

Official Administrator and Executive Expense Report

NameDr. Tom FeasbyTitleQuality Assurance and Patient Safety Advisory CommitteeLocationSouthport

Expenses submitted during the month of June 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)
Jun-14	Expense Claim Me	eetings				18	18			
Total			\$ -	\$	- \$ -	\$ 18	\$ 18	\$-	\$-	\$ -
Total for	¢ 19									

```
the Month $ 18
```

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	1 -	Internal	Use	Only
	Võ	ucher #				

Naming Convention T4A/NR Applicable? - If yes, Indicate line & amt

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER **REMUNERATION AND EXPENSE CLAIM FORM**

Name:	Tom Feas		essional Corporation (Dr.	Vendor# (if known)			Expense Month:	e Period	Jun-14
Address:			2	City:	Calgary		Provinc	•:	AB
Postal Code:			Country:			Phone #:			
Reason fo &/or Busin									
SECTION	N 2: FINA	NCE CODI	NG & TOTAL CLAIM						
Description Cor		<u>Corp/BU/O</u>	Location (11 applicable)		inctional ra/Primary	Excense/ Secondary Acct		<u>Totai</u> (Note: This column will auto	
Meals (A)		101	0005	7111	10300004	4500	0000		\$0.00
Travel Exp	(B+C+E)	101	0005	Statement of the second se	10300004	6221			\$18.18
Other (D)		101	0005	7111	10300004	4109			\$0.00
					I	TAL PAY	MENT	\$18.18	
Rationa	ale is Re	quired for a	xpenses that are not	t Cost Effectiv	Ve: (supporting analys	sis and doo	umentati	on must be	stached to this form)
ervices or any	enses enclose other Organia	d in this claim are f ation.	cable policies of Alberta Hearth Se for valid business purposes for Albe	ervices that pertain to t erta Health Services ar	nd that this claim has not bee	n previously c	laimed by r	ne or on my b	nce with such policies. ehalf from Alberta Health
attest the exp ervices or any attest that exp claimant (P	enses enclose other Organis penses submit rint Name)	d in this claim are t ation. Led in this claim ha	cable policies of Alberta Hearth Se	ervices that pertain to t erta Health Services ar Mective method, other	these expenses, and confirm nd that this claim has not bee wise rationale and supportin	n previously c 8 analysis is p	laimed by r rovided abo	ne or on my b ove.	ehalf from Alberta Health
attest the exp ervices or any attest that exp Claimant (P	enses enclose other Organis penses submit rint Name)	d in this claim are t ation. Led in this claim ha	cable policies of Alberta Hearth Se for valid business purposes for Albe we been incurred by using a cost el	ervices that pertain to t erta Health Services ar Mective method, other	these expenses, and confirm nd that this claim has not bee wise rationale and supportin	n previously c 8 analysis is p	laimed by r rovided abo	ne or on my b	ehalf from Alberta Health
attest the exp ervices or any attest that exp Claimant (P Dr. Tom Fea ottest that i ha attest the the eaith Services	enses enclose other Organia penses submit rint Name) asby twe read and u coses enclosed or any other (d in this claim are f ation. Led in this claim ha Si nderstand all appli 5 in this claim are fi Organization.	cable policies of Alberta Hearth Se for valid business purposes for Alberta Been incurred by using a cost el ignature: I, by signing this tons, cable policies of Alberta Health Se or valid business purposes for Alberta	ervices that pertain to t erta Health Services ar Nective method, other ettas: Inst Tim comple Control of the time of the rvices that pertain to t erta Health Services an	these expenses, and confirm nd that this claim has not bee rwise rationale and supportin nt tea.Dbg above statements these expenses, and confirm o that this claim has not bee	n previously c g analysis is p expenses bein n previously c	laimed by r rovided abo Date Jum g claimed a laimed by ti	ne or an my b we. 2 1 0 / 1 4 we in compliant he claimant or	ehalf from Alberta Health Phone#
attest the exp ervices or any attest that exp Claimant (P Or. Tom Fea attest that I ha attest the exp eaith Services attest that exp	enses enclose other Organia penses submit trint Name) asby two read and u enses enclose or any other (penses submit	d in this claim are f ation. Led in this claim ha Address and all applit of in this claim are f Organization. ed in this claim has	cable policies of Alberta Hearth Se for valid business purposes for Alberta Benature: 1, by signing this tom, Cable policies of Alberta Health Se or valid business purposes for Alberta Health Second Statements of Alberta	ervices that pertain to I erta Health Services ar Nective method, other estat that pertain to t erta Health Services an Nective method, other	these expenses, and confirm nd that this claim has not been nvise rationale and supportin nt isa. Dog above statements these expenses, and confirm to these expenses, and confirm to the expenses, and confirm to the expenses and supporting	n previously c g analysis is p expenses bein n previously c g analysis is p	laimed by n rovided abo Date Jum g claimed a laimed by ti rovided abo	ne or an my b we. 2 1 0 / 1 4 we in compliant the claimant or we.	ehalf from Alberta Health Phone#
