

Official Administrator and Executive Expense Report

Name Sue Conroy
Title Senior Provincial Director Provincial Clinical programs
Location Edmonton
 Expenses submitted during the month of March 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)
Mar-14	Expense Claim	Meetings		84	379	654	1,117			
Total			\$ -	\$ 84	\$ 379	\$ 654	\$ 1,117	\$ -	\$ -	\$ -

Total for the Month \$ 1,117

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 169
 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

Clancy 2014-06-03
 Sr. Provincial Director



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

• Enter employee # (tbl) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
 • Indicate NA 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: 12-Feb-14 To: 4-Mar-14
 Travel Period from: 12-Feb-14 To: 4-Mar-14
 Out-of-Province Travel:

Name: Sue Conroy Position (Title): SVP, Provincial Clinical Programs & Support Services
 Location: HNBC Building Dept: 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					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	71110100102	\$1,116.51						\$1,116.51		
2B												
2C												
2D												
				\$1,116.51								

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. TOTAL CLAIM \$1,116.51

SECTION F: AUTHORIZATION

I affirm that I have read and understand the "Travel, Hospitality and Working Session Expense Policy" (120) of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
 I affirm the expenses outlined 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 affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise authorized and supporting receipts as provided above.

I, by signing this form, affirm that I am compliant to all the above statements.
 Employee Signature: *[Signature]* Date: **MAR 07 2014**

I affirm that I have read and understand the "Travel, Hospitality and Working Session Expense Policy" (120) of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
 I affirm the expenses outlined 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 authorized and supporting receipts as provided above.

Approved By (EMT ONLY): MauroChies DOFA Level: Position # Phone #
 Signature: *[Signature]* Title: Acting VP, Provincial Wide Clinical Programs & Services Date: Mar. 11, 2014

I affirm that I have read and understand the "Travel, Hospitality and Working Session Expense Policy" (120) of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
 I affirm the expenses outlined 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 authorized and supporting receipts as provided above.

Approved By (EMT 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 21(1) and 24(1) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purposes of administering AHS Process to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0000 71110100102** 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)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

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?	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? 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												
12-Feb-14	Health IT in Alberta & Beyond Conference & Meetings in Calgary from February 12-14. Mileage from HSBC Building to Southport / Southport to Quarry Park / Quarry Park to HSBC Building	AB	Meeting	Yes	D-\$20.75	\$20.75					\$379.48				823.80
13-Feb-14	Health IT in Alberta & Beyond Conference at Delta South Calgary Hotel	AB	Meeting	Yes	D-\$20.75	\$20.75									
14-Feb-14	Personal Health Portal Meeting with Penny Rae at Quarry Park (Calgary).	AB	Meeting	Yes	BL-\$20.80	\$20.80									
27-Feb-14	Personal Health Portal Meeting with Alberta Health at Telus Plaza - Parking	AB	Meeting	Yes								\$15.00			
28-Feb-14	RAAPID/PADIS Operational Planning Meeting in Calgary. Mileage from HSBC Building to Rockyview Hospital	AB	Meeting	Yes	D-\$20.75	\$20.75						\$13.00			308.00
4-Mar-14	Health Link Alberta Operational Planning Meeting in Calgary. Mileage from Southport (Calgary) to HSBC Building (Edmonton)	AB	Meeting	Yes											308.00
SUBTOTALS						\$83.05					\$379.48	\$28.00			Total Kms 1238.80

<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 \$0.508 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement</p>	<p>Enter \$0.508 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i></p>	\$0.505
	Mileage \$	\$628.00
	Travel \$ Subtotal	\$490.51
	Auto fills on page 1 - TOTAL TRAVEL \$	\$1,118.51

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 - February 27
\$15.00

IMPARK00020101A
10025 JASPER AVENUE
EDMONTON, AB T5J1S6
7804201976

MERCHANT ID: 87169880093 TERM ID: 101

SALE

VISA ENTRY METHOD: CHIP
02.27/14 15:25:20

APPR CODE [REDACTED]
BATCH # [REDACTED]
REF # [REDACTED]

AMOUNT **\$15.00**

PIN VERIFIED BY CARD ISSUER
CARDHOLDER AGREES TO PAY ABOVE
TOTAL AMOUNT IN ACCORDANCE WITH
CARD ISSUER'S AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)
RETAIN THIS COPY FOR STATEMENT
VERIFICATION

CARDHOLDER COPY

APPROVED

APPLICATION LABEL: Visa Credit
AID: A000000031010
TUR: 00 00 00 80 00
TSI: FB 00

Parking - February 28
\$13.00

ALBERTA HEALTH
SERVICES

[REDACTED]

ENTRY DATE/TIME:
29/02/14 09:01
PAY DATE/TIME:
28/02/14 15:51
PARK-DUR.: HRS:MIN
 0:06:50

ALLOWED EXIT TO:
01.03.14 09:16

PAID: **\$ 13.00**

[REDACTED]

* You Have ONLY *
* 15 MINUTES *
* To Exit Garage *

* NO IN/OUT *
* PRIVILEGES *

* Managed By *
* Alberta Health *
* Services *

* GST INCLUDED *
* GST:R124072613 *



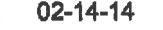
Comments/Concerns
Call: 403-943-3725




Hotel - February 12 & 13
\$379.46

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
Tel: 403-278-5050 Fax: 403-225-5834

AB HEALTH SERVICES
Susan Ms Conroy
Canada

Room: 
Folio: 
Cashier: 
Arrival: 02-12-14
Departure: 02-14-14

Date	Description	Additional Information	Charges	Credits
02-12-14	Room Charge		169.00	
02-12-14	DMF		5.07	
02-12-14	Room GST		8.70	
02-12-14	Tourism Levy		6.96	
02-13-14	Room Charge		169.00	
02-13-14	DMF		5.07	
02-13-14	Room GST		8.70	
02-13-14	Tourism Levy		6.96	
02-14-14	Visa			379.46

GST Summary	
Registration No:	895126332
Room	17.40
F&B	0.00
Other	0.00
Total	17.40

Total	379.46	379.46
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.