balance Due To This Invoice:

0.00

Total Balance Due:

0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT... VISA... TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
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1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

To: ALBERTA HEALTH SERVICES

EDMONTON AB, T5J 3E4

Invoice Number:

Date:

April 10, 2014

Page:

3/3

Our Reference:

Your Reference:

INVOICE



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)

Name: Dr. Paul Grundy
Location: Sun Life Place Dept: DOFA Level: Position (Title): SVP and SrMD Cancer Control Alberta
Employee # (E-People): Union: Business Phone #: Ext:

Expense Date From: 2-Apr-14 To 9-Apr-14
Travel Period from: 2-Apr-14 To 9-Apr-14
Out-of-Province Travel Yes

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number Expenditure Organization Project Task Number 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 | 0000 | 71110000012 | \$234.75 | 103 | 0002 | 71760001350 | 62314000 | \$42.91 | \$511.95 | \$42.91 |
| 2B | 103 | 0002 | 71760001350 | \$277.20 | | | | | | | |
| 2C | | | | | | | | | | | |
| 2D | | | | | | | | | | | |
| | | | | \$511.95 | | | | | \$42.91 | TOTAL CLAIM \$554.86 | |

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

I, the undersigned, certify that the expenses claimed 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 to obtain and supporting materials are provided above.

I, by signing this form, attest that I am compliant to all the above statements.

Employee Signature: Date: April 17/14

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

I attest the expenses claimed 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 to obtain and supporting materials are provided above.

Approved By (PRINT ONLY): Rick Trimp DOFA Level Position # Phone # Ext

Signature: Title: Interim CEO Date: 4/28/14

I, by signing this form, attest that I am compliant to all the above statements.

Signature: DOFA Level Position # Phone # Ext

Title: Date:

Health and Personal Information Act: On this form is collected by AHS under the authority of section 20(1) of the Health Information Act and section 3(1) and 4(1) of the Freedom of Information and Protection of Privacy Act, respectively, for the purpose of administering AHS procedures and programs.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030 107 St. North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

- 1 of 3 -
EXPENSE CLAIM DETAILS

| | | | | | | |
|--|-----|------|-------------|------------------|--|---------|
| Enter Finance Coding | 101 | 0000 | 71110000012 | Emp # (E-People) | | Page 2A |
| 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 (column Prov.) 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.

| Completion of the "Cost Effective Method Used" Column is REQUIRED. | | | | | | | | | | | | | | |
|---|--|---|----------------------------------|--|-----------------------------|-----------|-------------------|--------------|--|----------|----------|--|-----------------------|---------------------|
| If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page | | | | | | | | | | | | | | |
| Date dd-mmm-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 | Prov, US, or Out of N.Amer where expenses incurred? | What is travel related to? | Cost Effective Method Used? Yes/No | Meal (Allowance OR Receipt) | | | | If amount being claimed is above the policy limit stated in Appendix "A" rationale is required | | | Rental Car/ Bus/LRT/ Parking / Fuel | Per Diem Allowance | Mileage (km) |
| | | | | | Meal Allowance | | Meal with Receipt | | Airfare | Hotel | Taxi | | | |
| | | | | | Meal Type with value | Allowance | Meal Type | with receipt | | | | | | |
| 2-Apr-14 | Mileage driving from Edmonton to Calgary hotel, in preparation for full day meeting CancerControl Executive Leadership meeting on April 3 in Calgary | AB | Meeting | Yes | | | | | | | | | | 300.00 |
| 3-Apr-14 | Hotel invoice for one night stay in Calgary in preparation for full day CancerControl Executive Leadership meeting from 6:30-3:30 pm at Wellspring on April 3/14 | AB | Meeting | Yes | | | | | | \$200.00 | 2 | | | |
| 3-Apr-14 | Dinner per diem. Dr. Grundy required to travel from Calgary to Banff for Dept. of Surgery retreat (retreat took place evening of April 3 and all day April 4) | AB | Meeting | Yes | D-\$20.75 | \$20.75 | 3 | | | | | | | |
| 3-Apr-14 | Parking expense incurred at the Calgary hotel, left car for one day (evening of April 2-morning of April 3) | AB | Meeting | Yes | | | | | | | | \$14.00 | 4 | |
| 3-Apr-14 | Mileage driving from Calgary to Banff for Dept. of Surgery retreat | AB | Meeting | Yes | | | | | | | | | | 121.00 |
| 4-Apr-14 | Mileage driving from Banff to home address in Edmonton | AB | Meeting | Yes | | | | | | | | | | 416.00 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| SUBTOTALS | | | | | | | \$20.75 | | | | \$200.00 | | \$14.00 | Total Kms 837.00 |

| | |
|--|--|
| <p>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle → details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement</p> | <p>Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)</p> <p>Mileage \$</p> <p>Travel \$ Subtotal \$234.75</p> <p>Auto fills on page 1 - TOTAL TRAVEL \$ \$234.75</p> |
|--|--|

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)

