

Board and Executive Expense Report

Name Dr. Tom Noseworthy
Title ACMO, Strategic Clinical Networks & Clinical Care Pathways & Interim ZMD Edmonton
Location Edmonton
 Expenses submitted during the month of December 2012

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
December 2012	Expense Claim	Various meetings	-	-	-	110	110			
December 2012	Direct Bill	Attend meeting in Calgary	327	-	-	-	327			
Total			<u>\$ 327</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 110</u>	<u>\$ 437</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Total for the Month \$ 437

Maximum meal expense claimed in the month \$ -
 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



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: December 1 2012 To December 21 2012
 Travel Period from: _____ To _____ (11/2012-12/2012)
 Out-of-Province Travel

Name: Dr Tom Noseworthy
 Location: 14 Floor SSP, Edmonton, AB Dept: _____ DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____
 Position (Title): ACMD, SCNs & Clinical Care Pathways
 Employee # (E-People): n/a Employee # (REQUIRED prior to E-People migration): info

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				
Pg	Bel Unit	Location	Functional Centre (FC)	Total Expense	Bel Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense
2A	101	0000	71110000012	\$109.65					
2B	101	0000	71110000012						
2C									
2D									
				\$109.65					

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

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

TOTAL REIMBURSEMENT	
Total Section B	\$109.65
Total Section C&D	
Less Cash Advances	
TOTAL CLAIM	\$109.65

SECTION F: AUTHORIZATION

If applicable, enter 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): Karun Ramkhalan 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 organizations.

Employee Signature: [Signature] Dr. Tom Noseworthy Date: 21-Dec-12

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): [Signature] [Signature] DOFA Level: 2a Position #: _____ Phone #: _____ Ext: _____
 Title: EVP & CMO Date: Dec 21/12

Approved By (PRINT ONLY): _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 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 39(c) and 39(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procedure to Pay program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Peltz, Ottawa Accounts Payable at 780-725-6800 or email: Mark.Peltz@albertahealthservices.ca

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 - 6000 - 71110000012** Emp # (E-People) n/a Emp # (Other to E-People) n/a 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: Expenses do not fall into these categories unless accepted by Working Section. Refer to the CS 31-32g table for this year. If you go to SECTION C. Select from dropdown menu (column Province) where expense was incurred (Out of N.America = Int'l). 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 (Character description - length 11 allowed)	Province, US, or Out of N.America	What is travel related to?	Meal (Select type from dropdown)			Airfare Bus/LRT Parking	Hotel	Rental Car	Toll	Fuel	Mileage (km)
				Type	Receipt	info receipt or per diem						
1-Dec-12	Transportation Pass December 2012 bus pass	AS	Meating				\$84.65					
4-Dec-12	Transportation Tax from SSP to AMA	AB	Meating							\$15.00		
4-Dec-12	Transportation Tax from AMA to home	AB	Meating							\$12.00		
SUBTOTALS							\$84.65			\$25.00		Total Km

MEAL PER DIEM RATES

B = Breakfast = \$9.20 L = Lunch = \$11.60 D = Dinner = \$20.75 A = ALL MEALS = \$41.56
 BL = Breakfast & Lunch = \$20.60 BD = Breakfast & Dinner = \$29.95 LD = Lunch & Dinner = \$32.35

MILEAGE - Business Mileage Rate for Personally-Owned Vehicle

→ This is of major location to & from must be included above, under the purpose of travel column:

\$0.595 per km for under 5,000km/yr
 \$0.47 per km for over 5,000km/yr
 or per Union Agreement

Enter \$0.595 km, \$0.47 km OR rate per Union Agreement
(See Address details to the left)

Mileage \$

Travel \$ Subtotal \$ **\$409.05**

Enter on page 1 TOTAL TRAVEL \$ **\$109.05**

Notes: Total will auto fit into pg 1, Section E, if form completed electronically - Additional pg 2a can be found at end of form

Dr. Tom Noseworthy

10155 - 31 Avenue
Edmonton, Alberta T6H 1G2

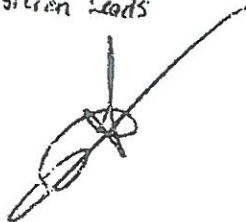
GABS 462-4444
THANK YOU/MERCI

ADMIN: 465-8500
FAX: 462-2722

Date: 4/12/11 Ass: unbr/Montant \$: 13 Car # / Licence # _____
Driver/Chauffeur: _____ Plate # _____
From/De: _____ To/A: _____

PLEASE CALL AGAIN
AU PLAI 513 DE VOL'S REVONR

⇒ Taxi from SSP to AHA
to attend Capital Area
PCN Physician Leads
mtg



YELLOW CAB 780-462-3455

STID _____ GST # R10L40307C

Date: Dec 11/12 Amount: 12.40

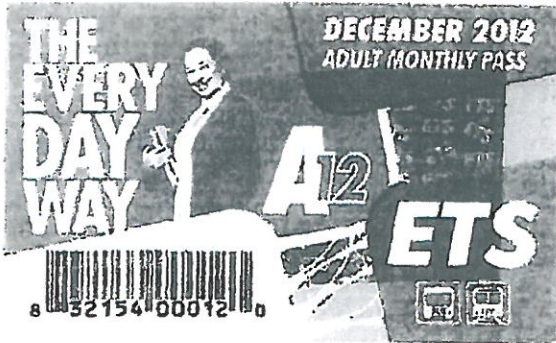
Driver: _____ Car #: _____

From: _____

To: _____

10155 - 31 Avenue, Edmonton, AB T6H 1G2

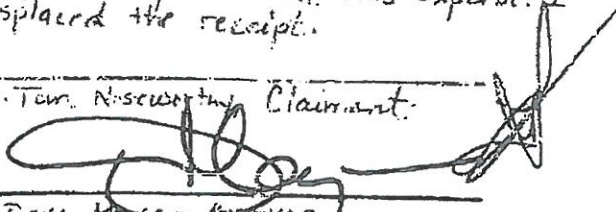
⇒ Taxi from AHA to home
after attending Capital
Area PCN Physician
Leads mtg.



