

Board and Executive Expense Report

Name Dr. Tim Graham
Title Senior Medical Director Informatics
Location Edmonton
 Expenses submitted during the month of January 2013

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
November 2012 to January 2013	Expense Claim	Various meetings		18		58	76			
Total			\$ -	\$ 18	\$ -	\$ 58	\$ 76	\$ -	\$ -	\$ -

Total for the Month \$ 76

Maximum meal expense claimed in the month \$ 18
 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

CN



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: 8-Nov-12 To: 23-Jan-13
 Travel Period from: _____ To: _____ (if applicable)
 Out-of-Province Travel: _____

Name: Dr. Tim Graham Position (Title): SMD, Clinical Informatics (North)

Location: Edmonton Dept: IMTS DOFA Level: _____ (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 _____ 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	Bel Unit	Location	Functional Centre (FC)	Total Expense	Bel Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0006	71126403033	\$24.85						\$24.85		
2B				75.85								
2C												
2D												
				\$24.85							\$24.85	75.85

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): Cheryl Nichols Phone # _____ Ext: _____

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

Employee Signature: _____ Date: _____

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): Michael Long DOFA Level 3B Position # _____ Phone # _____

Signature: _____ Title SVP / CIO Date Jan 27/13

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(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. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Palta, Director Accounts Payable at 780-735-0508 or email: Mark.Palta@albertahealthservices.ca

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 - 0005 - 71125482033**

Emp # (E-People) _____

Emp # (prior to 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 menu (column Province) 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	Purpose of Travel 85 characters maximum - length of shaded area	Province, US, or Out of N.America	What is travel related to?	Meal (Select type from dropdown)			Airfare Bus/LRT Parking	Hotel	Rental Car	Taxi	Fuel	Mileage (km)	
				Type	receipt	no receipt or per diem							
8-Nov-12	Parking - CAG Meeting	AB	Meeting				\$14.00						
14-Nov-12	Meeting with Accenture	AB	Meeting	L		\$17.85							
21-Jan-12	Meeting - Info Sharing Framework	AB	Meeting				\$25.00						
23-Jan-12	Meeting - Edm Zone CTS Proj. Update	AB	Meeting				\$19.00						
SUBTOTALS							\$17.85						
													Total Km

1
2
3
4
5

58.85

MEAL PER DIEM RATES
 B = Breakfast = \$9.20 L = Lunch = \$11.80 D = Dinner = \$20.75 A = ALL MEALS = \$41.55
 BL = Breakfast & Lunch = \$20.00 BD = Breakfast & Dinner = \$29.95 LD = Lunch & Dinner = \$32.35

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
 → details of travel location to & from must be included above under the purpose of travel column
 \$0.606 per km for under 5,000km/yr
 \$0.47 per km for over 5,000km/yr
 or per Union Agreement

Enter \$0.606 km, \$0.47 km OR rate per Union Agreement
(see Mileage details in the left)

Mileage \$	
Travel \$ Subtotal	+ \$94.85
Enter on page 1 TOTAL TRAVEL \$	= \$94.85

75.85
75.85

Note: Total will auto fill into pg 1, Section E. If form completed electronically - Additional pg 2a can be found at end of form

Lunch @ Argentine (3)



Pazzo Pazzo Italian Cuisine
10016 - 103 Avenue
Edmonton, AB
780-425-7711
GST# 859337602

101 TEREZA

Check: 9040
Table: 5-1

Guests:

11/14/2012 12:34PM



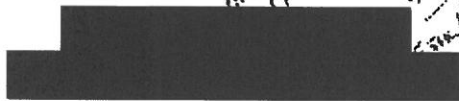
1 ANTIPASTO

Make two only

14.00

1 COFFEE

3.00



PLEASE PAY SERVER

Thank You

DELIVERY AVAILABLE IN

WWW.PAZZO.COM

CATERING AVAILABLE

Over limit lunch approved

m. j.
Initial
Michael Long

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

AMOUNT PAID

\$ 14.00

UNIVERSITY OF ALBERTA

NON TRANSFERABLE

EXPIRATION DATE
11/12 06:00 PM

CREDIT CARD NUMBER

LOT N

DATE ISSUED TIME ISSUED AMOUNT PAID
11/12 08:11 AM \$14.00

1128135

RECEIPT GST#R10810291

UNIVERSITY OF ALBERTA

IMPARK00020101A
0025 JASPER AVENUE
EDMONTON, AB T5J1S6

AT ID: 8716985099 TERM 11

SALE



ENTRY METHOD

21/13 13:38

000023 MFR CODE: 1

BATCH #: 1

REF #: 1

JNT \$25

PIN VERIFIED BY CARD ISSUER
CARDHOLDER AGREES TO PAY ABOVE
TOTAL AMOUNT IN ACCORDANCE WITH
CARD ISSUER'S AGREEMENT

RETAIN THIS COPY FOR STATEMENT
VERIFICATION

CARDHOLDER COPY

APPROVED



UP

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

107 Street
Machine Web ID = LOT 107
EXPIRES

23 JAN
13:38

PAD \$19.00C

ENTRY TIME 23 JAN 13 10:38

TOURD

PLACER SUR LE TABLEAU DU BORD
DE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DU BORD
DE CÔTÉ VISIBLE