

Official Administrator and Executive Expense Report

Name Sue Conroy
Title Senior Provincial Director Provincial Clinical programs
Location Edmonton
 Expenses submitted during the month of May 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)
May-14	Expense Claim	Meetings		45		754	800			31
Total			\$ -	\$ 45	\$ -	\$ 754	\$ 800	\$ -	\$ -	\$ 31

Total for the Month \$ 831

Maximum daily single meal expense claimed in the month \$ 21
 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

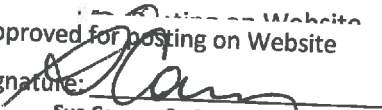
3) Hosting and Hospitality expenses

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

Approved for posting on Website
 Signature: 
 Sue Conroy, Sr. Provincial Director
 Provincial Clinical Programs & Support Services
 Date: 2014.06.16

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- Enter employee # (id) 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: 16-Apr-14 To: 20-May-14
 Travel Period from: 18-Apr-14 to: 28-May-14
 Out-of-Province Travel: No

Home: Sue Conroy

Position (Title): SPD - Provincial Clinical Programs & Support Services

Location: _____

Dept: _____

DOFA Level: _____

(if applicable)

Union: _____

Business Phone #: _____

Ext: _____

Employee # (E-People): _____

SECTION B: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY ->

Project Number: _____

Project Task Number: _____

Expenditure Organization: _____

Expenditure Type: _____

Total - Section B: Travel - Pg 2

Pg	Est Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0000	71110100102	\$746.00 ✓
2B	101	0000	71110100102	\$50.84 ✓
2C	101	0000	71110100102	
2D				
				\$796.73

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

Total - Section C&D: Other & Foreign Expenses - Pg 3

Est Unit	Location	Functional Centre (FC)	Secondary Expense	Total Expense
101	0000	71110100102	70000000	\$31.49 ✓
				\$31.49

**Year to enter Coding & \$ Amounts

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

TOTAL REIMBURSEMENT

Total Section B	\$796.73
Total Section C&D	\$31.49
Less Cash Advances	
TOTAL CLAIM	\$828.22 ✓

pb

SECTION F: AUTHORIZATION

I certify that I have read and understand the "Code, Integrity & Working Session Expense Policy # 2014" of Alberta Health Services and declare my expense being claimed on this receipt was used for the purpose and to satisfy my obligations with policy. I understand the expense was incurred for the purpose of the Alberta Health Services and that this claim is based on a receipt from Alberta Health Services or any other Organization. I understand that approval is required for this claim to be processed by using a cost-effective method, otherwise the claim will be rejected and supporting receipts to be provided.

Total Claim for this Working Session Expense Policy - Department 1172

I, by signing this form, certify that I am responsible for the above statements.
 Employee Signature: _____

Date: 2014.06.03

I certify that I have read and understand the applicable policies of Alberta Health Services that pertain to their expenses, and that the above information is true and correct to the best of my knowledge.

I understand the expense made in this claim was for the purpose of the Alberta Health Services and that this claim is based on a receipt from Alberta Health Services or any other Organization. I understand that approval is required for this claim to be processed by using a cost-effective method, otherwise the claim will be rejected and supporting receipts to be provided.

Approver shall have valid receipts which are used by the approver to verify the amount of the claim.

Approved By (PRINT ONLY): Mauro Chies

DOFA Level: _____

Position #: _____

Phone #: _____

Ext: _____

I, by signing this form, certify that I am responsible for the above statements.
 Signature: _____

Title: _____

CPO, Clinical Support Services

Date: _____

June 4, 2014

I certify that I have read and understand all applicable policies of Alberta Health Services that pertain to their expenses, and that the above information is true and correct to the best of my knowledge.

I understand the expense made in this claim was for the purpose of the Alberta Health Services and that this claim is based on a receipt from Alberta Health Services or any other Organization. I understand that approval is required for this claim to be processed by using a cost-effective method, otherwise the claim will be rejected and supporting receipts to be provided.

Approved By (PRINT ONLY): _____

DOFA Level: _____

Position #: _____

Phone #: _____

Ext: _____

I, by signing this form, certify that I am responsible for the above statements.
 Signature: _____

Title: _____

DOB: _____

Health and Personal Information on this form is collected by AHS under the authority of section 23(2) of the Health Information Act (HIA) and sections 23(2) and 34(2) of the Freedom of Information and Protection of Privacy (FIPPA) Act, respectively, for the purposes of administering AHS Programs or Pay programs.