Written Attestation re. purchase
of December-2012 bus pass:

I, Dr. Tom Noseworthy, incurred \$84.65
in expenses to purchase a bus pass for
the month of December 2012. I have
not previously claimed this expense. I
misplaced the receipt.

Dr. Tom Noseworthy, Claimant:



Dr. Dave Hagan, Approver:

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors

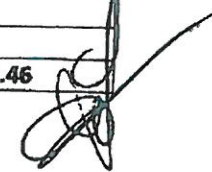
AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- Indicate whether you have expenses to report in this section for this reporting period: Yes No

Name:	Reporting Period for the Month of: December 2012
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2012-12-20	Direct Billing	Transportation	Fly Edmonton-Calgary to attend meeting	Marlin Travel	\$327.46
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$327.46



Karen Ramkhelawan

From: Ashley Quach [ashley.quach@marlintravel.ca]
Sent: Thursday, December 20, 2012 11:38 AM
To: Karen Ramkhelawan
Subject: Travel Itinerary - Dr. Tom Noseworthy - Jan 8

MARLIN TRAVEL - GOVERNMENT CENTRE
OWNED AND OPERATED BY 101017690 SASK. LTD.
9929 108TH ST - MAIN
EDMONTON ALBERTA T5K 1G8
PHONE: (780) 425-8611
BRANCH: N61107
PNR LOC: [REDACTED]
AGENT: [REDACTED]

FAX: (780) 426-5759
GST REG NO. 885101915
DATE: 20 DEC 2012

*Travel to Calgary on
January 8, 2013
for the DCN Launch
scheduled for all day
at the Delta Calgary
Airport Hotel.*

TO:
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

FOR:
NOSEWORTHY/TOM DR
101000071110000012

--ITINERARY--

FROM	TO	CARRIER	FLT/CL	DATE	DEP	ARR	ST
EDMONTON/INTL NONSTOP EQUIPMENT:73W AIRLINE LOCATOR: [REDACTED] TICKET NUMBER 8382524017867 SEAT 9C	CALGARY	WESTJET	238 P	08 JAN 13	700A	750A	OK
TRAVELLING TIME - :50							
CALGARY NONSTOP EQUIPMENT:73W AIRLINE LOCATOR: [REDACTED] TICKET NUMBER 8382524017867 SEAT 9C	EDMONTON/INTL	WESTJET	259 M	08 JAN 13	600P	651P	OK
TRAVELLING TIME - :51							

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL 24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0
PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

-----WESTJET AIRLINE RULES-----
TICKET IS NON REFUNDABLE
RESERVATION MAY BE CHANGED OR CANCELLED UP TO
2 HOURS PRIOR TO DEPARTURE. CANCELLATION FEE 50.00.
A CHANGE FEE OF 50.00 PLUS ANY FARE DIFFERENCE
WILL BE CHARGED IN EACH DIRECTION.
24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM
TO PRE-SELECT YOUR SEATS AND PRINTABLE BOARDING PASS

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

YOUR REF : 101000071110000012
LOCATOR :
OUR REF :
AGENT :
[REDACTED]

I N V O I C E

INV NO:
DATE: 20DEC12
PAGE: 1

FOR: DR TOM NOSEWORTHY
[REDACTED]
101000071110000012

I T I N E R A R Y

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	WESTJET AI	238 P	HK	08JAN	7:00A	7:50A		
			73N						
CALGARY	EDMONTON INTL	WESTJET AI	259 N	HK	08JAN	6:00P	6:51P		
			73N						

*** TOUR ***

BSP TASF DEPARTING FROM EDMONTON INTL ON 01JUL13 AT 12:00A
TO EDMONTON INTL RET01JUL13 AT 12:00A
1 PACKAGE TOUR
FILE RETAINER

C O S T

WESTJET AIR	TKT NO	WS	2524	017867	(INCL 88.96 TAX)	306.96
BSP TASF	TKT NO	954	0004	971155		10.00
WESTJET WEB	TKT NO	WJ3		2524017867		10.00
					GST/HST 0.50	

*** SUB-TOTAL EXCLUDING GST/HST & APT

326.96

*** TOTAL GST/HST

0.50

*** TOTAL CHARGES THIS INVOICE ***

327.46

PAYMENT BY [REDACTED] TKT 2524017867

306.96

PAYMENT BY [REDACTED] TKT 0004971155

10.00

PAYMENT BY [REDACTED] TKT 2524017867

10.50

*** BALANCE DUE THIS INVOICE ***

0.00

BALANCE DUE TO DATE

0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE

ACCEPTED:.....DECLINED:.....

CONTINUED ON NEXT PAGE

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

YOUR REF :
LOCATOR :
OUR REF :
AGENT :

I N V O I C E

INV NO:
DATE: 20DEC12
PAGE: 2

DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.