

## Board and Executive Expense Report

**Name** Dr. Tyrone Josdal  
**Title** ACMO, Physician Access & Capacity  
**Location** Red Deer  
 Expenses submitted during the month of October 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)
October 2012	P-Card	Various meetings and interviews			634	89	723			
October 2012	Direct Bill	Car leases				484	484			
October 2012	Expense claim	Per diem meal expenses				125	125			
<b>Total</b>			\$ -	\$ -	\$ 634	\$ 698	\$ 1,332	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,332

Maximum meal expense claimed in the month  
 Maximum daily hotel rate claimed in the month \$ 119  
 Non economy air travel in the month \$ 21

### 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



P-Card  
details Online®  
Cardholder Statement Report

**Instruction:**

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<b>JOSDAL TYRONE</b> Cardholder's Name	<b>SVP &amp; ASSOCIATE CHIEF</b> Cardholder's Position/Title	<b>Billing Reporting Period</b>	<b>20/10/2012</b>
<b>MEDICAL AFFAIRS</b> Cardholder's Dept	<b>AHS MICHENER BEND</b> Cardholder's Site/Location	<b>Total Statement Amount</b>	<b>\$72,993</b>
<b>TYRONE.JOSDAL@ALBERTIAHEALTHSERVICES.CA</b> Cardholder's e-mail address		<b>13516</b> (Last 6 digits of the P-Card #)	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
1 09/09/2012	206744440	STANDARD PARKING #3530, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	00	00	Parking
2 09/10/2012	297438268	MPARK00203520, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	00	00	Parking
3 09/10/2012	297624688	HOLIDAY INN EXPR DOWNT. HOLIDAY INNS	151.98	CAD	151.98	5.15		HOTEL
4 11/10/2012	298170345	HOLIDAY INN EXPR DOWNT. HOLIDAY INNS	140.98	CAD	140.98	5.09		HOTEL
5 11/10/2012	298170346	AHS PARKING AUTOMOBILE PARKING LOTS AND GARAGES	6.00	CAD	6.00	00	00	Parking
6 11/10/2012	298170347	HOLIDAY INN EXPRESS LODGING HOTELS, MOTELS, RESORTS	161.22	CAD	161.22	7.40		HOTEL
7 12/10/2012	298311046	HOLIDAY INN EXPRESS LODGING HOTELS, MOTELS, RESORTS	180.11	CAD	180.11	8.23		HOTEL

**Transactions without Receipts or Supporting Documentation**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
04/10/2012	297624889	STANDARD PARKING #3530, AUTOMOBILE PARKING LOTS AND GARAGES	13.00	CAD	13.00	52	00	Parking
11/10/2012	298408300	SHELL GAS / SERVICE STATIONS	36.69	CAD	36.69	00		Gas

} unable to locate..

Accounting  
NOV - 0 2012

AHS - Edmonton  
Accounts Payable  
NOV 06 2012  
RECEIVED



<b>Signatures</b>		
<p><b>Cardholder Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.</li> </ul>		
<p>_____ Name of Cardholder Designate</p>	<p>_____ Cardholder Designate Position/Title</p>	
<p>_____ Signature of Cardholder Designate</p>	<p>_____ Date of Signature</p>	
<p><b>Cardholder</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide</li> <li>• I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).</li> </ul>		
<p>JOSDAL, TYRONE _____ Name of Cardholder</p>	<p>SVP &amp; ASSOCIATE CHIEF _____ Cardholder Position/Title</p>	
<p>_____ Signature of Cardholder</p>	<p>Oct. 25, 2012 _____ Date of Signature</p>	
<p><b>Approver Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.</li> </ul>		
<p>_____ Name of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p>	
<p>_____ Signature of Approver Designate</p>	<p>_____ Date of Signature</p>	
<p><b>Approver</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed</li> <li>• I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable)</li> </ul>		
<p>_____ Name of Approver</p>	<p>_____ Approver Position/Title</p>	
<p>_____ Signature of Approver</p>	<p>_____ Date of Signature</p>	
<p>Submit approved statement with attachments to Accounts Payable</p>		
<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>• Original itemized receipts</li> <li>• Signed Cardholder Statement Report (or copy of electronic signatures if signatures are not on report)</li> </ul> <p><b>And where applicable:</b></p> <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipt</li> <li>• Dispute letter</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th floor, North Tower, 10130-107 Street Edmonton, AB T5J 3L4</p>	
<p>_____ Reviewed By (only)</p>		
<p>Reference # _____</p>	<p>Reviewed by _____</p>	<p>Date _____</p>