attest the exp ervices or any attest that exp Claimant (P Dr. Tom Fea attest that i ha attest the exp saith Services sattest that exp pproved b	enses enclose other Organiz benses submit trint Name) asby tve read and u enses enclosed or any other (benses submitt by (Print Nam	d in this claim are i ation. Led in this claim ha Inderstand all appli d in this claim are fi Drganization. ed in this claim have 10) Pc	cable policies of Alberta Hearth Se for valid business purposes for Alberta Barature: I, by signing this tam, Cable policies of Alberta Health Se or valid business purposes for Albert we been incurred by using a cost of polition Title/Program Grou	ervices that pertain to I erta Health Services ar Nective method, other estat that pertain to t erta Health Services an Nective method, other	these expenses, and confirm nd that this claim has not been nvise rationale and supportin nt isa. Dog above statements these expenses, and confirm to these expenses, and confirm to the expenses, and confirm to the expenses and supporting	n previously c g analysis is p expenses bein n previously c g analysis is p Date	laimed by r rovided abo Date Jum g claimed a laimed by ti rovided abo	ne or an my b we. 2 1 0 / 1 4 we in compliant he claimant or	ehalf from Alberta Health Phone#
attest the exp ervices or any attest that exp Claimant (P Or. Tom Fea attest that i ha attest that i ha each Services attest that exp pproved b or. John Con	enses enclose other Organiz senses submit trint Name) asby tre read and u enses enclosed or any other (enses submitt by (Print Nam well	d in this claim are i ation. Led in this claim ha inderstand all appli of in this claim are fi byganization. ed in this claim han he) Po Ot	cable policies of Alberta Hearth Se for valid business purposes for Alberta Bean incurred by using a cost el gnature: 1, by signing this tom, cable policies of Alberta Health Se or valid business purposes for Alberta Health business purposes for Alberta	ervices that pertain to t erta Health Services ar Mective method, other ettail that the complex evices that pertain to t erta Health Services an Mective method, other UP	these expenses, and confirm nd that this claim has not bee rwise rationale and supportin nt taailing above statements these expenses, and confirm o in that this claim has not been wise rationale and supportin	n previously c g analysis is p expenses bein n previously c g analysis is p	laimed by r rovided abo Date Jum g claimed a laimed by ti rovided abo	ne or an my b we. 2 1 0 / 1 4 we in compliant the claimant or we.	ehalf from Alberta Health Phone#
attest the exp ervices or any attest that exp Claimant (P Dr. Tom Fea attest that i ha attest the exp ealth Services attest that exp pproved b Dr. John Cou Ignature: I, (1) All cheque 2) Non-compl	enses enclose other Organiz penses submit mint Name) asby twe read and u enses enclose or any other (menses submitt y (Print Nam well by signing thi and attach lant and inco	d in this claim are i ation. Led in this claim ha inderstand all applit is in this claim are fi Organization. ed in this claim han be Organization. ed in this claim han be Other that i normation that is a main mplete/impropert	cable policies of Alberta Hearth Se for valid business purposes for Alberta We been incurred by using a cost el ignature: I, by eigning bie gam, cable policies of Alberta Health Se or valid business purposes for Albert re been incurred by using a cost ef polition Title/Program Grou ficial Administrator an compilant with all the above state incompilant with all the above state	ervices that pertain to I erta Health Services ar Nective method, other ettast Inst Tim complex evices that pertain to t erta Health Services an Nective method, other Up ements Cheques will NOT be na will be returned w	these expenses, and confirm and that this claim has not been invise rationale and supporting int is a DDg above statements these expenses, and confirm of that this claim has not been wise rationale and supporting DOFA Level inpulled and returned to dep ithout processing.	a previously of ganalysis is previously of ganalysis is previously of ganalysis is provided by the second structure of the second secon	Islimed by r rovided abo Jum g claimed a laimed by th rovided abo U/) 4	ne or an my b we. 2_ 1 0 / 14 we in compliant the claimant or we. Phone#	ehalf from Alberta Health Phoreoff Ince with such policies. r on their behalf from Alberta