Please send completed claim form (with receipts and other required history) to: Alberta Health Services 16000-107 St, North Tower, 12th Floor, Edmonton, Alberta, T5C 1S6

Approved for posting on Website

Signature: _____

Sue Conroy, Sr. Provincial Director

Provincial Clinical Programs & Support Services

Date: 2014.06.16

- 1 of 3 -
EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0000 71110100102** 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 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-mmm-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 expense 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/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						
24-Apr-14	Personal Health Portal Steering Committee meeting at Alberta Health.	AB	Meeting	Yes								① \$25.00		
26-Apr-14	Operations meetings with PADIS & RAAPID in Calgary. Mileage from HSBC Building to FMC.	AB	Meeting	Yes	L-\$11.60	\$11.60						② \$13.25	300.00	
28-Apr-14	Operations meeting with Healthlink (HLA) Mileage from FMC to Southport. Mileage from Southport to HSBC Building.	AB	Meeting	Yes									322.90	
29-Apr-14	Meeting with Healthlink Leadership Team(HLA) at Plaza 124. Mileage from HSBC Building to Plaza 124 return.	AB	Meeting	Yes									5.40	
1-May-14	Staff appreciation food.	AB	N/A	Yes								③ \$13.04		
12-May-14	Mileage HSBC Building to FMC, (return), lunch and parking for meetings with RAAPID/PADIS Team and Red Deer Regional Hospital Shift Supervisors regarding RAAPID.	AB	Meeting	Yes	BL-\$20.80	\$20.80						④ \$18.25	800.00	
22-May-14	Personal Health Portal Steering Committee meeting at Alberta Health	AB	Meeting	Yes								⑤ \$25.00		
23-May-14	Mileage Edmonton Clinic to HSBC Building for the Executive Education Program presentations at Edmonton Clinic	AB	Meeting	Yes									3.30	
SUBTOTALS						\$32.40		\$13.04				\$81.50	Total Kms 1231.60	

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 \$0.506 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.506 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left) **\$0.506**

Mileage \$ **\$621.96**

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Travel \$ Subtotal **\$126.94**

Auto fills on page 1 - TOTAL TRAVEL \$ \$748.90

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)

Approved for posting on Website
Signature: *[Signature]*
Sue Conroy, Sr. Provincial Director
Provincial Clinical Programs & Support Services
Date: *2014-06-16*

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0000 71110100102 Emp # (E-People) [REDACTED] Page **2B**

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 = Intar)
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 expense 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/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)		
					Meal Allowance		Meal with Receipt		Airfare				Hotel	Tax
					Meal Type with value	Allowance	Meal Type	with receipt						
23-May-14	Mileage from HSBC Building to CN Tower and parking for interviews for IT Business Lead.	AB	Meeting	Yes							\$17.00	1.50		
23-May-14	Mileage from HSBC Building to Plaza 124 to Leduc Executive Hotel Alexandra for Respiratory Strategic Clinical Network Meeting.	AB	Meeting	Yes								34.10		
23-May-14	Mileage from Leduc Executive Hotel Alexandra to Plaza 124.	AB	Meeting	Yes								31.40		
SUBTOTALS													Total Kms 67.00	

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 OR rate per Union Agreement (see Mileage details to the left) **\$0.505**

Mileage \$ **\$33.84**

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Travel \$ Subtotal **\$17.00**

Auto fills on page 1 - **TOTAL TRAVEL \$ \$50.84**

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)

Approved for posting on Website
Signature: [Signature]
Sue Conroy, Sr. Provincial Director
Provincial Clinical Programs & Support Services
Date: 2014.06.16

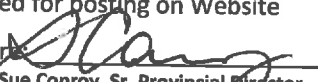
EXPENSE CLAIM DETAILS

If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

SECTION C: OTHER EXPENSES					Emp # (E-People) [REDACTED]		Page 3			
<p>• Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses. → If expenses are for <u>travel, gas, etc.</u>, go to Section B on pg 2. • ALL "OTHER" expenses listed below MUST have a secondary expense code indicated!</p> <p style="text-align: center;">***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>										
Date dd-mm-yy	Business Reason for Expense - Detailed Description Required (Include who attended-(if meal/hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bal Unit	Location	Functional Centre	Secondary Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
29-May-14	Leather Holster protector for New Company Blackberry	101	0000	71110100102	70000000	Yes		(\$) \$31.49		\$31.49

SECTION D: FOREIGN CURRENCY										
<p>ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement) If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.</p>										
Please click on the following link for the Bank of Canada exchange rate using the date of expense			<p>Bank of Canada Currency Converter → Select foreign country in "From cell", and Canadian Dollar in "To cell"; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column</p>							
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	Finance Coding			Secondary Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value

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)

Approved for posting on Website
 Signature: 
 Sue Conroy, Sr. Provincial Director
 Provincial Clinical Programs & Support Services
 Date: 2014.06.16

Expenses Paid (Retain a copy for your records)

①
AIB PLACF
GST: 887315638R1001
RECEIPT C1

IN: 24.04.14 11:49
OUT: 24.04.14 16:34
AMOUNT: CAD 25.00
CC-DATA:

TRANSACTION RECORD
Card [REDACTED]
Card Entry [REDACTED]
Account: [REDACTED]
Trans: PURCHASE
Amount: \$25.00
Auth #: [REDACTED]
Sequence [REDACTED]
Term ID: [REDACTED]
Date: 14/04/24
Time: 16:33:28