EXPENSE CLAIM DETAILS

| Enter Finance Coding | | 103 | 0002 | 71760001350 | Emp # (E-People) | | | | Page 2B | | | | | | |
|---|---|---|----------------------------|------------------------------------|---|-----------|-------------------|--------------|--|-------|--|-------------------------------------|--------------------|--------------|-----------|
| 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 (column Prov) 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. | | | | | Completion of the "Cost Effective Method Used" Column is REQUIRED . If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page | | | | | | | | | | |
| 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 | Prov, US, or Out of N.Amer where expenses incurred? | What is travel related to? | Cost Effective Method Used? Yes/No | Meal (Allowance OR Receipt) | | | | If amount being claimed is above the policy limit stated in Appendix "A" rationale is required | | | Rental Car/ Bus/LRT/ Parking / Fuel | Per Diem Allowance | Mileage (km) | |
| | | | | | Meal Allowance | | Meal with Receipt | | Airfare | Hotel | Taxi | | | | |
| | | | | | Meal Type with value | Allowance | Meal Type | with receipt | | | | | | | |
| 8-Apr-14 | Breakfast and Dinner meals expensed. In Boston, MS for Cancer Centre tour at Dana-Farber Cancer Institute | US | Educ | Yes | BD-\$29.95 | \$29.95 | 7 | | | | | | | | |
| 9-Apr-14 | All meals expensed. In Raleigh, NC for Cancer Centre tour at Duke Cancer Institute | US | Educ | Yes | A-\$41.55 | \$41.55 | 7 | | | | | | | | |
| 6-Apr-14 | Taxi expense incurred travelling from Toronto Airport to Toronto Hotel (Eaton Chelsea) and shared this ride with Michael Mah | ON | Educ | Yes | | | | | | | \$53.00 | 9 | | | |
| 9-Apr-14 | Parking expense incurred at Edmonton International Airport, Dr. Grundy left car Sunday Apr 6 and picked up Wed Apr 9th, based on drop off/pick up, charged for 4 days | AB | Educ | Yes | | | | | | | | \$92.00 | 10 | | |
| 6-Apr-14 | Dinner per diem. Dr. Grundy required to travel from Edmonton to Toronto in preparation for the Cancer Centre tour on Mon April 7/14 (flight left Edmonton on Sun April 6th at 1:30 pm) | ON | Educ | Yes | D-\$20.75 | \$20.75 | 7 | | | | | | | | |
| 7-Apr-14 | Breakfast and Dinner meals expensed. In Toronto for Cancer Centre tour at Princess Margaret Hospital | ON | Educ | Yes | BD-\$29.95 | \$29.95 | 7 | | | | | | | | |
| SUBTOTALS | | | | | | \$122.20 | | | | | \$53.00 | \$92.00 | | | Total Kms |
| MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle → details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement | | | | | | | | | | | Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left) | | | | |
| Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3 | | | | | | | | | | | Mileage \$ | | | | |
| | | | | | | | | | | | Travel \$ Subtotal | | | | |
| | | | | | | | | | | | Auto fills on page 1 - TOTAL TRAVEL \$ | | | | |
| 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) | | | | | | | | | | | | | | | |

EXPENSE CLAIM DETAILS

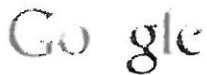
If **NOT** claiming any expenses in Sections C or D, this page does **NOT** have to be submitted

| SECTION C: OTHER EXPENSES | | | | | Emp # (E-People) [REDACTED] | | 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. → If expenses are for travel, gas, etc., go to Section B on pg 2. • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</p> <p style="text-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 dd-mmm-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? Yes/No | Continuing Education Select type from dropdown menu (if applicable) | GST is ON till slip/receipt, enter total amount in this column WITH GST |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| 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-mmm-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? Yes/No | 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 |
| 8-Apr-14 | Taxi expense incurred travelling from airport in Raleigh, NC to hotel | 103 | 0002 | 71760001350 | 62314000 | Yes | \$39.16 | USD | 1.0957 | \$42.91 |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| 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) | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|

Expenses Paid (Retain a copy for your records)



Directions to 133 9 Ave SW, Calgary, AB T2P 1B4
299 km -- about 3 hours 14 mins



(A) 10123 99 St NW, Edmonton, AB T5J 3H1

1. Head south on 99 St NW toward Jasper Ave NW go 93 m
total 93 m
- ➡ 2. Turn right onto Jasper Ave NW go 120 m
total 220 m
- ↩ 3. Turn left onto 100 St NW go 170 m
total 400 m
4. Continue onto McDougall Hill NW go 400 m
total 750 m
About 40 secs
- ↙ 5. Slight left toward Low Level Bridge (signs for Low Level Bridge) go 350 m
total 1.1 km
6. Continue straight onto Low Level Bridge go 290 m
total 1.4 km
7. Continue onto Connors Rd NW go 190 m
total 1.6 km
- ➡ 8. Slight right onto Scona Rd NW go 1.0 km
total 2.6 km
About 1 min
9. Continue onto 99 St NW go 6.6 km
total 9.2 km
About 10 mins
- ➡ 10. Turn right onto 34 Ave NW E go 650 m
total 9.8 km
About 1 min
- ↩ 11. Turn left onto Calgary Trail NW/AB-2 S go 284 km
total 294 km
Continue to follow AB-2 S
About 2 hours 52 mins
- ➡ 12. Take exit 256 for Memorial Drive W go 550 m
total 295 km
About 45 secs
13. Merge onto Memorial Dr NE go 2.0 km
total 297 km
About 2 mins
- ➡ 14. Take the 4 Avenue South ramp to City Centre go 700 m
total 297 km
About 1 min
15. Merge onto 4 Ave SE W go 300 m
total 298 km
- ↩ 16. Turn left onto 1 St SE S go 210 m
total 298 km
- ➡ 17. Turn right at the 2nd cross street onto 6 Ave SE W go 350 m
total 298 km
- ↩ 18. Take the 2nd left onto 1 St SW go 300 m
total 299 km
About 55 secs
- ↩ 19. Turn left onto 9 Ave SW go 40 m
total 299 km
Destination will be on the right

(B) 133 9 Ave SW, Calgary, AB T2P 1B4

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

[Map data ©2014 Google](#)

Directions weren't right? Please find your route on maps.google.ca and click "Report a problem" at the bottom left.