attest the exp ervices or any attest that exp claimant (P Dr. Tom Fea attest that i ha attest the exp ealth Services attest that exp pproved b ignature: I, (1) All cheque 2) Non-compl neith and Perso Privacy (FOIP) ormation, pleat	enses enclose other Organiz benses submit trint Name) asby twe read and u enses enclose or any other (wenses submitt y (Print Nam well by signing thi and attach lant and inco onal information Act, respective se contact Mart	d in this claim are in ation. Led in this claim has inderstand all applit d in this claim are fin organization. ed in this claim has ed in this claim has be provided in the state in provided in the state in the state of the state in the state of the st	cable policies of Alberta Hearth Se for valid business purposes for Alberta We been incurred by using a cost el ignature: I, by eigning bie ton, cable policies of Alberta Health Se or valid business purposes for Albert re been incurred by using a cost ef beition Title/Program Grou ficial Administrator an compliant with all the above state incompliant with all the above state incompliant with all the above state of administering AHS Procure to Pa counts Payable at 780-735-0506 or	Projects that pertain to 1 erta Health Services ar Mective method, other ettail Inst Tim complex evices that pertain to t erta Health Services an Mective method, other Up ements Cheques will NOT be na will be returned will section 20(b) of the He y program. For more inf emeil: Merk. Palka@alb	these expenses, and confirm and that this claim has not been whise rationale and supporting and that this claim has not been while expenses, and confirm of these expenses, and confirm of these expenses, and confirm of the this claim has not been while rationale and supporting DOFA Level applied and returned to dep thout processing atth Information Act (HIA) and formation, questions or concent antaheathearvices ca	a previously of ganalysis is plant of the previously of ganalysis is point of the previously of ganalysis is point of the positional for the contract of the c	Islimed by r rovided abo g claimed a g claimed a g claimed by th rovided abo (/) () r meiling. and 34(2) o lection, use	ne or an my b we. 2 1 0 / 1 4 we in compliant the claimant or we. Phoneil Phoneil the Freedom or disclosure of	ehalf from Alberta Health Phoreoff Ince with such policies. To a their behalf from Alberta Internation and Protection of your health personal
attest the exp ervices or any attest that exp claimant (P or, Tom Fea attest that i ha attest the exp ealth Services statest that exp pproved b r. John Cou ignature: I, () 1) All cheque () Non-compl makin and Perso Privacy (Forp) ormation, please	enses enclose other Organiz benses submit mint Name) asby twe read and u enses enclose or any other (wenses submitt y (Print Nam well by signing thi and attach lant and inco mal information Act, respective se contact Mart	d in this claim are in ation. Led in this claim has inderstand all applit d in this claim are fin organization. ed in this claim has ed in this claim has be provided in the state in provided in the state in the state of the state in the state of the st	cable policies of Alberta Hearth Se for valid business purposes for Alberta Been incurred by using a cost el ignature: I, by eigning bie gam, cable policies of Alberta Health Se or valid business purposes for Albert re been incurred by using a cost ef beition Title/Program Grou ficial Administrator an compliant with all the above slate incompliant with all the above slate we been incurred payment requisition second by AHS under the automity of of administering AHS Procure to Pay counts Payable at 760-735-0506 or the Official Administrato	Projects that pertain to 1 erta Health Services ar Mective method, other ettail Inst Tim complex evices