Alberta Health Services

www.albertahealthservices.ca

Official Administrator and Executive Expense Report

Name Sue Conroy
Title SVP, Provincial Clinical Programs and Support Services
Location Edmonton
Expenses submitted during the month of January 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)	
Jan-14	Expense Claim	Meetings		21		347	368				
Total			$ -	$ 21	$ -	$ 347	$ 368	$ -	$ -	$ -	

Total for the Month $ 368

Maximum meal expense claimed in the month	$	12
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

Alberta Health Services

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: 17-Jan-14 To 23-Jan-14
Travel Period from: To
Out-of-Province Travel: No

Name: Sue Conroy | Position (Title): SVP, Provincial Clinical Programs & Support Services

Location: HSBC Building | Dept: PCP & SS | DOFA Level: [redacted] (if applicable) | Union: OOS | Business Phone #: [redacted] | Ext:

Employee # (E-People): [redacted]

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	71110100102	$367.92
2B				
2C				
2D				
				$367.92

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	$367.92
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	$367.92

SECTION F: AUTHORIZATION

I certify that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (THS)" of Alberta Health Services and certify expenses being claimed are in compliance with such policy.
I attest the expenses contained 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 most effective method, otherwise reasonable and supporting analysis is provided above.
Travel, Hospitality and Working Session Expense Policy - Document# 1173

I, by signing this form, attest that I am compliant to all the above statements.
Employee Signature: [signature] Date: JAN 27 2014

I certify that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (THS)" of Alberta Health Services and certify expenses being claimed are in compliance with such policy.
I attest the expenses contained 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 most effective method, otherwise reasonable 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): Mauro Chies | DOFA Level: [redacted] | Position #: [redacted] | Phone #: [redacted] Ext
I, by signing this form, attest that I am compliant to all the above statements.
Signature: [signature] Title: VP Province Wide Clinical Supports, Programs & Services Date: Jan. 28, 2014

I certify that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (THS)" of Alberta Health Services and certify expenses being claimed are in compliance with such policy.
I attest the expenses contained 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 most effective method, otherwise reasonable 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.

09704 pat(Sep2013-05)

Approved for Posting on Website

Signature: [signature]
Sue Conroy, SVP, PCP+SS

Date: FEB 10 2014

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0009 71110100102 | Emp # (E-People) [redacted] |

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 = Intnl)
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 met), 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) – Meal Allowance: Meal Type with value	Meal Allowance: Allowance	Meal with Receipt: Meal Type	Meal with Receipt: with receipt	If amount being claimed is above the policy limit stated in Appendix "A" rationale is required: Airfare	Hotel	Taxi	Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
17-Jan-14	Parking & Mileage from HSBC Building (Edmonton) to Foothills Medical Center (Calgary) - FADIS Site Visit	AB	Meeting	Yes	BL-$20.80	$20.80	✓					$12.00	✓	300.00	✓
17-Jan-14	Mileage from Foothills Medical Center (Calgary) to Southland Plaza (Calgary) - Health Link Alberta Site Visit	AB	Meeting	Yes										14.00	✓
17-Jan-14	Mileage from Southland Plaza (Calgary) to HSBC Building (Edmonton)	AB	Meeting	Yes										310.00	✓
23-Jan-14	Parking - Personal Health Portal Meeting at Alberta Health (Take Place - Edmonton)	AB	Meeting	Yes								$20.00	✓		
SUBTOTALS						$20.80						$32.00		Total Kms 624.00	

MILEAGE - Business Kilometric Rate for Personally-Owned Vehicle
→ details of travel location to & from must be included above under the purpose of travel column
Rates applicable $0.535 per km for under 5,000km/yr or $0.47 per km for over 5,000km/yr or per Union Agreement

Enter $0.535 /km, $0.47 /km OR rate per Union Agreement (see ACHieve details to the left) $0.505

Mileage $	$315.12
Travel $ Subtotal	$52.80
Auto fills on page 1 - TOTAL TRAVEL $	$367.92

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)


ALBERTA HEALTH
SERVICES
RECEIPT
ENTRY DATE/TIME:
17/01/14 10:03
PAY DATE/TIME:
17/01/14 12:41
PARK-DUR.: HRS:MIN
0:02:37
ALLOWED EXIT TO:
17.01.14 13:1
PAID: $ 12.00
VISA
REF:
You Have ONLY
15 MINUTES
To Visit
NO IN/OUT
PRIVILEGES
Managed by
Alberta Health
Services
GST INCLUDED
Comments/Concerns
Call: 403-944-1013
$20.00