133 9th Avenue SW,
Calgary, AB, Canada T2P 2M3
T (403) 262-1234 F (403) 260-1260
G.S.T. Registration # 846543619

Room :
Folio # :
Cashier # :
Page # : 1 of 1

(2) + (3)

Dr Paul Grundy

Canada

Arrival : 04-02-14
Departure : 04-03-14

| Date | Description | Additional Information | Charges | Credits |
|-------------|---------------------------------|------------------------|---------|---------|
| 04-02-14 | Rimrock Restaurant | | 48.95 | |
| 04-02-14 | Room Charge | | 239.00 | |
| 04-02-14 | Calgary Destination Marketing F | | 7.17 | |
| 04-02-14 | Alberta Tourism Levy (4%) | | 9.85 | |
| 04-02-14 | Room GST | | 12.31 | |
| 04-02-14 | American Express | | | 317.28 |
| Total | | | 317.28 | 317.28 |
| Balance Due | | | 0.00 | |

GST Summary

| | |
|-------|-------|
| Room | 12.31 |
| F&B | 1.95 |
| Other | 0.00 |
| Total | 14.26 |

\$200 only
+ per diem
dinner

Thank you for choosing Fairmont Hotels & Resorts.

To provide feedback about your stay, please contact Dan McGowan, General Manager, at Dan.McGowan@fairmont.com.
We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

Merci d'avoir choisi Hôtels Fairmont.

Vous pouvez nous faire part de vos commentaires au sujet de votre séjour en écrivant au Directeur général, Dan McGowan à Dan.McGowan@fairmont.com.

Nous vous invitons également à partager vos observations ou photos sur notre forum communautaire www.everyonesanoriginal.com (anglais seulement).

Hotel \$200.00
Dinner \$ 20.75

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800 441 1414
Pour information et réservations visitez notre web au
www.fairmont.com ou téléphoner au Hôtels Fairmont de:
États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année)
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1,00\$ par jour (du Lundi au Vendredi) et de 2,00\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts
Merci d'avoir choisi les Hôtels Fairmont

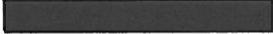
Hotel Parking Station
**PALLISER
SQUARE (4)**

Payment Receipt

Station name: POF 3 West

Entry: 4/3/14 7:16 PM

Payment date: 4/3/14 7:09 AM

Card no.: 


Due: CAD 14.00

Reduction: CAD 0.00

Paid with: CAD 14.00

Amount change: CAD 0.00

Change owed: CAD 0.00





Directions to Banff Centre
 107 Tunnel Mountain Dr, Banff, AB T1L 1H5
 121 km – about 1 hour 19 mins

**Wellspring Calgary**

1404 Home Rd NW, Calgary, AB T3B 1G7

1. Head north on Home Rd NW toward 13 Ave NW
 About 48 secs
 go 400 m
 total 400 m
2. Slight left onto AB-1 W/Trans-Canada Hwy
 About 1 hour 11 mins
 go 117 km
 total 117 km
3. Take the exit toward Banff
 go 230 m
 total 117 km
4. Turn left onto Mt Norquay Rd (signs for Banff)
 About 1 min
 go 950 m
 total 118 km
5. Continue onto Gopher St/Lynx St
 Continue to follow Lynx St
 About 1 min
 go 700 m
 total 119 km
6. Continue straight onto Bear St
 go 170 m
 total 119 km
7. Turn left onto Buffalo St
 About 3 mins
 go 1.4 km
 total 120 km
8. Continue onto Tunnel Mountain Dr
 Destination will be on the left
 go 250 m
 total 121 km

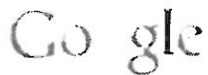
**Banff Centre**

107 Tunnel Mountain Dr, Banff, AB T1L 1H5

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2014 Google

Directions weren't right? Please find your route on maps.google.ca and click "Report a problem" at the bottom left.



Directions to 11619 73 Ave NW, Edmonton, AB
T6G
416 km – about 4 hours 29 mins



107 Tunnel Mountain Dr, Banff, AB T1L

1. Head south on Tunnel Mountain Dr toward St Julien Rd go 250 m
total 250 m
2. Continue onto Buffalo St go 1.4 km
About 3 mins total 1.6 km
3. Turn right onto Bear St go 170 m
total 1.8 km
4. Continue onto Lynx St go 700 m
About 1 min total 2.5 km
5. Continue onto Mt Norquay Rd go 750 m
About 64 secs total 3.2 km
6. Take the AB-1/Trans Canada Highway ramp to Calgary go 300 m
total 3.5 km
7. Merge onto AB-1 E/Trans-Canada Hwy go 111 km
About 1 hour 4 mins total 115 km
8. Take exit 177 toward AB-201 N/Stoney Trail go 1.5 km
About 1 min total 116 km
9. Merge onto Stoney Trail NW/AB-201 E go 21.8 km
About 14 mins total 138 km
10. Take exit 60 for Alberta 2 N go 2.6 km
About 2 mins total 141 km
11. Merge onto AB-2 N go 268 km
About 2 hours 48 mins total 408 km
12. Turn left onto 34 Ave NW E go 1.5 km
About 2 mins total 410 km
13. Turn right onto 111 St NW go 3.6 km
About 6 mins total 414 km
14. Turn left onto 61 Ave NW W go 350 m
total 414 km
15. Continue onto 113 St NW N go 1.1 km
About 1 min total 415 km
16. Continue onto 114 St NW N go 500 m
About 53 secs total 416 km
17. Turn left onto 76 Ave NW go 210 m
About 1 min total 416 km
18. Turn left onto 115 St NW go 300 m
About 58 secs total 416 km
19. Turn right onto 73 Ave NW go 220 m
Destination will be on the left total 416 km

11619 73 Ave NW, Edmonton, AB T6G

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2014 Google

Directions weren't right? Please find your route on maps.google.ca and click "Report a problem" at the bottom left.

