

Official Administrator and Executive Expense Report

Name Dr. Tom Noseworthy
Title Associate Chief Medical Officer, Strategic Clinical Networks; and, Interim Vice President & Chief Health Operations Officer – North and Edmonton
Location Edmonton
 Expenses submitted during the month of January 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)
Jan-14	Direct Billing	Meetings	331			79	410			
Jan-14	Expense Claim	Meetings				293	293			
Total			\$ 331	\$ -	\$ -	\$ 372	\$ 703	\$ -	\$ -	\$ -

Total for the Month \$ 703

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

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: Dr Tom Noseworthy

Reporting Period for the Month of: January 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
January 2014.	Direct Billing	Transportation	Airfare for various meetings	Marlin Travel	\$331.48
January 2014.	Direct Billing	Transportation	Taxi for various transport	Airport Town Car Service	\$ 79.24
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$410.72

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 :

INVOICE
*** D U P L I C A T E ***

INV NO:
DATE: 10JAN14
PAGE: 1

FOR: DR THOMAS NOSEWORTHY
AC
101000071110000012

ITINERARY

*** AIR/RAIL/BUS ***

FROM TO
EDMONTON INTL CALGARY

CARRIER FLT/CL ST DATE DEPART ARRIVE MEALS BAGS
AIR CANADA 8163 W HK 14JAN 9:00P 9:53P
D8 (300 SERIE
SEAT 05C

AIR CANADA E

*** TOUR ***

BSP TASF DEPARTING FROM EDMONTON INTL ON 01OCT14 AT 12:00A
TO EDMONTON INTL RET01OCT14 AT 12:00A
1 PACKAGE TOUR
FILE RETAINER

COST

AIR CANADA	TKT NO	AC	3972 402026	(INCL 32.48	TAX)	211.48
BSP TASF	TKT NO	954 0005	332607			10.00

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

*** TOTAL CHARGES THIS INVOICE ***

PAYMENT BY CA TKT 3972402026

PAYMENT BY CA TKT 0005332607

*** BALANCE DUE THIS INVOICE ****

BALANCE DUE TO DATE

221.48

221.48

211.48

10.00

0.00

0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE

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

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.

CONTINUED ON NEXT PAGE

Fly + Calgary on Jan. 13th
to attend various meetings
on Jan. 14th

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
*** D U P L I C A T E ***

INV NO:
DATE: 10JAN14
PAGE: 2

CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Karen Ramkhelawan

From: [REDACTED]
Sent: Friday, January 10, 2014 12:55 PM
To: Karen Ramkhelawan
Subject: Travel Itinerary - Dr. Thomas Noseworthy - Jan 14

You can view or print your e-ticket at www.viewtrip.com. Reservation number [REDACTED]

MARLIN TRAVEL - GOVERNMENT CENTRE
OWNED AND OPERATED BY 101017690 SASK. LTD.
9929 108TH ST - MAIN
EDMONTON ALBERTA T5K 1G8
PHONE: (780) 425-8611 FAX: (780) 426-5759
BRANCH: N61107 GST REG NO. 885101915
PNR LOC: LBXT35 DATE: 10 JAN 2014
AGENT: [REDACTED]

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

FOR:
NOSEWORTHY/THOMAS DR
101000071110000012

--ITINERARY--

FROM	TO	CARRIER	FLT/CL	DATE	DEP	ARR	ST
----	--	-----	-----	----	---	---	--
EDMONTON/INTL	CALGARY	AIR CANADA	8163 W	14 JAN 14	900P	953P	OK
NONSTOP							
EQUIPMENT:DH3				TRAVELLING TIME - :53			
OPERATED BY:AIR CANADA EXPRESS				SEAT: 5C			
AIRLINE LOCATOR: AC - [REDACTED]				FREQ FLYER NBR: AC [REDACTED]			
TICKET NUMBER 0143972402026							

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

Karen Ramkhelawan

From: [REDACTED]
Sent: Thursday, January 09, 2014 5:48 PM
To: Karen Ramkhelawan
Subject: Itinerary/Confirmation - Dr Noseworthy

MARLIN TRAVEL - GOVERNMENT CENTRE
OWNED AND OPERATED BY 101017690 SASK. LTD.
9929 108TH ST - MAIN
EDMONTON ALBERTA T5K 1G8
PHONE: (780) 425-8611 FAX: (780) 426-5759
BRANCH: N61107 GST REG NO. 885101915
PNR LOC: WQH2XW DATE: 09 JAN 2014
AGENT: [REDACTED]

