

Official Administrator and Executive Expense Report

Name Tom Feasby

Title Official Administrator Committee Member

Location Edmonton

Expenses submitted during the month of March 2014

		Travel (1)				
Source Date Document Purpose	Airfare Meals		Other Total Travel Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Mar-14 Expense Claim Meetings	449		199 648			
Total	\$ 449 \$	- \$ - \$	199 \$ 648	\$ -	\$ -	\$ -

Total for

the Month \$ 648

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



AHS - AP Processing - Ir	nternal Use Only	****
Voucher#		
Naming Convention:		
T4A/NR Applicable? - If yes, in	ndicate line & amt	

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

SECTION	1: PAY	EE INFOR	RMATION		AFENSE C	TWINI L	OKIV		
Name:	Thomas E Tom Feas	E. Feasby Professional Corporation (Dr. asby)		Vendor# (if known)				Perlod	Mar-14
Address:				City:	Calgary	Monti Provi		 0:	AB
Postal Code:		Country:		Phone		:	IAD		
Reason for &/or Busine		Quality Ass	urance and Patient Safety Me	eting, March 3, 2	014. Edmonton Albe	erla			
SECTION	2: FINA		ING & TOTAL CLAIM						
Descri	ption	Corp/BU/O	Location (if applicable)		inctional tre/Primary	Expe Seconda		(Note: Th	<u>Total</u> is column will auto f
Vieals (A)		101	0005	711	10300004	45000	2000		\$0.00
Travel Exp (B+C+E)	101	0005		10300004	62212		\$0.00	
Other (D)	-	101	0005	······································	10300004	41090			\$647.83 \$0.00
						TOTAL PAY		\$647,83	
Rationa	le le Ra	nuirod for	expenses that are not						
attest that I ha attest the expe divices or any c	ve read and u inses enclosed other Organiza	nderstand all ap d in this claim ar ation	pircable policies of Alberta Health Se e for valid business purposes for Albe	rvices that pertain to	"HORIZATION these expenses, and confir not that this claim has not b	m expenses bein	ig claimed a laimed by n	rë in compliar të tir on my bi	ice with such policies
attest that expo	enses submitt	ed in this claim	have been incurred by using a cost ef	fective niethod, other	Seise rationale and cupour	tona antalucio le m			
Claimant (Pr	int Name)		Signature: I by signing the form	at that I amegor	er to all the above statemen	de la marita de la	Date		Dt 4
or. Tom Fea	sby			780	9		4-Apr-14		Phone#
ealth Services o	or any other C	recurs claus an Resolvation	plicable policies of Alberta Health Sei e for vallid business purposes for Albe have been incurred by using a cost ef	rta Health Services ar	nd that this claim has not b	zer previously ci	larmed by th	e claimant pr	ice with such policies on their behalf from Albert
pproved by	y (Print Narr	e) I	Position Title/Program Grou	ective metros, utile	wise rationale and suppor		-		
r. John Cow			Official Administrator			Date		hone#	
ignature; (by signing this		I am compliant with all the above state	अति र्थ ाहर	DOFA Level	Position #	-1-		
			nailed out by Accounts Payable. Co only authorized payment requisition					aconto.	
Frivacy (FOIP)	hat information Act. respective	on this form is o	ollected by AHS under the authority of se of administering AHS Procure to Pa Accounts Payable at 780-735-0506 or	section 20(b) of the He	aith Information Act (HIA) a	nd sections 33(c)	and 34(2) of	Iha Ereaten	· · · ·

For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste

Deborah Rhodis, Acting CFO
AP Quality & Compliance

Created: November 01, 2013 Rev 2 eff February 06, 2014

AP 3 006-F Page 1

Name:		ALIMI ANIBOI	ration (Ur	Vandar		T"				7	-
	Thomas E. Feasby Professional Corporation (Ur. Vendor# (if known) Expense Period Month: pletion of the "cost effective method used" Column is required. If you select "No" in this column, Furth										
		Requ	ired in the	he "Ratio	onale is	Require	d" section	No" in this colu above			tion i
SECTIO	N 4A: OFFICIAL ADMIN	IISTRATO	R & CC	TTIMM	EE ME	MBER -	TRAVEL	EXPENSE CLA	IM		
<u>Date</u>	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost	Meal (A	llowance	OR Red	eipt)(A)			Agen		
		Effective	Allov	/ance	With	Receipt	Accom- modation	Transportation (Flight, Car Rental,	Other	Mileage	
		method used?	Meal Type	Allow- ance	Meal Type	With Receipt	(B)	Fuel, Parking, Taxi) (C)	(Itamize) (D)	km (E)	
3-Mar-14	Quality Assurance & Patient Safety Advisory Committee										-
3-Mar-14	Quality Assurance & Patient Safety Advisory Committee-flight						A	\$448.61			
3-Mar-14	Quality Assurance & Patient Safety Advisory Committee-taxi							\$151.80		·	
3-Mar-14	Quality Assurance & Patient Safety Advisory Committee- parking and mileage							\$25.20	**************************************	44	
							· · · · · · · · · · · · · · · · · · ·			***************************************	