April 6 - 9. (7)

Per Diem Meals

Sum $A \leq (04/10/20)$

Mon B-A. \leq (worst)

Tues B-D. ✓ (only 108)

Wed. B-L-D. ✓
(0410a) 10

Hotel direct billed
to ? A.I.
Taxi fare picked up
by other

⑧ pg 1/4

Summer Wesolosky

From: Paul Grundy
Sent: Tuesday, April 08, 2014 7:31 PM
To: Summer Wesolosky
Subject: Fwd: Receipt from RDU TAXI

Categories: NEED TO DO
Further Action Required: airport to hotel in Raleigh April 8th

This is a taxi receipt for airport to hotel in Raleigh NC. Thanks

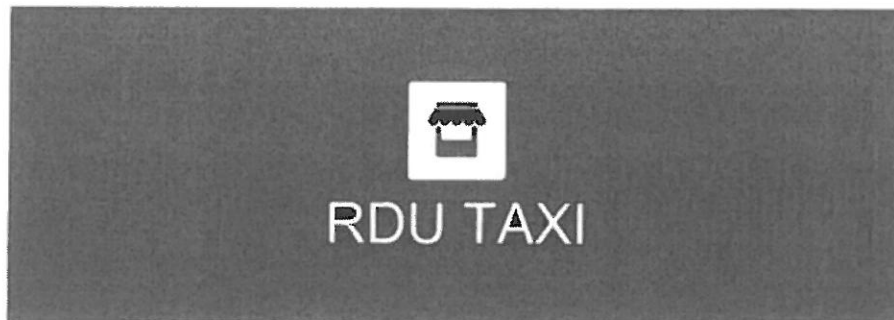
Paul Grundy
SVP and Senior Medical Director
CancerControl Alberta
Alberta Health Services

Sent from my iPad

Begin forwarded message:

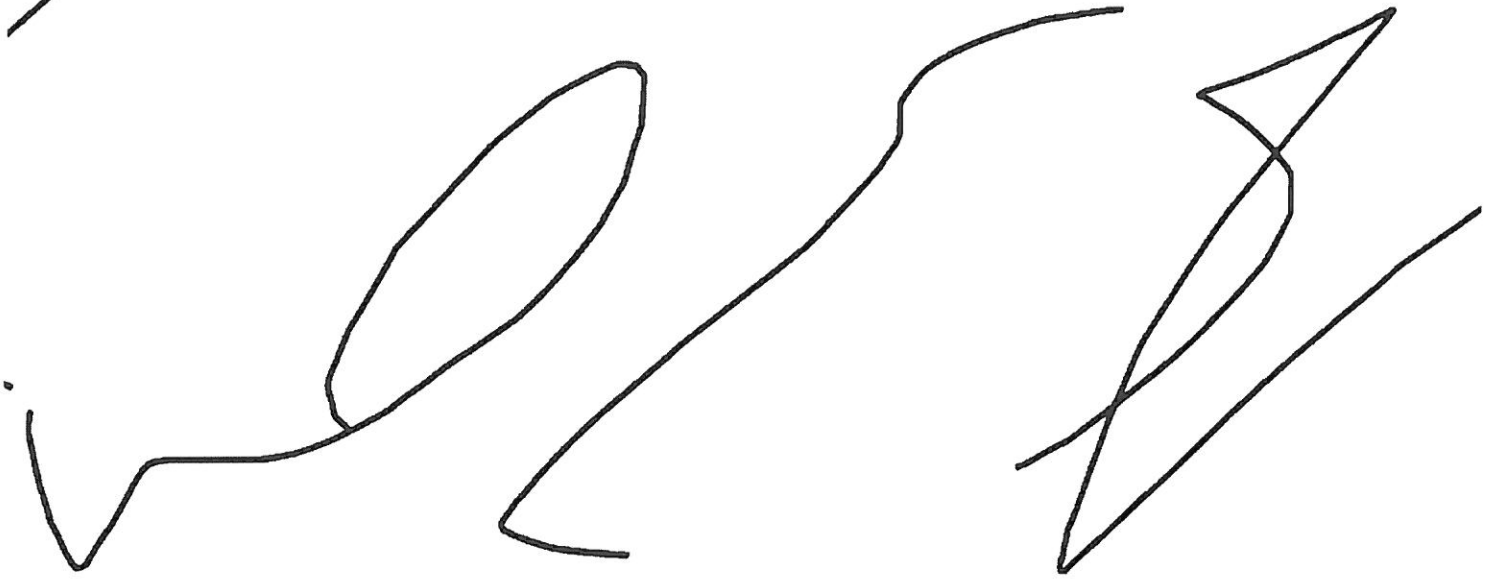
From: Square <noreply@messaging.squareup.com>
Date: April 8, 2014 at 8:33:36 PM EDT
To: Paul Grundy <Paul.Grundy@albertahealthservices.ca>
Subject: Receipt from RDU TAXI

Things just got easier. Now when you shop at sellers who use Square, your receipts will be delivered automatically. [Learn more.](#)



\$39.16

⑧ pg 2/4





⑧ pg 4/4

XE Currency Converter

39.16 USD = 42.9070 CAD

US Dollar ↔ Canadian Dollar

1 USD = 1.09569 CAD 1 CAD = 0.912671 USD

Mid-market rates: 2014-04-14 17:11 UTC

Send Money Online. Click here!!

XE Market Analysis

North American Edition

2014-04-11 10:53 UTC

The dollar continued to trade on the soft side. EUR-USD rose to a 22-day high of 1.3905, making this the fifth consecutive higher high on the daily chart. The pair subsequently dipped to 1.3881 before rebounding toward 1.3900 once more. EU's Gettinger said that there is no reason for panic over Russian energy supplies. USD-JPY made a three-week low of 101.32 in Tokyo, which help exacerbate Nikkei equity index losses, and then settled around 101.50 ... [Read More ►](#)

XE Currency Transfers

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- Choose frequency of updates

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[Top](#) · 2014-04-14 17:12 UTC (GMT)

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GST# R128599776

Edmonton Airports

Can-TS1 2T2 Edmonton
Tax CodeCAS%

POF 1st Fl 09/09/14 23:44
Receipt 094073

Short-term parking tkt
4L No. [REDACTED]
16/04/14 12:22
10/04/14 12:21
Period 4d0h0
(Tax)