TO: FOR:
ALBERTA HEALTH SERVICES NOSEWORTHY/THOMAS DR
10030 - 107 STREET 101000071110000012
EDMONTON AB
T5J 3E4

--ITINERARY--

FROM	TO	CARRIER	FLT/CL	DATE	DEP	ARR	ST
------	----	---------	--------	------	-----	-----	----

CALGARY	EDMONTON/INTL	AIR CANADA	8170 Q	16 JAN 14	600A	659A	OK
NONSTOP							
EQUIPMENT:DH3		TRAVELLING TIME - :59					
OPERATED BY:AIR CANADA EXPRESS							
FREQ FLYER NBR: AC		[REDACTED]					
AIR CANADA BOOKING REFERENCE [REDACTED]							
SEAT 2D							

⇒ Fly from Calgary to Edmonton on January 16th to attend the Respiratory SGN Launch in the morning and other meetings in the afternoon and on the 17th.

EDMONTON/INTL	CALGARY	AIR CANADA	8161 Q	20 JAN 14	730P	818P	OK
NONSTOP							
EQUIPMENT:DH4		TRAVELLING TIME - :48					
OPERATED BY:AIR CANADA EXPRESS							
FREQ FLYER NBR: AC		[REDACTED]					
AIR CANADA BOOKING REFERENCE [REDACTED]							
SEAT 3D							

⇒ Fly from Edmonton to Calgary on January 20th to attend various meetings on Jan. 21st and 22nd

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 2ECO
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

-----AIR CANADA RULES-----

TICKET IS NON REFUNDABLE AND NON TRANSFERABLE
CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME
CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY
24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM
TO CHECK IN AND PRINT YOUR BOARDING PASS.

██████████
Senior Travel Consultant
Government Centre
9929 – 108 Street
Edmonton, Alberta T5K 1G8
Phone ██████████
Fax ██████████
Toll Free ██████████
Email: ██████████

marlin  travel

AIR CANADA  | *Circle of
excellence*
2013

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

NASZCH0112240C.txt
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 :

CONFIRMATION
STATEMENT OF ACCOUNT

DATE: 13JAN14
PAGE: 1

FOR: DR THOMAS NOSEWORTHY
AC
101000071110000812

ITINERARY

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
CALGARY	EDMONTON INTL	AIR CANADA	8170 Q	GK	16JAN	6:00A	6:59A		
		D8 (300 SERIE							
		AIR CANADA E							
		AIR CANADA BOOKING REFERENCE							
		SEAT 2D							
EDMONTON INTL	CALGARY	AIR CANADA	8161 Q	GK	20JAN	7:30P	8:18P		
		DH4							
		AIR CANADA E							
		AIR CANADA BOOKING REFERENCE							
		SEAT 3D							

COST

ITEM	COST	TAX	PAX	NTS
AIR TICKETS	398.00	59.96	1	1
CHANGE FEE	100.00	10.00	1	1
AIRLINE TICKET	-398.00	-49.96	1	1

**** TOTAL CHARGES
LESS PREVIOUS PAYMENTS
**** BALANCE DUE

120.00
110.00
10.00

→ Costs of flights
→ Change fee billed to AHS
→ AHS deposit credit
on file from Mar. 13/13
Calgary - Edmonton -
Calgary flight

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED!.....DECLINED!.....
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.

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 :

NASZCH0112240C.txt
C O N F I R M A T I O N
STATEMENT OF ACCOUNT

DATE: 13JAN14
PAGE: 2

CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0

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

INVNO01865FORZCH0112240C.txt
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 RLF :
LOCATOR :
OUR REF :
AGENT :

I N V O I C E

INV NO:
DATE: 13JAN14
PAGE: 1

FOR: DR THOMAS NOSEWORTHY
AC
101000071110000012

I T I N E R A R Y

*** AIR/RAIL/BUS ***

FROM TO CARRIER FLT/CL ST DATE DEPART ARRIVE MEALS BAGS
CALGARY EDMONTON INTL AIR CANADA 8170 Q GK 16JAN 6:00A 6:59A
D8 (300 SERIE

AIR CANADA E

AIR CANADA BOOKING REFERENCE

SEAT 2D

EDMONTON INTL CALGARY AIR CANADA 8161 Q GK 20JAN 7:30P 8:18P
DH4

AIR CANADA E

AIR CANADA BOOKING REFERENCE

SEAT 3D

C O S T

AIR CANADA TKT NO ACO 2129606938 (INCL 10.00 TAX) 110.00

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

110.00

*** TOTAL CHARGES THIS INVOICE ***

PAYMENT BY CA

TKT

2129606938

110.00

110.00

0.00

0.00

*** BALANCE DUE THIS INVOICE ***

BALANCE DUE TO DATE

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE

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

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.

CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY

GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL

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 :

→ change fee
billed to AHS
for Jan. 13/14
Flights

INVNO01865FORZCH0112240C.txt

I N V O I C E

INV NO: [REDACTED]
DATE: 13JAN14
PAGE: 2

24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



**Alberta Health
Services**

Payment Requisition

Please Note: Only 1 invoice per Payment Requisition (Multiple Invoices = Multiple Payment Requisitions)
This Form should only be used for exceptions to Markview or if no invoice exists.

AHS - AP Processing - Internal Use Only

Naming Convention:

Voucher #

T4A/NR Applicable? - If yes, indicate line & amt

PAYEE INFORMATION (Check one only)		<input checked="" type="checkbox"/> Vendor	<input type="checkbox"/> Patient	<input type="checkbox"/> Other (example: Volunteer)
Invoice Date	19-Jan-14	Invoice Number n/a		
Vendor Name	Airport Towne Car Service			
Address				
Province/State	AB	Postal Code		City Calgary
				Country Canada
Are original attachments to be mailed with cheque? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Payment Details:		Non-Po Invoice <input checked="" type="checkbox"/>	Service PO Pmt <input type="checkbox"/>	No Invoice <input type="checkbox"/>
Reason for Expense &/or Business case:		Transport/cab for Dr Noseworthy while in Calgary		

If claiming for meals/travel/accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" Rationale is Required
Cells that are locked (complete calculations) are Aqua. Cells requiring selection from dropdown menu are shaded Orange

FINANCE CODE/ACCOUNTING DISTRIBUTION (Departments must provide Complete Coding)

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 below

Corp/BU/Org (If applicable) e.g. 101	Location (If applicable) e.g. 9000	Functional Centre/Primary e.g. 71135050044	Expense/Secondary Account e.g. 69500001	Cost Effective Method Used? Y/N	Expense Sub - Total	GST (If applicable)	Total
101	0000	71110000012	62310000	yes	\$79.24		\$79.24
Canadian <input checked="" type="checkbox"/>	US <input type="checkbox"/>	Other <input type="checkbox"/>	TOTAL PAYMENT		\$79.24		\$79.24

CAPITAL PROJECT CODING (If more space is needed for coding, please attach an additional sheet)

Project	Task	Expense Type	Expense Org.	Cost Effective? Y/N	Expense Sub - Total	GST (If applicable)	Total
Canadian <input type="checkbox"/>	US <input type="checkbox"/>	Other <input type="checkbox"/>	TOTAL PAYMENT				

Rationale is Required for expenses that are not Cost Effective: (Supporting analysis and documentation must be attached to form)

AUTHORIZATION

Requisitioned by (Print Name)	Position Title/Program Group	Date	Phone#
Karen Ramkhelawan	Exec Asst to ACMO, Strategic Clinical Networks	January 30 2014	
I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.			
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.			
I attest the expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.			
Approved by (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Deborah Rhodes	<i>Deborah Rhodes</i>	January 30 2014	
Title/Program Group	DOFA Level	Position#	
Acting CFO			

- 1) All employee reimbursements must be submitted on the Travel, Hospitality & Working Session Expense Claim form.
- 2) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- 3) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.

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, questions or concern about the collection, use or disclosure of your health or personal information, please contact Mark Palka, Director Accounts Payable at 780-735-0506 or email: Mark.Palka@albertahealthservices.ca

1104316 ALBERTA LTD. (National Limousine)
[REDACTED]Dr. Noseworthy CORPORATE
KAREN Ramkhelawan
EDMONTON AB

nationallimo.ca # [REDACTED]

nationallimo.ca Date

January 19, 2014

Amount Due

\$79.24 CAD

Item	Description	Unit Cost	Quantity	Line Total
Sedan Service	Jan 16 - 4.30 am - Dr. Noseworthy - [REDACTED] Dr.,NW to Airport	68.90	1	68.80

Subtotal	68.90
Gratuity 15%	10.34
Total	79.24
Amount Paid	-0.00
Amount Due	\$79.24 CAD

