

Official Administrator and Executive Expense Report

Name Penny Rae
Title Chief Information Officer (Acting)
Location Calgary
 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	Expense Claim	Meetings		62		304	366			
Apr-14	P-Card	Meetings			164		164			
Total			\$ -	\$ 62	\$ 164	\$ 304	\$ 530	\$ -	\$ -	\$ -

Total for the Month \$ 530

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 129
 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

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

RAE, PENELOPE Cardholder's Name	ACTING CHIEF INFORMATION Cardholder's Position/Title	Billing Reporting Period	20/04/2014
INFORMATION TECHNOLOGY Cardholder's Dept	QUARRY PARK Cardholder's Site/Location	Total Statement Amount:	\$164.72
PENNY.RAE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card # [REDACTED]	

Statement of Transactions							
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight Description
10/04/2014	348648279	COAST EDMONTON PLAZA H. LODGING HOTELS, MOTELS, RESORTS	164.72	CAD	✓ 164.72	00	00Edm Hotel on April @ prior to mtg with Minister Home

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 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>Dawn A. Rand</u> Name of Cardholder Designate	<u>EXCLUSIVE ASSISTANT</u> Cardholder Designate Position Title	
<u><i>Dawn A. Rand</i></u> Signature of Cardholder Designate	<u>May 2, 2014</u> Date of Signature	
Cardholder		
By signing this statement: <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
RAE, PENELOPE Name of Cardholder	ACTING CHIEF INFORMATION Cardholder Position/Title	
<u><i>P. Rae</i></u> Signature of Cardholder	<u>May 6, 2014</u> Date of Signature	
Approver Designate (If Applicable)		
By signing this statement: <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Susan Best</u> Name of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position/Title	
<u><i>Susan Best</i></u> Signature of Approver Designate	<u>May 6, 2014</u> Date of Signature	
Approver		
By signing this statement: <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Deborah Rhodes</u> Name of Approver	<u>Acting VP Corp Serv & CFO</u> Approver Position/Title	
<u><i>Deborah Rhodes</i></u> Signature of Approver	<u>May 7/14</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required 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 Business reasons for travel: require detailed descriptions -- include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	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:



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

0314

Hotel in Edmonton the night of April 9th prior
to attending (1) IT Interviews for COE position
and (2) meeting with Alberta Health (Minister
Horne & Deputy Minister)

Mrs Penny Rae

Receipt

Invoice date 4/10/2014
Our reference
GST Number

Guest	Mrs Penny Rae	Arrival	4/8/2014	Departure	4/10/2014	Room	
Date	Description	Quantity	Unit Price	Total ()			
4/9/2014	Room Charge	1	129.00	129.00			
4/9/2014	GST Taxes	1	6.64	6.64			
4/9/2014	Tourism Levy	1	5.31	5.31			
4/9/2014	Destination Market Fee	1	3.87	3.87			
4/9/2014	Parking Daily	1	18.95	18.95			
4/9/2014	Federal Tax GST Parking	1	0.95	0.95			
				Total Invoice	164.72		
					-164.72		
				Total Paid	-164.72		
				Total Due	0.00		

Total GST 7.59

I agree that my liability for any charges incurred by me is not waived and agree
to be held personally liable in the event that the indicated person, company or association
fails to pay for any part of the full amount of these charges. Interest will be charged on an
overdue balance.

Signature X

For reservations: www.coasthotels.com or 1-800-663-1144



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

* Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
* Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
* If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 1-Apr-14	To: 30-Apr-14
Travel Period from: 1-Apr-14	To: 30-Apr-14
Out-of-Province Travel	No

Name: Penny Rae Position (Title): Acting Chief Information Officer
Location: Quarry Park Dept: Information Technology 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 Expenditure Type Project Task Number

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	0005	71125000069	\$366.31						\$366.31		
2B												
2C												
2D												
				\$366.31								

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

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

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

SECTION F: AUTHORIZATION

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

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

Employee Signature: [Signature] Date: 5-May-14

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

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level: Position #: Phone #: Ext: [Signature] Title: Acting CFO Date: May 7/14

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

Signature: [Signature] Title: DOFA Level: Position #: Phone #: Ext: Date:

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding		101 0005 71125000069	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 expenses 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? Y/N	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							
9-Apr-14	Travel to Edmonton to attend interviews and meeting with Alberta Health (Minister & Deputy Minister)	AB	Meeting	Yes	D-\$20.75	\$20.75									301.00
10-Apr-14	Travel back to Calgary after attending interviews and meeting with Alberta Health (Minister & Deputy Minister)	AB	Meeting	Yes	A-\$41.55	\$41.55									301.00
SUBTOTALS						\$62.30									Total Kms 602.00
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)			\$0.505			
									Mileage \$			\$304.01			
									Travel \$ Subtotal			\$62.30			
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3									Auto fills on page 1 - TOTAL TRAVEL \$			\$366.31			
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) For the first two items, Capital Management Fleet Vehicle in shop for repairs so not available for travel to Red Deer. Drove own vehicle with winter tires rather than rent a vehicle. for last time, when not carpooling or using an AHS Fleet vehicle, flying is a better option when considering productivity. I am able to work at the airport using either my Blackberry, iPad or laptop or just catching up on my reading (e-mails / documentation) prior to the flight, during the flight and in taxis to and from the airport.															