Total \$92.00

\$92.00

\$92.00

\$87.62
4.38

AIRPORT

Towards → HOTEL

A-1 AIRLINE TAXI AND VAN FLEET
1925 EGLINTON AVE E UNIT
MISSISSAUGA, ON
916-756-1516
CARR32

Purchase

ALEX

Entry Method: C

Amount: \$ 55.00

Tip: \$ 8.00

Total: \$ 63.00

2014-04-05

19:44:54

Seq #: [REDACTED]

Appr Code: [REDACTED]

Resp Code: 00/025

E7 F6 E7 F7 D8 D8 D7
00 00 00 00 00
F8 00
14 5C 00 15 06 03 33 97

APPROVED
Thank You

9

Customer Copy

- IMPORTANT -
retain this copy for your records

CALL 416-756-1516 & GET UP TO 18%
DISCOUNT ON ROUND TRIP



TRAVEL APPROVAL FORM (OUT-OF PROVINCE ONLY) / REQUEST FOR ADVANCE

A. TRAVEL PARTICULARS

| | | |
|--|---|--|
| Out-of-Province: <input checked="" type="checkbox"/> | Advance Request: <input type="checkbox"/> | Destination: Toronto, ON, Boston, MS and Raleigh, NC |
| Name: Dr. Paul Grundy | Employee #: [REDACTED] | Report To: Mauro Chies / Rick Trimp |
| Department: CancerControl | Office Location: [REDACTED] | Business Phone #: [REDACTED] |

What former entity payroll systems is the employee currently being paid from? (Please ☒ one from below).

| | | |
|--|---|--|
| <input type="checkbox"/> AADAC | <input type="checkbox"/> Calgary Health | <input type="checkbox"/> East Central |
| <input checked="" type="checkbox"/> Alberta Cancer Board | <input type="checkbox"/> Capital Health | <input type="checkbox"/> Northern Lights |
| <input type="checkbox"/> Alberta Mental Health Board | <input type="checkbox"/> Chinook | <input type="checkbox"/> Palliser Health |
| <input type="checkbox"/> Aspen | <input type="checkbox"/> David Thompson | <input type="checkbox"/> Peace Country |

Finance Code/Accounting Distribution (if applicable): (Corp) (Location) 103.0002.71760001350 Functional Centre Expense Account

Dates: From April 6, 2014 to April 9, 2014

Purpose of Trip:

Individuals closely tied to the New Calgary Cancer Centre project will be travelling to 3 Cancer Centers (one in Toronto, one in Boston and one in Raleigh.) The sites visits are for learning's of best practice for cancer care. Well established evaluation criteria will be developed in advance and utilized by the attendees during each of the cancer centre tours. There are participants attending from AHS, ACF and AI.

Many discussions have taken place at the Calgary Cancer Project EOC meetings and Mr. Trimp is aware of the purpose of the trip and that Dr. Grundy is participating.

Employee Signature:

Paul Grundy

Date: Apr 2/14

APPROVALS: (Sr. VP prior approval required for all Out-of-Province Travel) (Travel Advance Approval – Travel Policy Appendix A)

| | | |
|--|---------------------------------|-------------------|
| Approved By: (please print) Rick Trimp | Title: Acting CEO and President | Phone: [REDACTED] |
| Signature: <i>[Signature]</i> | | Date: 4/3/14 |
| Approved By: (please print) | Title: | Phone: |
| Signature: | | Date: |

B. ESTIMATE OF EXPENSES ☒ Canadian Dollars ☐ US Dollars

| Category | Description | Amount |
|-------------------------|--|----------------|
| 1. Accommodation Charge | Alberta Infrastructure has been working with KeyNote travel agency to secure a group rate at each of the hotels in each tour city, Toronto, Boston and Raleigh: 146 + taxes (US dollars) \$169 = taxes (US dollars) \$99 + taxes (US dollars) | 414.00 + taxes |
| 2. Meals | \$20.75 April 6 \$41.55 April 7 \$41.55 April 8 \$41.55 April 9 | 145.40 |
| 3. Registration | Not applicable | 0.00 |



TRAVEL APPROVAL FORM (OUT-OF PROVINCE ONLY) / REQUEST FOR ADVANCE

| | | |
|------------------------------------|---|---------|
| 4. Airfare or Other Travel Costs | Airfare for 4 flights: Edmonton → Toronto Toronto → Boston Boston → Raleigh Raleigh → Chicago → Edmonton (nothing direct) | 1676.32 |
| 5. Other Expenses (please specify) | Taxi fare (just an estimate, rides will be combined with other participants so likely much less) | 150.00 |
| Parking at airport | Leaving car at Edmonton International for 4 days | 92.00 |
| | | |
| Total Estimated Travel Costs | | 2477.72 |

C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE (only if amount required is \$500 or above)

Advance Amount (\$) Requested: 0.00

Date Required: n/a

- If an advance is being requested the original approved Travel Approval Form should be forwarded to Accounts Payable 3 weeks prior to departure date, where possible.
- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services Travel Policy.

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: April 11-14 To April 11-14
 Travel Period from: April 11-14 To April 11-14 (if applicable)
 Out-of-Province Travel No

Name: Dr. Paul Grundy Position (Title): SVP and SrMD CancerControl Alberta
 Location: Sun Life Place Dept: CancerControl DOFA Level: (if applicable) Union: Business Phone #: Ext:
 Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number Expenditure Organization Project Task Number 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 | | | |
| 2A | 101 | 0000 | 71110000012 | \$136.70 | | | | | | Total Section B | \$136.70 | |
| 2B | 101 | 0000 | 71110000012 | | | | | | | Total Section C&D | | |
| 2C | | | | | | | | | | Less Cash Advance | | |
| 2D | | | | | | | | | | TOTAL CLAIM | \$136.70 | |
| | | | | \$136.70 | | | | | | | | |

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

**User to enter Coding & \$ Amounts

NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I attest that I have read and understand the Travel, Hospitality & Working Session Expense Policy (1122) of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this 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 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.