Notes

Hi Karen

As requested.
[REDACTED]

Karen Ramkhelawan

From: Karen Ramkhelawan
Sent: Tuesday, January 14, 2014 5:43 PM
To: [REDACTED]
Subject: RE: Transport for Dr Tom Noseworthy - Thursday, Jan 16th

Many thanks [REDACTED]

Karen
[REDACTED]

From: [REDACTED]
Sent: Tuesday, January 14, 2014 5:43 PM
To: Karen Ramkhelawan
Subject: Re: Transport for Dr Tom Noseworthy - Thursday, Jan 16th

Bookings confirmed.

IMPORTANT REMINDERS.

1) Please do not pay or tip Drivers
as gratuity will be covered in the final billing.

2) CANCELLATION POLICY

A minimum 2 hour notice is required after which cancellation charges apply

3) To avoid any miscommunication regarding pickup or drop off changes, please either call or email [REDACTED] directly at [REDACTED] or [REDACTED]

*Transport from Condo to Calgary
airport to fly to Edmonton to
be at and participate in the all-day
Respiratory SCN Launch on Jan 16th
and attend various meetings on the 17th.*

Sent from my iPhone

On Jan 14, 2014, at 5:39 PM, Karen Ramkhelawan <Karen.Ramkhelawan@albertahealthservices.ca> wrote:

Hi [REDACTED]

Can you please pick Dr Noseworthy up from his condo on **Thursday, January 16th at 4:30am** and take him to the airport for his 6:00am Air Canada flight. *Note: this is business transport.*

Thanks very much & please confirm.

Best Regards,

Karen Ramkhelawan, Executive Assistant
Office of the Associate Chief Medical Officer
Strategic Clinical Networks



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: Jan 6 2014 To Jan 20 2014

Travel Period from: To

Out-of-Province Travel

Name: Dr Tom Noseworthy

Position (Title):

Associate Chief Medical Officer - SCNs

Location: 14th Floor, SSP, Edmonton

Dept:

DOFA Level:

(if applicable)

Union:

Business Phone #: Ext:

Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY →

Project Number

Project Task Number

Expenditure Organization

Expenditure Type

Total - Section B: Travel - Pg 2

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0000	71110000012	\$293.40
2B				
2C				
2D				

\$293.40

NOTE: This section also has from page 2A, 2B, 2C & 2D

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

Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense

User to enter Coding & \$ Amounts

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

TOTAL REIMBURSEMENT

Total Section B \$293.40

Total Section C&D

Less Cash Advance

TOTAL CLAIM \$293.40

SECTION F: AUTHORIZATION

I certify that I have read and understand the Travel, Hospitality and Working Session Expense Policy (1122) of Alberta Health Services and confirm my compliance with such policy.

I certify that the expenses incurred in this claim are for valid business purposes for Alberta Health Services and that the claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.

I certify that the expenses incurred in this claim have been incurred by using a cost-effective method, otherwise reasonable and supporting analysis is provided below.

Travel, Hospitality and Working Session Expense Policy - Document# 11-2

By signing this form, I am certifying that I am compliant with the above statements.

Employee Signature:

Dr. Tom Noseworthy

Date 22-Jan-14

I certify that I have read and understand the Travel, Hospitality and Working Session Expense Policy (1122) of Alberta Health Services and confirm my compliance with such policy.

I certify that the expenses incurred in this claim are for valid business purposes for Alberta Health Services and that the claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.

I certify that the expenses incurred in this claim have been incurred by using a cost-effective method, otherwise reasonable and supporting analysis is provided below.

Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Deborah Rhodes

DOFA Level

Position #

Phone #

Ext

By signing this form, I am certifying that I am compliant with the above statements.

Signature:

Deborah Rhodes

Title Acting CFO

Date Jan-30-14

I certify that I have read and understand the Travel, Hospitality and Working Session Expense Policy (1122) of Alberta Health Services and confirm my compliance with such policy.

I certify that the expenses incurred in this claim are for valid business purposes for Alberta Health Services and that the claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.

I certify that the expenses incurred in this claim have been incurred by using a cost-effective method, otherwise reasonable and supporting analysis is provided below.

Approved By (PRINT ONLY):

DOFA Level

Position #

Phone #

Ext

By signing this form, I am certifying that I am compliant with the above statements.

Signature:

Title

Date

Health and Personal Information Act: This form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(a) and 34(c) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Programs and Services.

