

Board and Executive Expense Report

Name Sue Conroy
Title SVP, Emergency Medical Services & Health Link Alberta
Location Edmonton
 Expenses submitted during the month of December 2012

			Travel (1)							Working Sessions Hosting and Hospitality	
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Hosting and Hospitality (3)	Other (4)	
December 2012	Expense Claim	Various meetings		53	299	288	640				
December 2012	Direct Bill	Travel for various meetings	739				739				
Total			\$ 739	\$ 53	\$ 299	\$ 288	\$ 1,379	\$ -	\$ -	\$ -	

Total for the Month \$ 1,379

Maximum meal expense claimed in the month \$ 32
 Maximum daily hotel rate claimed in the month \$ 135
 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: 1-Dec-12 To: 30-Dec-12
 Travel Period from: _____ To: _____
 Out-of-Province Travel: _____

Name: Sue Conroy Position (Title): Senior Vice President, EMS & HLA
 Location: HSBC Building Dept: EMS & HLA DOFA Level: 3B (if applicable) Union: _____ Business Phone #: _____ Ext: _____
 Employee # (E-People): _____ 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					TOTAL REIMBURSEMENT		
Pg	Est Unit	Location	Functional Centre (FC)	Total Expense	Est Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0006	7118S402030	\$640.06						\$640.06		
2B												
2C												
2D												
				\$640.06								

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

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

SECTION F: AUTHORIZATION

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made.
 Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver

Claim Prepared by (PRINT ONLY): Michelle Gartner Phone # _____ Ext: _____

I hereby acknowledge that I have read the "Travel, Hospitality and Working Session Expense Policy" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy.
 I hereby certify that the expenses stated above have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: _____ Date: JAN 09 2013

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): Chris Mousouris DOFA Level: 2A Position: _____ Phone #: _____ Ext: _____
 Signature: _____ Title: EVP & COO Date: Jan 11/13

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(1) of the Health Information Act (HIA) and sections 23(1) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Programs to the program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Palla, Director Accounts Payable at 780-735-0500 or email Mark.Palla@ahs.ab.ca

Dec 11 meeting with EMS Team at Gateway

Mileage (HSBC to Gateway - return). 136 Km.

Dec 14 STARS Launch of AW139.

Mileage (HSBC to EIA - return). 60 Km

Dec 19 Calgary

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 289-1111
INSIST ON THE PROFESSIONALS

DATE: 2012/12/19
PICK-UP TIME: 09:31
DROP-OFF TIME: 09:43
TRIP ID: 258821
LOCATION: 073888-45824183787
CAR NUMBER: 6532
CARD TYPE: VISA S
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: AP698757

FARE (\$): 14.78
EXTRA (\$): 8.88
SUBTTL (\$): 14.78

TIP (\$): 2.30

TOTAL (\$): 17.00

SIGNATURE: _____

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

1-877-237-0277

Red Arrow Bus Terminal
to Whitehorn.

Meetings EMS ePCR Team
v Ed moffat

Driver #	8117	Car #	1158
To:	Southport offices		
From:	Whitehorn EMS		
Date:	Dec 19 12	Amount:	57.10
GST#			

Whitehorn to Southport
Meetings HLA Staff meeting
Meetings EMS Dyad w Dr. Megran.
Meetings EMS BAS Manager.

Driver #	8117	Car #	1158
To:	Calgary Airport		
From:	Southport offices		
Date:	Dec 19 12	Amount:	60.00
GST#			

Southport to Calgary
Airport.

Lunch + Dinner (per diem).
\$32.35

Dec 20 Medicine Hat

Meeting: EMS Provincial Air Ambulance

RECEIPT

DATE: Dec 20/12
AMOUNT: 18.00
FROM: Medicine Hat Lodge
TO: Med Hat Hosp.
CAB 24 DRIVER
Thank You

Hotel to Medicine Hat
Hospital.

Lunch (per diem).
\$11.60

RECEIPT

DATE Dec 21 2012
AMOUNT 15.70 (plus tip) 18.70
FROM M.H. Lodge
TO AIRPORT
CAB 48 DRIVER Blaz
Thank You

Medicine Hat Lodge
to Airport

Breakfast (per diem)
9.20

AIRPORT TAXI SERVICE25
4608-181-ST T0E5G9
EDMONTON AB
22296145
|||| PURCHASE ||||
12-21-2012 09:27:07
Acct # [REDACTED] C
Exp Date [REDACTED] Card Type VI
Name: SUSAN CONROY
[REDACTED] Visa Credit
Trace # 44809Z Operator 736
FV2229614501
Inv. # 149
Auth # 012481 RRN 00104400Z
Purchase \$50.00
Tip \$6.96
Total \$64.96

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

GST 864830104_RT001
780-999-7070

Edmonton Airport
to HSBC

Dec 28 Edmonton
- HCA meeting
Edmonton.