Travel, Hospitality and Working Session Expenses Policy - Document 1122

I, by signing this form, attest that I am compliant to all the above statements.
 Employee Signature: Date: April 17/14

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 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): Rick Trimp DOFA Level Position # Phone # Ext
 Signature: Title Interim CEO Date 4/28/14

I, by signing this form, attest that I am compliant to all the above statements.
 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.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10010-107 St. North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

- 1 of 3 -
EXPENSE CLAIM DETAILS

| Enter Finance Coding | | 101 | 0000 | 71110000012 | Emp # (E-People) | | | | Page 2A | | | | | | |
|---|--|---|----------------------------|---------------------------------------|---|-----------|-------------------|--------------|--|-------|--|-------------------------------------|--------------------|--------------|-----------|
| 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 (column Prov) 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. | | | | | Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page | | | | | | | | | | |
| Date dd-mmm-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 | Prov, US, or Out of N.Amer where expenses incurred? | What is travel related to? | Cost Effective Method Used? Yes/No | Meal (Allowance OR Receipt) | | | | If amount being claimed is above the policy limit stated in Appendix "A" rationale is required | | | Rental Car/ Bus/LRT/ Parking / Fuel | Per Diem Allowance | Mileage (km) | |
| | | | | | Meal Allowance | | Meal with Receipt | | Airfare | Hotel | Taxi | | | | |
| | | | | | Meal Type with value | Allowance | Meal Type | with receipt | | | | | | | |
| 11-Apr-14 | Taxi expense travelling from Calgary airport to TBCC for Tour of TBCC with Minister Ric McIver and the ACF | AB | Meeting | Yes | | | | | | | | \$47.10 | ① | | |
| 11-Apr-14 | Breakfast and lunch per diem, (flight from Edmonton left at 6am) | AB | Meeting | Yes | BL-\$20.80 | \$20.80 | | | | | | | | | |
| 11-Apr-14 | Taxi expense travelling from TBCC to Calgary Airport | AB | Meeting | Yes | | | | | | | | \$45.80 | ② | | |
| 11-Apr-14 | Parking expense incurred, one day at the Edmonton International airport | AB | Meeting | Yes | | | | | | | | \$23.00 | ③ | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| SUBTOTALS | | | | | | | \$20.80 | | | | | \$92.90 | \$23.00 | | Total Kms |
| MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle → details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement | | | | | | | | | | | Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left) | | | | |
| Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3 | | | | | | | | | | | Mileage \$ | | | | |
| | | | | | | | | | | | Travel \$ Subtotal | | | | |
| | | | | | | | | | | | Auto fills on page 1 - TOTAL TRAVEL \$ | | | | |
| 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) | | | | | | | | | | | | | | | |

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st Fl 11/04/14 17:30
Receipt

Short-term parking tkt
HL - No. 049709
11/04/14 05:21 -
12/04/14 05:20 -
Period 1d0h0'
(Tax)

\$23.00

Total \$23.00

Payment Received \$23.00

Type: Swiped

Sub Total \$21.90
Tax 5% 1.10

Taxi
TBCC - airport

* TRANSACTION RECEIPT *

Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service

TYPE: AMEX

DATA: SWIPED

TerminalID: 000015572CAF

Transaction Reference

Number :

DATE: 2014/04/11 15:12:19

AUTH:

IFID: 10680278

DRV :

VEH :

GST : 822585311

Meter Start Time:

14:40:03

Meter Stop Time:

15:11:10

Distance: 20.8 Km

FARE 1: \$ 39.90

FLAT : \$ 0.00

TAX : \$ 0.00

TOTAL FARE: \$ 39.90

PAYMENT AMOUNT: \$ 39.90

TIP: \$ 5.90

TOTAL PAYMENT: \$ 45.80

Purchase Auth Complete

>-----<

Taxi
airport -> TBCC

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/04/11

PICK-UP TIME: 06:52

DROP-OFF TIME: 07:25

TRIP ID: B

LOCATION:

CAR NUMBER:

CARD TYPE:

CARD:

EXPIRY:

AUTH:

FARE (\$): 41.18

EXTRA (\$): 8.88

SUBTTL (\$): 41.18

TIP (\$): 6.80

TOTAL (\$): 47.10

SIGNATURE: _____

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

CUSTOMER'S COPY

①

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: April 15-14 To April 16-14
Travel Period from: April 15-14 To April 16-14 (if applicable)
Out-of-Province Travel No

Name: Dr. Paul Grundy

Position (Title):

SVP and SrMD CancerControl Alberta

Location: Sun Life Place

Dept: CancerControl

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

| Pg | Bal Unit | Location | Functional Centre (FC) | Total Expense |
|----|----------|----------|------------------------|---------------|
| 2A | 101 | 0000 | 71110000012 | \$665.58 |
| 2B | 101 | 0000 | 71110000012 | |
| 2C | | | | |
| 2D | | | | |
| | | | | \$665.58 |

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

Total - Section C&D: Other & Foreign Expenses - Pg 3

| 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 | \$665.58 |
| Total Section C&D | |
| Less Cash Advance | |
| TOTAL CLAIM | \$665.58 |

SECTION F: AUTHORIZATION

I, the undersigned, have read and understand the Travel, Hospitality & Working Session Expense Policy (1122) of Alberta Health Services and certify expenses being claimed are in compliance with the policies and mandatory requirements of the policy.
I certify 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 certify that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Travel, Hospitality and Working Session Expenses Policy - Document 1122

I, by signing this form, affirm that I am compliant to all the above statements.

Employee Signature:

Date Apr 27/14

I affirm that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
I certify 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 affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved claim form with receipts should be sent by the claimant directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Rick Trimp

DOFA Level

Position #

Phone

Ext

I, by signing this form, affirm that I am compliant to all the above statements.

Signature:

Title Interim CEO

Date 4/28/14

I affirm that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
I certify 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 affirm 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

I, by signing this form, affirm that I am compliant to all the above statements.