Ty Jisdal, MD  
Associate Chief Medical Officer  
43 Michener Blvd. Red Door, AB T4P 0H6  
Phone: 403-406-5523, Fax: 403-309-2809  
ty.jisdal@albertahealthservices.ca

Total Albertan Satisfaction

November 28, 2012

### Attestation for lost receipts

I attest that the following expenses were incurred and related to AHS business and have not been claimed previously. Original receipts have been lost.

**Transactions without Receipts or supporting documentation:**

04/10/2012 297624889 STANDARD PARKING #0530, AUTOMOBILE PARKING LOTS AND GARAGES	13.00 CAD
*Attended Provincial Senior Leadership Meeting in Calgary	
11/10/2012 298408508 SHELL, GAS / SERVICE STATIONS	36.68 CAD
*Attended AHS meetings in Medicine Hat	

Cardholder:

Ty Jisdal

Date:

November 28, 2012

Approver:

Verna Yiu

Date:

Nov. 28/12

PLACE ON DASH FACE UP ( SAME DAY 18h00 ) PLACE ON DASH FACE UP PLACE ON

Standard Parking 107 Street  
Machine Web ID = LOT 107  
EXPIRES  
**26 SEP**  
**18:00** PAID \$18.00C

①

ENTRY TIME 26 SEP 12 08:32  
16942

ACER SUR LE TABLEAU DU BORD CE COTE VISIBLE PLACER SUR LE TABLEAU DU BORD CE COTE VISIBLE PLACER SUR LE CE COTE

- Medical Staff Bylaws and Rules Review Committee  
Edmonton

PLACE FACE UP ON DASH  
Impark Lot 352  
Expiration Date/Time  
**EXP 06:00PM**  
**OCT 03, 2012**

②

Purchase Date/Time: 10:50am Oct 03, 2012  
Total Parking: \$14.26  
Total gst: \$0.72  
Total Due: \$15.00 Rate: \$15 - All Day To 6PM  
Total Paid: \$15.00 Payment Type: Card  
MasterCard  
Ticket # 82021740 Auth #: 12510  
SN #: 100008450023  
Setting: Lot 352  
Mach Name: Meter 1  
GST #887315638RT001

RECEIPT  
Impark Lot 352

Expiration Date/Time: 06:00pm Oct 03, 2012  
Purchase Date/Time: 10:50am Oct 03, 2012  
Total Parking: \$14.26  
Total gst: \$0.72  
Total Due: \$15.00 Rate: \$15 - All Day To 6PM  
Total Paid: \$15.00 Payment Type: Card  
MasterCard  
Ticket # 82021740 Auth #: 12510  
Setting: Lot 352  
Mach Name: Meter 1

⑤

ALBERTA HEALTH SERVICES  
MEDICINE HAT REGIONAL HOSPITAL  
PARKING SERVICES  
666 5TH STREET SW

POF1 #3202  
Ropt# 393  
10/11/12 17:47 L# 2 A# 1 Txn# 4804  
10/11/12 07:52 In 10/11/12 17:47 Out  
Tkt# 110239  
MHRH \$ 6.00  
Total Fee \$ 6.00  
MASTER CARD \$ 5.00

Approval No.: 194904  
Reference No.: 0000001300  
Change Due \$ 0.00  
THANK YOU  
DRIVE SAFELY  
COMMENTS OR CONCERNS  
403.502.8548  
PARKING@ALBERTAHEALTHSERVICES.CA

Meeting with Policy (Helen Stokes)