······································											
······································											
li.		The state of the s									

								ntura		····	
	Total: (amount auto fills to	page 1)		\$0.00		\$0.00	\$0.00	\$625.61	\$0.00	44.00	

For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste

Thomas E. Feasby			
From: Sent: To: Subject:	Air Canada < confirmation@ Thursday, January 30, 2014 : Dr. Thomas E. Feasby Air Canada - 03-Mar: Calgar	12:01 PM	
	***** PLEASE DO NOT REPLY TO	THIS E-MAIL	*****
for your financial records or payment card reconcil	med. Please print/retain this page (e.g. for taxation, expense claim lation purposes). We thank you for look forward to welcoming you on	Scan this barcod check in kiosk.	e to check in at any Air Canada
Hotels in Edmon	ton		ook your hotel stay at da.com?
Hote	is provided by WWTMS.	*	Lowest price guaranteed Great choice of hotels Aeroplan Mile offer exclusive to aircanada.com
× Need a car in Edm	onton? Great rates and additional A	eroplan Miles	x som
Booking Informati	on		Customer Care
Electronic Ticketing of itinerary/receipt. Main Contact: Dr Thomas Feasby feasby@ucalgary.ca Mobile: Home: Work: Online Services	onfirmed. This is your official		Air Canada 1-888-247-2262 Flight Arrivals and Departures 1-888-422-7533
Select Seats Maple Leaf Lounge [] Alert me of flight statu	Meal Vouchers On My Way s changes directly to my mobile phon artures - check online if my flight is rint my boarding pass.	ne or email.	

CONTRACTOR OF SECURIOR	municipal description and the second	* Can my booking	or chang	cu offille?	aur un Manna transfer Manna transfer	9101-19100- / 19001P			
Flight Iti	nerary				****				
Flight	From	То	Stops	Duration	Aircraft	Fare Type	Meal		
AC8130 ¹	Calgary (YYC) Mon 03-Mar 2014 07:00	Edmonton, Edmonton Int'l (YEG) Mon 03-Mar 2014 07:59	0	0hr59	DH3	Flex, W			
AC8155¹	Edmonton, Edmonton Int'l (YEG) Mon 03-Mar 2014 17:00	Calgary (YYC) Mon 03-Mar 2014 17:53	0	0hr53	DH3	Flex, W			
Operated by ¹ Air Canada	: Express - Jazz	- International Control of the Contr		y y Hyphotologe 6		- August Books			
Passenge	er Information								
1: Dr Tho	mas Feasby : Adult	(16+), Ticket Numl	oer:						
Air Canada Aeropian :	-		Meal f	reference :	None				
Payment Ca	ard:		Specia	il Needs:	None				
Seat Select	ion: AC8130 4	C , AC8155 4C							
Purchase	Summary								
Fare Summ	200.000. 4 0	We will the second seco	A Ministraction of the A						
Passenger T				Adı	ılt				
Departing F	ortation Charges			167.0	20				
Return Fligh	TO MAKE TO STORY OF THE STORY O			167.00					
Surcharges	LIKA		24.00						
Taxes, Fee	s and Charges								
Annual State of the Control of the C	ort Improvement Fee			55.	00				
Canada Goo	ds and Services Tax (GST/HST #10009-22	87 RT000	1) 21.	36				
Air Traveller	s Security Charge (A	rsc)		14.	25				
Total airfare	and taxes before opt	ions (per passenger)		448.0	51				
Number of p	bassengers				1				
Travel Insur	ance (declined)			0.0	00				
Grand Tota	l - Canadian dollars			\$448.0	61				
Payment I	nformation								
Credit/Del	bit Card ng charges (tax inclus	Amountive) will appear on yo	t paid: \$4 ur credit (statement:				
Air Canada:	\$448.61 (Airfare - p	er ticket)							
Ticket numl	ber(s):	. W				· · · · · · · · · · · · · · · · · · ·			
enRoute	City Guide					V *			
10-410		, , , , , , , , , , , , , , , , , , ,				v = 11			
Edmo	onton								

PRESIDE TRANSPORTATION 18135 31 Avenue NW Edmonton AS TON-102 768-463-5888

Tern Id:4502412509412 Item #:0171 Visa Credit PURCHASE Op Id:959483 Caro #:

AID: A00000000031010

APPROVED

AMOUNT

CAD\$132.00 CAD\$19.80

TOTAL

CAD\$151.80

Ref. #: C Auth. #: Pesp. Code: 80 TUR: 400000000 TSI: F860

Book on line at EDMPRESIIGE,COM Thank you for being our Guest 651 862184769

Date: 2014/03/03 Fine: 16:12:17 Response: AUTH

10114

RECEIPT GST NO. R122556194

EXIT No. A1
IN: 03/03/14 06:21
OUT: 03/03/14 18:12
OURATION: 0 11: 51
PAID: \$ 25.20
(GST INCLUDED)
VISA

REF. THANK YOU FOR YOUR VISIT

Calgary International Airport Parkade