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 Province to P3 program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St. North Tower, 10th Floor, Accounts Payable Edmonton, AB T5J 3E6

- 1 of 3 -
EXPENSE CLAIM DETAILS

| | | | | | | |
|---|-----|------|-------------|------------------|--|---------|
| Enter Finance Coding | 101 | 0000 | 71110000012 | Emp # (E-People) | | Page 2A |
| 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 (column Prov) 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 | 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 | Prov, US, or Out of N.Amer where expenses incurred? | What is travel related to? | Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page | | | | | | | | | | | |
|-------------------|--|---|----------------------------|--|-----------------------------|-----------|-------------------|--------------|--|----------|----------|-------------------------------------|--------------------|--------------|--|
| | | | | Cost Effective Method Used? Yes/No | Meal (Allowance OR Receipt) | | | | If amount being claimed is above the policy limit stated in Appendix "A" rationale is required | | | Rental Car/ Bus/LRT/ Parking / Fuel | Per Diem Allowance | Mileage (km) | |
| | | | | | Meal Allowance | | Meal with Receipt | | Airfare | Hotel | Taxi | | | | |
| | | | | | Meal Type with value | Allowance | Meal Type | with receipt | | | | | | | |
| 15-Apr-14 | Lunch and dinner per diem. Paul in Calgary on April 15th and 16th to conduct performance appraisals (04/15) and meet to discuss the EOC and New Calg. Cancer Centre (04/16) | AB | Meeting | Yes | LD-\$32.35 | \$32.35 | 1 | | | | | | | | |
| 15-Apr-14 | Taxi expense incurred travelling from TBCC to the hotel-Shared cab ride with Gail Hufty | AB | Meeting | Yes | | | | | | | \$20.80 | 2 | | | |
| 16-Apr-14 | All meals expense incurred. Paul in Calg on April 16th to participate in a In-person meeting with F. Belanger, B. Huband, P. Craighead, M. Civitella, P. Jamieson and S. Syverson | AB | Meeting | Yes | A-\$41.55 | \$41.55 | 3 | | | | | | | | |
| 16-Apr-14 | Hotel expense, one night stay on April 15, 2014 | AB | Meeting | Yes | | | | | | \$200.00 | | 4 | | | |
| 16-Apr-14 | Taxi expense incurred, traveling from Hotel to Southport for full day meetings. | AB | Meeting | Yes | | | | | | | \$26.75 | 5 | | | |
| 16-Apr-14 | Hertz car rental expense. Originally had flight booked from Calg -> Edm, but was delayed by 3 hours, so Paul rented a car instead-Gail Hufty caught a ride also | AB | Meeting | Yes | | | | | | | \$276.14 | | 6 | | |
| 16-Apr-14 | Gas expense to refill car rental | AB | Meeting | Yes | | | | | | | \$21.99 | | 7 | | |
| 16-Apr-14 | Parking expense incurred at Edmonton airport. Paul left his car there April 15-16, 2 days parked | AB | Meeting | Yes | | | | | | | \$46.00 | | 8 | | |
| SUBTOTALS | | | | | | \$73.90 | | | | \$200.00 | \$47.55 | \$344.13 | | Total Kms | |

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
 → details of travel location to & from must be included above under the purpose of travel column
 Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement
 (see Mileage details to the left)

Mileage \$

Travel \$ Subtotal \$665.58

Auto fills on page 1 - TOTAL TRAVEL \$ \$665.58

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

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)



Per Diem Meals
15th L + D.
16th B + L + D.

① + ③

Hotel → Southport
* TRANSACTION RECEIPT * ⑤
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service
TYPE: AMEX
CARD: [REDACTED]
EXP: [REDACTED]
DATA: SWIPED
Terminal ID: 000014732974
Transaction Reference
Number: [REDACTED]
DATE: 2014/04/16 12:20:14
AUTH: [REDACTED]
IFID: 10716224
DRV: 6258
VEH: 850
GST: 822927141
Meter Start Time:
11:56:09
Meter Stop Time:
12:18:51
Distance: 10.3 Km

FARE 1: \$ 22.19
FLAT: \$ 0.00
TAX: \$ 1.11
TOTAL FARE: \$ 23.30
PAYMENT AMOUNT: \$ 23.30
TIP: \$ 3.45

TOTAL PAYMENT: \$ 26.75

GST# R128599776

Edmonton Airports ⑧

Can-TSJ 2T2 Edmonton
Tax Code CA5%

Exit Lane 16/04/14 21:24
Receipt [REDACTED]

Short-term parking tkt
HL - No. 060108
15/04/14 06:49 -
17/04/14 06:48 -
Period 2d0h0'
(Tax) \$46.00

Total \$46.00

Payment Received
AMEX \$46.00

Type: Swiped

Sub Total \$43.81
Tax 5% 2.19

Merchant Copy
TBCC → Hotel ②
* TRANSACTION RECEIPT *
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service
TYPE: AMEX
CARD: [REDACTED]
EXP: [REDACTED]
DATA: SWIPED
Terminal ID: 000014726C53
Transaction Reference
Number: [REDACTED]
DATE: 2014/04/15 16:32:29
AUTH: [REDACTED]
IFID: [REDACTED]
DRV: [REDACTED]
VEH: [REDACTED]
GST: 889476917
Meter Start Time:
16:16:53
Meter Stop Time:
16:31:29
Distance: 8.5 Km

FARE 1: \$ 18.10
FLAT: \$ 0.00
TAX: \$ 0.00
TOTAL FARE: \$ 18.10
PAYMENT AMOUNT: \$ 18.10
TIP: \$ 2.70

TOTAL PAYMENT: \$ 20.80
Purchase Auth Complete
Cardholder Conn

Car Rental ⑦

411 Airport Road
Edmonton AB T9E0U5

ESSO EXPRESS PAY

ROCKY MOUNTAIN ESSO
00303401
AIRPORT TERMINAL RD
LEDUC, AB T5J 2T2
URN: R879098507
04/16/2014 513755432
09:12:53 PM

PUMP# 4
EREG 18.338L
PRICE/L 1.199
FUEL TOTAL \$ 21.99

GST in fuel \$ 1.05
CREDIT \$ 21.99

TYPE: PURCHASE
ACCOUNT: AMEX \$21.99
AUTH: 580021-F 1MINUTE
[REDACTED]