Meeting re: Triggered Initial Assessment in Medicine Hat

PARKING RECEIPT





3

10-04-12

<b>Ty Josdal</b>	Folio No. :	Room No. : 513
[REDACTED]	A/R Number :	Arrival : 10-03-12
	Group Code :	Departure : 10-04-12
	Company : Alberta Health Services	Conf. No. : 60477445
	Membership No. : [REDACTED]	Rate Code : ILLYG
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
10-03-12	Parking	10.00	
10-03-12	*Room	129.00	
10-03-12	GST Tax	6.45	
10-03-12	Trsm Levy Tax	5.16	
10-03-12	Municipal DMF Tax	1.29	
10-03-12	Municipal DMF Tax GST	0.06	
10-04-12	MasterCard [REDACTED]		151.96
<b>Total</b>		<b>151.96</b>	<b>151.96</b>
<b>Balance</b>		<b>0.00</b>	

Thank you for staying at Holiday Inn Express Downtown Edmonton. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your account information or view your statement please visit [www.priorityclub.com](http://www.priorityclub.com). We look forward to welcoming you back soon.

**Guest Signature:**

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

*Provincial Senior Leadership Meeting*

Holiday Inn Express Downtown  
 Edmonton 10010 - 104 Street  
 Canada T5J 0Z1 Edmonton, AB  
 Telephone: (780) 423-2450 Fax: (780) 426-6090  
 0GST #896724515  
[www.hiexdowntown.com](http://www.hiexdowntown.com)



4

124

10-10-12

<b>Ty Jisdal</b>	Folio No. : 144967	Room No. : 801
[REDACTED]	A/R Number :	Arrival : 10-09-12
	Group Code :	Departure : 10-10-12
	Company : Alberta Health Services	Conf. No. : 66759431
	Membership No. : [REDACTED]	Rate Code : ILLYG
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
10-09-12	Parking	10.00	
10-09-12	*Room	119.00	
10-09-12	GST Tax	5.95	
10-09-12	Trsm Levy Tax	4.76	
10-09-12	Municipal DMF Tax	1.19	
10-09-12	Municipal DMF Tax GST	0.06	
10-10-12	MasterCard [REDACTED]		140.96
<b>Total</b>		<b>140.96</b>	<b>140.96</b>
<b>Balance</b>		<b>0.00</b>	

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\* Attended PPEC in Edmonton

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 Telephone: (780) 423-2450 Fax: (780) 426-6090  
 0GST #896724515  
[www.hlexdowntown.com](http://www.hlexdowntown.com)



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5 10-11-12

Ty Jisdal RED DEER CA	Folio No. :	110014	Room No. :	317
	AVR Number :		Arrival :	10-10-12
	Group Code :		Departure :	10-11-12
	Company :	Alberta Health Services	Conf. No. :	66635635
	Membership No. :		Rate Code :	ILCORSBF
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
10-10-12	*Accommodation	145.00	
10-10-12	DMF	2.90	
10-10-12	GST	7.40	
10-10-12	Tourism Levy	5.92	
10-11-12	MasterCard		161.22
<b>Total</b>		<b>161.22</b>	<b>161.22</b>
<b>Balance</b>		<b>0.00</b>	

Thank you for staying at Holiday Inn Express Medicine Hat. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your account information or view your statement please visit [www.priorityclub.com](http://www.priorityclub.com). We look forward to welcoming you back soon.

**Guest Signature:**

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

*Medicine Hat - Interviews*

Holiday Inn Express Medicine Hat  
 #9 Strachan Bay  
 Medicine Hat, Alberta T1B 4Y2  
 Telephone: (403) 504-5151 Fax: (403) 504-0055  
 Toll Free: 1-877-504-5151  
 g.s.t. no. 896 932 449





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5 10-12-12

Ty Jisdal CA	Folio No. : 110089	Room No. : 303
	AVR Number :	Arrival : 10-11-12
	Group Code :	Departure : 10-12-12
	Company : ALBERTA HEALTH SERVICES - CPS	Conf. No. : 68992338
	Membership No. : [REDACTED]	Rate Code : ILCORSBF
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
10-11-12	*Accommodation	162.00	
10-11-12	DMF	3.24	
10-11-12	GST	8.26	
10-11-12	Tourism Levy	6.61	
10-12-12	MasterCard [REDACTED]		180.11

Thank you for staying at Holiday Inn Express Medicine Hat. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your account information or view your statement please visit [www.priorityclub.com](http://www.priorityclub.com). We look forward to welcoming you back soon.