that pertain to t erta Health Services an Mective method, other Up ements Cheques will NOT be na will be returned will section 20(b) of the He y program. For more inf emeil: Merk. Palka@alb	these expenses, and confirm and that this claim has not been whise rationale and supporting and that this claim has not been while expenses, and confirm of these expenses, and confirm of these expenses, and confirm of the this claim has not been while rationale and supporting DOFA Level applied and returned to dep thout processing atth Information Act (HIA) and formation, questions or concent antaheathearvices ca	a previously of ganalysis is plant of the previously of ganalysis is point of the previously of ganalysis is point of the positional for the contract of the c	Islimed by r rovided abo g claimed a g claimed a g claimed by th rovided abo (/) () r meiling. and 34(2) o lection, use	ne or an my b we. 2 1 0 / 1 4 we in compliant the claimant or we. Phoneil Phoneil the Freedom or disclosure of	ehalf from Alberta Health Phoreoff Ince with such policies. To a their behalf from Alberta Internation and Protection of your health personal
attest the exp iervices or any attest that exp Claimant (P Dr. Tom Fea attest that i ha attest that i ha attest that i ha attest that exp ierath Services attest that services att	enses enclose other Organiz penses submit vint Name) asby we read and u enses enclosed or any other (enses submit y (Print Nam well by signing this rs and attach lant and inco mal information nal information act, respective se contact Mart	d in this claim are in ation. Led in this claim has nderstand all applit of in this claim are in Simulation. ed in this claim has read in this claim has not suit that in prome suit be main mplete/improper by, for the purpose on this form a colla by, for the purpose	cable policies of Alberta Hearth Se for valid business purposes for Alberta We been incurred by using a cost el ignature: I, by signing this tom, cable policies of Alberta Health Se or valid business purposes for Alberta we been incurred by using a cost ef policien Title/Program Grou ficial Administrator ann compliant with all the above state in compliant with all the above state for administering AHS Procurs to Pay courts Payable at 760-735-0506 or the Official Administrator	Projects that pertain to 1 erta Health Services ar Mective method, other ettail Inst Tim complex evices that pertain to t erta Health Services an Mective method, other Up ements Cheques will NOT be na will be returned will section 20(b) of the He y program. For more inf emeil: Merk. Palka@alb	these expenses, and confirm and that this claim has not been revise rationale and supporting and that this claim has not been these expenses, and confirm of these expenses, and confirm of the expenses, and confirm of	a previously of ganalysis is plant of the previously of ganalysis is point of the previously of ganalysis is point of the positional for the contract of the c	Islimed by r rovided abo g claimed a g claimed a g claimed by th rovided abo (/) () r meiling. and 34(2) o lection, use	ne or an my b we. 2 1 0 / 1 4 we in compliant the claimant or we. Phoneil Phoneil the Freedom or disclosure of	ehalf from Alberta Health Phoreoff Ince with such policies. To a their behalf from Alberta Internation and Protection of your health personal

Name:	Tom Feasby)	nomas E. Feasoy Professional Corporation (Ur. Vendor# om Feasby) ((if known) ation of the "cost effective method used" Column is required. If you selec								41791 Jun-14		
		Requ	ired in ti	he "Ratio	onale is	Require	d" section	above		er Explan	ation is	
SECTIO	N 4A: OFFICIAL ADMIN	ISTRATO	R & CO	MMITT	EE ME	MBER -	TRAVEL	EXPENSE CLA	IM	e l'allege e la com	and and a second se	
Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost	Meal (A	llowance	OR Red	Receipt Accom-		Transportation	-	Mileape	Pavroli On OA	
		Effective method used?	method Mani Allow Mant Mark	(8)	(Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	<u>km</u> (€)	Committe Meeting Fe (F)				
3-113-14 1-3200-14	Quality Assurance & Patient Safety Advisory Committee	Yes								36 /		
			-									
							-					
	Total: (amount auto fills to	Dage 1)		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	36.00		
		OA COMMITTEE MEMBER Mileage Rate								lileage	\$ 18.1	

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

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