209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6
Tel: 403-266-1980 Fax: 403-266-0007


Page: 1 of 1

4

only claiming
\$200

GOVT AB
Dr Paul Grundy
Canada

Room: 
Folio:
Cashier:
Arrival: 04-15-14
Departure: 04-16-14

| Date | Description | Additional Information | Charges | Credits |
|----------|---------------------------------|--|---------|---------|
| 04-15-14 | Room Charge | | 199.00 | |
| 04-15-14 | Room GST | | 10.25 | |
| 04-15-14 | Tourism Levy | | 8.20 | |
| 04-15-14 | DMF - Destination Marketing Fee | | 5.97 | |
| 04-16-14 | American Express |  | | 223.42 |

| | |
|----------------------------|--------------|
| GST Summary | |
| Registration No: 826085417 | |
| Room | 10.25 |
| F&B | 0.00 |
| Other | 0.00 |
| Total | 10.25 |

| | | |
|-------------|--------|--------|
| Total | 223.42 | 223.42 |
| Balance Due | 0.00 | CDN |

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



rental from
calg → EdM april 16/14



HERTZ CANADA LIMITED AS AGENT FOR
HERTZ CANADA VEHICLES PARTNERSHIP

RENTAL RECORD: 935449410
FORM# 935449410-02

PAUL GRUNDY

RENTAL: 04-16-14 1857 CALGARY AIRPORT
RETURN: 04-16-14 2118 EDMONTON INT'L A/P

0812511
0812011

| | |
|------------------------|------------------------------|
| OWN/VEH: 08193/4018321 | MODEL: 13 COROLLA CE NVL |
| VIN#: [REDACTED] PO#: | VEH CLASS: C LIC: [REDACTED] |
| CDP: [REDACTED] | FT: DL: 1 |

[illegible]

RENTAL FORM OF PAYMENT:
RETURN FORM OF PAYMENT:

I REPRESENT THAT I AM SPECIFICALLY AUTHORIZED TO RECEIVE THE BENEFITS
EXTENDED TO EMPLOYEES/MEMBERS OF GOVERNMENT OF ALBERTA

Gold Plus Rewards Points Earned for this Rental: 201

Save up to \$25
on your next rental
by taking a brief survey:

hertzsurvey.ca

or 1-800-408-4116

Enter access code: 08125

FOR EXPLANATION OF THE ABOVE CHARGES,
PLEASE ASK A REPRESENTATIVE OR GO TO
WWW.HERTZ.CA/CHARGEEXPLAINED

* A MESSAGE FROM HERTZ *

CHECK OUT OUR GREAT RATES ON HERTZ.COM! Enjoy great deals and fast reservations to meet all your needs... work or pleasure! Visit www.Hertz.com!

* WE LOOK FORWARD TO YOUR NEXT VISIT! *

RESERVATION INFORMATION: 4 /
PREPARED BY: R2878 COMPLETED BY: A4976
STATEMENT OF CHARGES - NOT VALID FOR RENTAL

GST REGISTRANT NUMBER R102337847

Printed by: 04-16-14 2119 A4976 812011

THANK YOU FOR RENTING FROM HERTZ

CUSTOMER SERVICE: 1-800-654-4173

RENTAL LOCATION: 403-221-1676



Per Diem Meas

15th L + D.

16th B + L + D.

① + ③

Hotel → Southport
* TRANSACTION RECEIPT
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service
TYPE: AMEX

DATA SWIPED
Terminal ID: 000014732974
Transaction Reference
Number
DATE: 2014/04/15 16:32:29
AUTH:
IFID: 10716234
DRV: 6258
VEH: 850
GST: E22927141
Meter Start Time:
11:56:09
Meter Stop Time:
12:18:51
Distance: 10.3 Km
FARE 1: \$ 22.19
FLAT: \$ 0.00
TAX: \$ 1.11
TOTAL FARE: \$ 23.30
PAYMENT AMOUNT: \$ 23.30
TIP: \$ 3.45

TOTAL PAYMENT: \$ 26.75
Purchase Auth Complete

GST# R128599776

Edmonton Airports

Can-TSJ 2T2 Edmonton
Tax Code CAS%

Short-term parking tkt
HL - No. 060108
15/04/14 06:49 -
17/04/14 06:48 -
Period 2d0h0'
(Tax) \$46.00

Total \$46.00

Payment Received \$46.00

Type: Swiped

Sub Total \$43.81
Tax 5% 2.19

TBLC → Hotel ②
* TRANSACTION RECEIPT
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service
TYPE: AMEX

DATA SWIPED
Terminal ID: 000014726C53
Transaction Reference
Number
DATE: 2014/04/15 16:32:29
AUTH:
IFID:
DRV:
VEH:
GST:
Meter Start Time:
16:16:53
Meter Stop Time:
16:31:29
Distance: 8.5 Km

FARE 1: \$ 18.10
FLAT: \$ 0.00
TAX: \$ 0.00
TOTAL FARE: \$ 18.10
PAYMENT AMOUNT: \$ 18.10
TIP: \$ 2.70

TOTAL PAYMENT: \$ 20.80
Purchase Auth Complete
Cardholder Name

Car Rental ⑦

415 Airport Road
Edmonton AB T9E0U5

ESSO EXPRESS PAY

ROCKY MOUNTAIN ESSO
00303401
AIRPORT TERMINAL RD
LEDUC, AB T5J 2T2
URN: R879098507
04/16/2014 513755432
09:12:53 PM

PUMP 4
EREG 18.338L
PRICE/L 1.199
FUEL TOTAL \$ 21.99

GST in fuel \$ 1.05
CREDIT \$ 21.99

TYPE: PURCHASE
RECEIPT: AMEX