PLACE FACE UP ON DASH
Impark Lot 285
Expiration Date/Time
10:56 AM
DEC 28, 2012

Purchase Date/Time: 07:58am Dec 28, 2012
Total Parking: \$14.28
Total gst: \$0.72
Total Due: \$15.00
Total Paid: \$15.00
Rate: \$15 - 3 Hour
Payment Type: Cash
Ticket # 60078011
SN #: 3000130032
Setting: Lot 285
Mach Name: Motor 1
Auth #: 088028
GST #867316830RT0001

RECEIPT
Impark Lot 285

Expiration Date/Time: 10:56am Dec 28, 2012
Purchase Date/Time: 07:58am Dec 28, 2012
Total Parking: \$14.28
Total gst: \$0.72
Total Due: \$15.00
Total Paid: \$15.00
Rate: \$15 - 3 Hour
Payment Type: Cash
Ticket # 60078011
SN #: 3000130032
Setting: Lot 285
Mach Name: Motor 1
Auth #: 088028

Parking

IMPARK RECEIPT



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

1051 Ross Glen Drive S.E., Medicine Hat, Alberta T1B 3T8

Susan Conroy

Page # 1
Res. # 557071
Checked in Wed Dec 19/12 - 8:11 pm
Checked out Fri Dec 21/12 - 4:31 am
Nights 2
Room Rate 135.00
Room 135

Date	Description	Reference	Charges	Credits
Dec19	Standard Rate		135.00	
Dec19	GST		6.75	
Dec19	Room Tax		5.16	
Dec19	Destination Marketing Fee		2.58	
Dec20	Standard Rate		135.00	
Dec20	GST		6.75	
Dec20	Room Tax		5.16	
Dec20	Destination Marketing Fee		2.58	
Dec21	PAID BY VISA - Thank you			298.98
			0.00	298.98

Thank you for staying with us. Please come again!
Call 1 (800) 661-8095 to make your next reservation with us.

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST 13.50
Room Tax 10.32

Phone: (403) 529-2222 Admin Fax: (403) 528-4075 Front Desk Fax: (403) 529-1538 Toll Free: 1-800-661-8095
www.medhatlodge.com



STAGEWEST *hospitality*
SINCE 1944



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: Sue Conroy, SVP EMS & Health Link Alberta

Reporting Period for the Month of: December 2012

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2012-12-19	Direct Billing	Transportation	DECEMBER 19 - BUS (Red Arrow to Calgary) - EMS ePCR Team Meeting - HLA Staff Meeting - EMS Dyad Meeting - EMS BAS Manager Meeting	Marlin Travel	\$739.44

			<p>DECEMBER 19 - AIR (Flight fr Calgary to Medicine Hat)</p> <p>DECEMBER 20 - EMS Provincial Air Ambulance Meeting in Medicine Hat</p> <p>DECEMBER 21 - AIR (Flight from Medicine Hat through Calgary to Edmonton)</p>		
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$739.44

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: TIFFANY ASKE Tel: [REDACTED]

To: ALBERTA HEALTH SERVICES
[REDACTED]

Date: January 10, 2013
Page: 1/3
Our Reference: ZCH0094277C KZZW2U
Your Reference: 101000671185402050

CONFIRMATION STATEMENT OF ACCOUNT

For

MS SUSAN CONROY

AC [REDACTED]

Itinerary

Wednesday, December 19, 2012

Bus

RED ARROW MOTORCOACH
From: EDMONTON AB
To: CALGARY AB
Bus 983956
COACH
06:00:AM
09:20:AM

RED ARROW CONFIRMATION 983956
DEPARTS EDMONTON DOWNTOWN ARRIVES CALGARY DOWNTOWN
SEAT 3B

Air <Cancelled>

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
Flight: 8156 W CLASS
05:30:PM Equipment: D8 (300 SERIES)
06:24:PM
Mile(s) Flown: 153
AIR CANADA CONFIRMATION KY2YYI
TICKET NUMBER 0142115501218
SEAT 2D
FLIGHT WAS CANCELLED

Air

AIR CANADA
From: CALGARY AB
To: MEDICINE HAT
Stops: 0
Flight: 7229 H CLASS
06:40:PM Equipment: BEH
07:33:PM
Mile(s) Flown: 164
AIR CANADA CONFIRMATION MEIQJR
TICKET NUMBER 0142115530040

To: ALBERTA HEALTH SERVICES



Date: January 10, 2013
Page: 2/3
Our Reference: ZCH0094277C KZZW2U
Your Reference: 101000671185402050

CONFIRMATION STATEMENT OF ACCOUNT

Itinerary

Wednesday, December 19, 2012
SEAT 2B

Friday, December 21, 2012

Air

AIR CANADA Flight: 7226 W CLASS
From: MEDICINE HAT 05:30:AM Equipment: BEH
To: CALGARY AB 06:31:AM Mile(s) Flown: 164
Stops: 0
AIR CANADA CONFIRMATION MEIQJR
TICKET NUMBER 0142115530040
SEAT 1B

Air

AIR CANADA Flight: 8132 W CLASS
From: CALGARY AB 07:30:AM Equipment: D8 (300 SERIES)
To: EDMONTON INTL AB 08:29:AM Mile(s) Flown: 153
Stops: 0
AIR CANADA CONFIRMATION MEIQJR
TICKET NUMBER 0142115530040
SEAT 2D

Item	Cost				Nts	
	Cost	Tax	Pax			
AIR CANADA FLIGHT TO EDMONTON	207.00	44.48	1	1		251.48
RED ARROW (Edmonton to Calgary).	70.48	0.00	1	1		70.48
TRAVEL AGENCY FEE	10.00	0.00	1	1		10.00
AIR CANADA FLIGHT TO EDMONTON - CANCELLED	-207.00	-44.48	1	1		-251.48
DEC 21 MEDICINE HAT TO CALGARY	595.00	63.96	1	1		658.96
DEC 21 CALGARY TO EDMONTON						

Total Charges: 739.44

Less Previous Payments: 739.44

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.....

To: ALBERTA HEALTH SERVICES



Date: January 10, 2013
Page: 3/3
Our Reference: ZCH0094277C KZZW2U
Your Reference: 101000671185402050

C O N F I R M A T I O N
S T A T E M E N T O F A C C O U N T

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