EXPENSE CLAIM DETAILS

Enter Finance Coding	101	0000	71110000012	Emp # (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															
Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter'l) Ensure separate lines are used for claim items that differ in Province, US and Out of North America.				NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C											
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-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 expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	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							
8-Jan-14	Transportation: Purchase January 2014 bus pass to use LRT to travel to and from meetings at SSP and WMC.	AB	Meeting	yes									\$89.00		
14-Jan-14	Transportation: Taxi from home to Edmonton airport to travel to Calgary to attend meetings	AB	Meeting	yes								\$72.00			
16-Jan-14	Transportation: Taxi from meeting at Boyle-McCauley Health Centre to Home	AB	Meeting	yes									\$10.00		
20-Jan-14	Transportation: Taxi from home to Edmonton airport to fly to Calgary to attend meetings	AB	Meeting	yes								\$72.00			
20-Jan-14	Transportation: Parking at Calgary airport. In lieu of taxi, to travel from Calgary airport to home.	AB	Meeting	yes									\$50.40		
SUBTOTALS												\$144.00	\$149.40		Total Kms
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)									
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3						Mileage \$									
						Travel \$ Subtotal									
						Auto fills on page 1 - TOTAL TRAVEL \$									
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)															

Dr. Tom Noseworthy.
(Page 1 of 1.)

Dr. Tom Noseworthy
Jan. 2014 Monthly Bus
Pass.



Sobeys Jasper Ave
10404-Jasper Ave T5J 1Z3
780.429.9922
GST# 89558-8788

Served by: [Redacted]

Bus Pass Jan 83215400001 \$89.00
SUBTOTAL \$89.00
TOTAL TAX \$0.00
TOTAL \$89.00
VISA TENDER \$89.00
Cash CHANGE \$0.00

NUMBER OF ITEMS 1

CLIENT ID 9803 INSERTED
TERMINAL ID 030
** PURCHASE ** \$ 89.00
CARD VISA RCPT 141000
NO. [Redacted] RESP 000
DATE 01/06/2014 TIME 09:27:20
AUTH # [Redacted] REF # [Redacted]
APPL. SCOTIABANK VISA
AID A0000000031010
TVR 0000008000 TSI F800

APPROVED

NO SIGNATURE REQUIRED

BY ENTERING A VERIFIED PIN, CARDHOLDER
AGREES TO PAY ISSUER SUCH TOTAL IN
ACCORDANCE WITH ISSUER'S AGREEMENT WITH
CARDHOLDER

Term Tran Store Oper 01/06/14
30 141 3023 116 09:27:27

Thank You for Shopping at
Jasper Ave Sobeys

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
visit us at www.clubsobeys.com
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Sobeys West Customer Care
1-888-476-2397

CHARGE TO: ACCOUNT NO. [Redacted]

Taxi from Condo to [Redacted]
Edmonton airport to fly to
Calgary to attend various meetings
and 2 speaking engagements.

YELLOW CAB (780) 462-3456
PRESTIGE CABS (780) 462-4444
ADMINISTRATION (780) 465-8800

AUTH. NO. 400968 DRIVER 11 UNIT NO. 513
TIME 19:30 DAY 14 MO 01 YR 11

45 # 0392

FROM [Redacted]
TO [Redacted]
PRINT NAME [Redacted]
CUSTOMER'S SIGNATURE [Redacted]

FARE [Redacted]
INTL [Redacted]
GRATUITY [Redacted]
TOTAL [Redacted]

CUSTOMER COPY

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

PRESTIGE CABS Taxi from mtg. at Boyle - McGow
Health Centre 780.462.4444
to Condo.

GST# [Redacted]
Date: Jan 11, 14 Amount: 10.5
Driver: 9 Car#: 98
From: [Redacted]
To: [Redacted]

10135-31 Avenue, Edmonton, AB T6N 1C2

Jan. 20, 2014

Taxi from
Condo to Edm.
airport to
attend ELT's
COEC at SPT
in Calgary.

CA0547211

TRANSACTION REPORT AUTHORITY
GST No R12356194

Transaction Id: H1031401152396
Transaction Date: 2010/12/01 20:43
Ticket No: 30007396

Dr. Tom Noseworthy

Transient Parker

Total: \$100.80
Discounts: \$100.80
Balance Due: \$0.00
GST: \$100.80
Credit Card: \$4.80
Change: \$100.80
AHS