

Official Administrator and Executive Expense Report

Name Sean Chilton
Title SVP, South Zone
Location Lethbridge

Expenses submitted during the month of February 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)
Feb-14	Expense claim	Meetings				612	612			
Total			\$ -	\$ -	\$ -	\$ 612	\$ 612	\$ -	\$ -	\$ -

Total for the Month \$ 612

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ -
 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)

- 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: Jan 29, 2014 To Feb 28, 2014
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Sean Chilton Position (Title): SVP South Zone
 Location: CHR, Lethbridge Dept: SVP South Zone 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	0014	71110000084	\$611.93
2B				
2C				
2D				
				\$611.93

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	\$611.93
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$611.93

✓

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: _____

Date: 28-Feb-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 claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Brenda Huband

DOFA Level _____

Position # _____

Phone # _____

Ext _____

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

Signature: _____

Title _____

Date _____

2014 March 05

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): _____

DOFA Level _____

Position # _____

Phone # _____

Ext _____

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.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0014 71110000084				Emp # (E-People) [REDACTED]				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 <u>NOTE:</u> 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? 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							
29-Jan-14	Lethbridge to Calgary return (IBM Workshop) + parking		Meeting	Yes									\$13.00		416.00
31-Jan-14	Lethbridge to Medicine Hat return (Zone Leadership Retreat)		Meeting	Yes											334.00
11-Feb-14	Lethbridge to Taber return (SZ Engagement)		Meeting	Yes											102.00
21-Feb-14	Lethbridge to Medicine Hat return (EMS Dispatch Mtg with City)		Meeting	Yes											334.00
SUBTOTALS													\$13.00		Total Kms 1186.00
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 <u>OR</u> rate per Union Agreement (see Mileage details to the left)		\$0.505			
										Mileage \$		\$598.93			
										Travel \$ Subtotal		\$13.00			
										Auto fills on page 1 - TOTAL TRAVEL \$		\$611.93			
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)															

Parking - IBM Workshop - Calgary

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ALBERTA HEALTH SERVICES
SPT-1 GST R124072513
EXPIRES
30 JAN 14
11:55 AM PAID \$ 13.00C
ENTRY TIME 29 JAN 14 11:55 AM
42533 SPACE 7

EXPIRES
30 JAN 14
11:55 AM
PAID
\$ 13.00C
RECEIPT
SPACE 7

LEAU DE BORD
SIBLE
PLACER SUR LE TABLEAU DE BORD
CE CÔTÉ VISIBLE
PLACER SUR LE TABLEAU DE BORD
CE CÔTÉ VISIBLE