APPROVED

④
Alberta Health Services
FINE LOT 1

RECEIPT H1

IN: 12.05.14 08:07
OUT: 12.05.14 11:33
DUE: 0:03:26

PAID: 13.25

KIND OF PAYMENT:

Pork
AK

②
Alberta Health Services
FINE LOT 1

RECEIPT H1
CASHIER
IN: 28/04/14 08:03
OUT: 28/04/14 13:42
DUE: \$ 13.25
PAID: \$ 13.25

[REDACTED]

①
DETACH RECEIPT FROM TICKET
DATE ISSUED TIME ISSUED AMOUNT PAID

12/05/14 01:12 PM \$ 5.00

CREDIT CARD NUMBER



Alberta Health Services

RECEIPT

⑤
TRANSACTION RECORD

Card #: [REDACTED]
Card Entry: [REDACTED]
Account: [REDACTED]
Trans: PURCHASE
Amount: \$25.00
Sequence #: [REDACTED]
Term ID: [REDACTED]
Date: 14/05/22
Time: 16:47:54

TRANSACTION NOT COMPLETED

*** CUSTOMER rnpv ***

③
REAL CANADIAN Superstore

RCSS 1568 - 101 ST. ALBERT TRAIL
(780) 418-6818
Big on Fresh, Low on Price

BAKERY
77683791667 HOKATINI CAKE 7" R 12.99
HOME 9 PLASTIC BAGS OR 0.05
SUBTOTAL 19.04
GST 5% 0.05 @ 5.00% 0.00
TOTAL 19.04

TRANSACTION RECORD
GLOBAL PAYMENTS MERCHANT # 5162979
Superstore
101 St Albert Trail
St. Albert AB
STORE [REDACTED] TERM 20156011C
SLIP # [REDACTED] RES 11
RETRIEVE THIS COPY FOR YOUR RECORDS
** Purchase ** Proximity
CARD # [REDACTED] EXP [REDACTED]
Visa Credit
REF # [REDACTED] WITH # [REDACTED] RESP [REDACTED]
RID: [REDACTED] ISO [REDACTED]
TSI [REDACTED]

TIME AMOUNT
14-19:25:49 \$ 13.04
APPROVED

Signature Required

DIT TN 13.04

You could have earned 190 PC points with President's Choice Financial MasterCard. Apply Today Visit pcfina.net/c

RCSS # 12225-5922 RT0001

FOR SHOPPING RCSS

(NAME: Shanta)

OR Come Again!

OR PC CARD

GET POINTS!!

REDEEM HERE FOR FREE GROCERIES**

2014/05/01

Room F [REDACTED]

TELL US HOW WE DID TODAY!
MONTHLY CHANCES TO WIN \$5000
VISIT WWW.STOREOPINION.CA
OR CALL 1-877-234-2322
SEE CUSTOMER SERVICE DESK FOR FULL
CONTEST RULES OR WWW.STOREOPINION.CA
STORE: 01568
CODE: 050114 192511 2720 01568

19:25
11 2720

PLACE FACE UP ON DASH

*Impark Lot 299

Expiration Date/Time

EXP 06:00PM
MAY 23, 2014

Purchase Date/Time: 12:19pm May 23, 2014

Total Parkings: \$16.19

Total amt: \$0.81

Total Due: \$17.00

Total Paid: \$17.00

Rate: \$17 - All Day To 6PM

Payment Type:

Ticket #: [REDACTED]

Auth #: [REDACTED]

S/N #: 100008460016

Setting: [REDACTED]

Mach Name: [REDACTED]

GST #887316538RT0001
NO IN AND OUT PRIVILEGES

*RECEIPT

*Impark Lot 299

Expiration Date/Time: 06:00pm May 23, 2014

Purchase Date/Time: 12:19pm May 23, 2014

Total Parkings: \$16.19

Total amt: \$0.81

Total Due: \$17.00

Total Paid: \$17.00

Rate: \$17 - All Day To 6PM

Payment Type: Card

Ticket #: [REDACTED]

Auth #: [REDACTED]

Setting: [REDACTED]

Mach Name: [REDACTED]

7

Rogers

100 St. Princess Elizabeth Ave.
Edmonton AB T5G 3E6 780-471-3807
000006C0V

001398079 BB Z10 LEATHER HOLSTER BLACK \$29.99
Original Price: \$39.99
Reason: Customer Service
Employee #: [REDACTED]

Sub Total \$29.99
Tax \$1.50

\$31.49

[REDACTED] \$31.49

Acct#: [REDACTED]

Auth#: [REDACTED]

GST #852395331 \$1.50



Thank you for choosing Rogers!
Please keep receipt for hardware
exchange/refund within 15 days
of purchase and 30 mins max voice usage
with original components and packaging.