<b>Total</b>	<b>180.11</b>	<b>180.11</b>
<b>Balance</b>	<b>0.00</b>	

Guest Signature: \_\_\_\_\_

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

\* Medicine Hat - Interviews

Holiday Inn Express Medicine Hat  
 #9 Strachan Bay  
 Medicine Hat, Alberta T1B 4Y2  
 Telephone: (403) 504-5151 Fax: (403) 504-0055  
 Toll Free: 1-877-504-5151  
 g.s.t. no. 896 932 449

## 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: Tyrone Josdal

Reporting Period for the Month of: October, 2012

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2012-10-22	Direct Billing	Transportation	Fleet Vehicle lease	Jim Pattison Lease	\$483.85
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
<b>Total Paid in the Month</b>					<b>\$483.85</b>



### Fleet Invoice Summary

Customer Service:  
 JPLInvoice@please.com  
 1-877-575-8555

ALBERTA HEALTH SERVICES - GOA 5855 TYRONE JOSDAL [Redacted]	Account Number: 205327 Invoice Number: FM031089 Invoice Due Date: 01-Nov-2012 Invoice Date: 22-Oct-2012 GST Reg. 11940 6502 RT0020
---	--

Charge Group	Billed
ROUTE TO APPROVER	\$383.62
ROUTE TO APPROVER	\$93.48
ROUTE TO APPROVER	\$6.75
ROUTE TO APPROVER	\$0.00
ROUTE TO ACCS. PAYABLE	\$0.00
ROUTE TO ACCS. PAYABLE	\$483.85
ROUTE TO APPROVER	
ROUTE TO APPROVER	
APPROVED	

**Message Centre**

Did you know that Jim Pattison Lease now offers e-billing? You can now go paperless and access your bills online, 24/7. Interested? Contact your local customer service rep today.

**Tax Summary**

Prov	PST/QST	GST/HST	NST - Prov Portion
AB	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	

Taxes included in the invoice.

\*\*\* Please remove and submit the section below with your payment \*\*\*



Account Number: 205327  
 Invoice Number: FM031089  
 Invoice Due Date: 01-Nov-2012  
 Net Invoice Total: \$483.85

Payment Amount   
 Please write in the amount of your payment

Attention: TYRONE JOSDAL  
 ALBERTA HEALTH SERVICES - GOA 5855  
 [Redacted]

Remit To:  
 Jim Pattison Lease - Accounts Receivable

1235-73rd Ave SE  
 Calgary, AB T2H 2X1





# Fleet Invoice

Customer Number: 265327  
 Customer: ALBERTA HEALTH SERVICES - GOA 5655

Invoice #: F14031089  
 Invoice Due Date: 01-Nov-2012  
 Invoice Date: 22-Oct-2012  
 Invoice Group: AHS FRANCIS BELANGER

