

Official Administrator and Executive Expense Report

Name Sue Conroy
Title Senior Provincial Director Provincial Clinical programs
Location Edmonton
 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		44		736	780			
Total			\$ -	\$ 44	\$ -	\$ 736	\$ 780	\$ -	\$ -	\$ -

Total for the Month \$ 780

Maximum daily single meal expense claimed in the month \$ 12
 Maximum daily base 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

2014-06-03 *Stam* Senior
 S. Conroy Provincial Director

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: 0-Mar-14 To 16-Apr-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Sue Conroy Position (Title): SPD - Provincial Clinical Programs and Support Services
 Location: HSBC Dept: PCP & SS DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____
 Employee # (E-People): _____

SECTION B: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____ Project Task Number _____ 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	\$616.77 ✓						\$779.83		
2B	101	0000	71110100102	\$163.06 ✓								
2C												
2D												
				\$779.83							TOTAL CLAIM	\$779.83

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

✓ *pb*

SECTION F: AUTHORIZATION

I attest that I have read and understand the Travel, Hospitality & Working Session Expense Policy (1122) of Alberta Health Services and confirm expenses being claimed are in compliance with the policies and mandatory requirements of this policy.
 I attest the expenses entered 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, appropriate services and supporting receipts as provided above.

Travel, Hospitality and Working Session Expense Policy - Document 1122

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

Employee Signature: *Stam* Date: April 17, 2014

I attest that I have read and understand all applicable policies of Alberta Health Services and confirm expenses being claimed are in compliance with such policies.
 I attest the expenses entered 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, appropriate services and supporting receipts as 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: _____ Position #: _____ Phone #: _____ Ext: _____
 Signature: _____ Title: Acting VP, Provincial Clinical Programs & Services Date: _____

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

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(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FIPPA) Act, respectively, for the purpose of administering AHS Procure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T6J 3E6

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0000 71110100102

Emp # (B-People)

If expenses incurred for multiple FC's please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page. 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.

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 meet), 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.America where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/ MRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
20-Mar-14	Parking for the Personal Health Panel (PHP) meeting at Alberta Health Services (AHS)	AB	Meeting	Yes									\$20.00	✓	
24-Mar-14	Mileage from UFA (Edmonton) to HSEC (Edmonton) Re: Co Act Meeting - Return	AB	Meeting	Yes											6.80
27-Mar-14	Parking for the PHP meeting at AHS	AB	Meeting	Yes									\$85.00	✓	
28-Mar-14	Mileage from HSEC (Edmonton) to Whistler (Colony) for RAAPD Study 55K meeting and Lunch	AB	Meeting	Yes	L-\$11.50	\$11.50	✓								294.00
31-Mar-14	Mileage from FMC (Calgary) to HSEC (Edmonton) for PADIIS Staff Meeting, Parking at FMC and Lunch	AB	Meeting	Yes	L-\$11.50	\$11.50	✓						\$13.00	✓	300.00
10-Apr-14	Mileage from HSEC (Edmonton) to Bridgeland Area (Calgary) - RAAPD Process Improvement Team Meeting and Breakfast	AB	Meeting	Yes	B-\$9.20	\$9.20	✓								288.00
11-Apr-14	Mileage Bridgeland Area (Calgary) to Calgary Airport and Parking for Stakeholder Engagement Meeting RE: Clinical Pathways (relax)	AB	Meeting	Yes									\$25.20	✓	\$3.00
14-Apr-14	Mileage Bridgeland Area (Calgary) to FMC (Calgary), Parking and Lunch for Operations Meeting with PADIIS, RAAPD	AB	Meeting	Yes	L-\$11.50	\$11.50	✓						\$13.25	✓	8.50
SUBTOTALS						\$44.00							\$98.45		Total kms 843.20

MLEAGE - 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 5.00km/hr or \$0.47 per km for over 5.00km/hr or per Union Agreement

Enter \$0.505 km, \$0.47 km QR rate per Union Agreement
 (see Mileage details to the left) \$0.505

Mileage \$ \$476.32

Travel \$ Subtotal \$143.46

Amounts on page 1 - TOTAL TRAVEL \$ \$619.77

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)

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0000 71110100102

Emp # (E-People)

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 G

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Int'l)
Enter 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 "do-ing" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/RT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
14-Apr-14	Mileage from PWC (Calgary) to Banff (Calgary) for cost performance appraisal meeting.	AB	Meeting	Yes											14.80
14-Apr-14	Mileage from Banff (Calgary) to HBCO (Edmonton)	AB	Meeting	Yes											308.03
SUBTOTALS														Total Kms 322.83	

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicles
- 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 322.83 km, \$0.47 km DR rate per Union Agreement
(see Mileage Rates at the end)

Mileage \$ 163.06

Travel \$ Subtotal

Auto file on page 1 - TOTAL TRAVEL \$ 163.06

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)

①
!MPARK00020101A
10025 JASPER AVENUE
EDMONTON, AB T5J1S6
7804201976

MERCHANT ID: 87169880093 TERM ID: 101

SALE

VISA ENTRY METHOD: CHIP
03/20/14 16:24:29
IN: [REDACTED] APPR CODE [REDACTED]
BATCH # [REDACTED]
REF # [REDACTED]

AMOUNT

\$20.00

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

②
!MPARK00020101A
10025 JASPER AVENUE
EDMONTON, AB T5J1S6
7804201976

MERCHANT ID: 87169880093 TERM ID: 101

SALE

VISA ENTRY METHOD: CHIP
03/27/14 17:09:38
IN: [REDACTED] APPR CODE [REDACTED]
BATCH # [REDACTED]
REF # [REDACTED]

AMOUNT

\$25.00

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

RECEIPT
GST NO. R122556194

④

EXIT No. A2
IN: 04/11/14 08:01
OUT: 04/11/14 16:14
DURATION: 08:13
PAID: \$25.20
(GST INCLUDED)
VISA

THANK YOU FOR
YOUR VISIT

Calgary International Airport Parking

③
FOOTHILLS MEDICAL
CENTER LOT

RECEIPT

CASHIER NO. 1
IN: 01/03/14 03:03
OUT: 01/03/14 14:03
DUE: \$13.00
PAID: \$13.00
VISA

REF. 50
GST#R124072513
THANK YOU
Operated by
Alberta
Health Services
COMMENTS/CONCERNS,
CALL 403-944-1014

Alberta Health
Services
FAC Lot 1

RECEIPT

⑤

CASHIER NO. 1
IN: 15/04/14 09:09
OUT: 15/04/14 12:26
DUE: \$13.25
PAID: \$13.25
VISA

PARKING RECEIPTS
are GST Exempt

Managed By
Alberta Health
Services
Questions or
Concerns?
Call Us
403-944-1014