Cost Ctr/Unit	Plate / Use Prev	Driver Name /	Supplier Trans	Cost #	Supplier	Charge Description	QTY	Cost/Unit	Am	POSTGST	GSTINST	Total	
JPL Unit	VIN	Vehicle Description	Transaction Date	Trans Location									
045821	2011 Chevrolet Equinox	2011 CHEVROLET EQUINOX											
		Fuel											
			20100945	600037 13323 9179 0	FAS GAS OIL LTD HWY 2A & HWY 42								
			042812 11:09:00		PERNOLD AB	REGULAR UNLEADED	28.01	\$1.16	\$27.55				
									Transaction Total	\$27.55	\$0.00	\$0.00	\$27.55
			20100903	600037 13323 9179 0	FAS GAS OIL LTD HWY 2A & HWY 42								
			092912 19:39:00		PERNOLD AB	REGULAR UNLEADED	45.22	\$1.14	\$43.65				
									Transaction Total	\$43.65	\$0.00	\$0.00	\$43.65
			20090234	600037 13323 9179 0	FAS GAS OIL LTD 510 BOY VALLEY TRAIL								
			0910012 20:02:00		CANMORE AB	REGULAR UNLEADED	51.72	\$1.19	\$52.33				
									Transaction Total	\$52.33	\$0.00	\$0.00	\$52.33
			00525046	600037 13323 9179 0	FEDERATED CO-OPERATIVE LIMITED 4303-50TH STREET								
			09142012		INVERFAIR AB	REGULAR UNLEADED	36.00	\$1.14	\$40.02				
									Transaction Total	\$40.02	\$0.00	\$0.00	\$40.02
			000174560	600037 13323 9179 0	SHELL CANADA PRODUCTS LIMITED LEVA AVENUE - RED DEER								
			09250012 16:07:00		RED DEER AB	REGULAR UNLEADED	04.29	\$0.99	\$63.61				
									Transaction Total	\$63.61	\$0.00	\$0.00	\$63.61
			0036715766	600037 13323 9179 0	SHELL CANADA PRODUCTS LIMITED LEVA AVENUE - RED DEER								
			10270912 06:22:00		RED DEER AB	REGULAR UNLEADED	64.16	\$0.99	\$53.49				
									Transaction Total	\$53.49	\$0.00	\$0.00	\$53.49
			0036711222	600037 13323 9179 0	SHELL CANADA PRODUCTS LIMITED LEVA AVENUE - RED DEER								
			10192012 06:32:00		RED DEER AB	REGULAR UNLEADED	40.67	\$0.99	\$40.05				
									Transaction Total	\$40.05	\$0.00	\$0.00	\$40.05
			4410720190	600037 13323 9179 0	SHELL CANADA PRODUCTS LIMITED RIDGE RD - STRATHMORE								
			10192012 16:04:00		STRATHMORE AB	REGULAR UNLEADED	52.97	\$1.00	\$52.92				
									Transaction Total	\$52.92	\$0.00	\$0.00	\$52.92
									Fuel Total	\$393.62	\$0.00	\$0.00	\$393.62
		Maintenance											
			0654305	600037 13323 9179 0	MR. LUBE								
			09182012		RED DEER AB	LOF LUBE OIL FILTER	1.00	\$83.48	\$83.48				
									Transaction Total	\$83.48	\$0.00	\$0.00	\$83.48
									Maintenance Total	\$83.48	\$0.00	\$0.00	\$83.48

Cost CD/Unit	Part / Unit Prov	Order Name /	Supplier Trans	Card #	Supplier	Charge Description	QTY	Cost/Unit	Am	PS1/GST	GST/HST	Total
JPL Unit	VIN	Vehicle Description	Transaction Date	Transaction Date	Trans Location							
		Program Fee		600837 13329 9179 0	JPL							
				14/1/2012								
						PROGRAM FEE - 01 NOV 2012	1.00	\$6.75	\$6.75	\$0.00	\$0.00	\$6.75
						Transaction Total			\$6.75	\$0.00	\$0.00	\$6.75
						Program Fee Total			\$6.75	\$0.00	\$0.00	\$6.75
						Customer Unit Total			\$403.85	\$0.00	\$0.00	\$403.85
Unit Count: 1						Grand Totals			\$403.85	\$0.00	\$0.00	\$403.85

Final Invoice Due on:

F4031004 Details 2 of 2

**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 Data From: 1-Oct-12 To 31-Oct-12  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel: \_\_\_\_\_

Name: Ty Joadal Position (Title): ACMO  
 Location: Michener, Red Deer Dept: Medical Affairs DOFA Level: \_\_\_\_\_ (If applicable) Union: N/A 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	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense			
2A	1C1	0000	71110000012	\$124.55						Total Section B	\$124.55	
2B										Total Section C&D		
2C										Less Cash Advance		
2D										<b>TOTAL CLAIM</b>	<b>\$124.55</b>	
				\$124.55								

NOTE: This section auto fills from page 2A, 2B, 2C & 2D  
 \*\*\*User to enter Coding & \$ amounts  
 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): Jelena Clarke 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: Nov 27 2012  
 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] DOFA Level 2b Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title EvP+CMO, Equality + Medical Affairs Date Nov 27/12  
 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 Palko, Director Accounts Payable at 780-735-0508 or email: Mark.Palko@albertahealthservices.ca



