

## Board and Executive Expense Report

**Name** Dr. Vanessa MacLean  
**Title** Zone Medical Director, South Zone  
**Location** Lethbridge  
 Expenses submitted during the month of January 2013

| 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 2013                   | P-Card          | Meetings |         |       | 333           |              | 333          |                              |  |           |
| Jan 2013                   | Expense Claim   | Meetings |         |       |               | 443          | 443          |                              |  |           |
| <b>Total</b>               |                 |          | \$ -    | \$ -  | \$ 333        | \$ 443       | \$ 776       | \$ -                         | \$ -   | \$ -      |
| <b>Total for the Month</b> |                 |          | \$ 776  |       |               |              |              |                              |  |           |

Maximum meal expense claimed in the month  
 Maximum daily hotel rate claimed in the month      \$ 184  
 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

|   |   |                                |            |
|---|---|--------------------------------|------------|
| <b>Instruction:</b>   |   |                                |            |
| <ul style="list-style-type: none"> <li>Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>Cardholder AND Approver's signatures required where indicated below</li> </ul> |   |                                |            |
| MACLEAN, VANESSA<br>Cardholder's Name   | SOUTH ZONE MEDICAL<br>Cardholder's Position/Title       | Billing Reporting Period:      | 20/01/2013 |
| MEDICAL AFFAIRS<br>Cardholder's Dept  | CHINOOK REGIONAL HOSPITAL<br>Cardholder's Site/Location | Total Statement Amount:        | \$332.76   |
| VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA<br>Cardholder's e-mail address   |   | 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                              |
| 07/01/2013                | 305473317 | MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS     | 126.18                | CAD      | 126.18       | .00  | .00     | Accoodation- Dr. Maclean - SZELT Meeting |
| 17/01/2013                | 306248464 | THE DELTA CALGARY SOUT, LODGING HOTELS, MOTELS, RESORTS | 206.58                | CAD      | 206.58       | 9.84 |         | Accom -Dr. Maclean - PPEC                |

| Signatures   |  |   |
|--|--|---|
| <p><b>Cardholder Designate (if Applicable)</b><br/>By signing this statement<br/>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.</p>   |  |   |
| <p><u>John Tomayese</u><br/>Name of Cardholder Designate</p>   | <p><u>Executive Coordinator</u><br/>Cardholder Designate Position/Title</p>  | <p><u>21 Jan 2013</u><br/>Date of Signature</p> |
| <p><u>[Signature]</u><br/>Signature of Cardholder Designate</p>  |  |   |
| <p><b>Cardholder</b><br/>By signing this statement<br/>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.<br/>I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).</p>  |  |   |
| <p><u>MACLEAN, VANESSA</u><br/>Name of Cardholder</p>  | <p><u>SOUTH ZONE MEDICAL</u><br/>Cardholder Position/Title</p>   | <p><u>4 July 2013</u><br/>Date of Signature</p> |
| <p><u>[Signature]</u><br/>Signature of Cardholder</p>  |  |   |
| <p><b>Approver Designate (if Applicable)</b><br/>By signing this statement<br/>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.</p>   |  |   |
| <p>_____<br/>Name of Approver Designate</p>  | <p>_____<br/>Approver Designate Position/Title</p>   | <p>_____<br/>Date of Signature</p>              |
| <p>_____<br/>Signature of Approver Designate</p>   |  |   |
| <p><b>Approver</b><br/>By signing this statement<br/>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.<br/>I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).</p>   |  |   |
| <p><u>Dr. Verna Yip</u><br/>Name of Approver</p>   | <p><u>EVP+CMO</u><br/>Approver Position/Title</p>  | <p><u>Jan 22/13</u><br/>Date of Signature</p>   |
| <p><u>[Signature]</u><br/>Signature of Approver</p>  |  |   |
| Submit approved statement with attachments to Accounts Payable   |  |   |
| <p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>• Original itemized receipts</li> <li>• Signed Cardholder Statement Report (or copies 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 receipts</li> <li>• Disputes letter</li> </ul> | <p><b>Address:</b></p> <p>Alberta Health Services<br/>Accounts Payable<br/>7th Street Plaza<br/>10th Floor, North Tower, 10030-107 Street<br/>Edmonton, AB T5J 3E4</p> |   |
| Accounts Payable only  |  |   |
| <p>Reference #: _____</p>  | <p>Reviewed by: _____</p>  | <p>Date: _____</p>                              |



# Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE  
HEALTH SPA & INDOOR WATERSLIDE PARK

1051 Ross Glen Drive S.E., Medicine Hat, Alberta T1B 3T8

*Dr Maclean  
SZELT Mtg  
MH site*

Vanessa Dr MacLean  
960 19th Street South  
Lethbridge Ab  
T1J 1W5

Page # 1  
Res. # XXXXXXXXXX  
Checked in Mon Jan 7/13 - 9:27 pm  
Checked out Tue Jan 8/13 - 7:38 am  
Nights 1  
Room Rate 114.00  
Room 306

| Date  | Description                    | Reference | Charges | Credits |
|-------|--------------------------------|-----------|---------|---------|
| Jan07 | GOVERNMENT RATE                |           | 114.00  |         |
| Jan07 | GST                            |           | 5.70    |         |
| Jan07 | Room Tax                       |           | 4.32    |         |
| Jan07 | Destination Marketing Fee      |           | 2.16    |         |
| Jan08 | PAID BY MASTERCARD - Thank you |           |         | 126.18  |
|       |                                |           | 0.00    | 126.18  |

Thank you for staying with us. Please come again!  
Call 1 (800) 661-8095 to make your next reservation with us.

Our G.S.T. # is 103576021RT0002

Charge Summary:

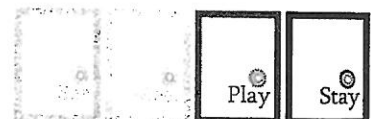
GST 5.70  
Room Tax 4.32

Phone: (403) 529-2222 Admin Fax: (403) 528-4075 Front Desk Fax: (403) 529-1538 Toll Free: 1-800-661-8095

www.medhatlodge.com



STAGEWEST *hospitality*  
SINCE 1944



  
**DELTA**  
 CALGARY SOUTH

Page: 1 of 1  
*Accommodation*  
*PPEC*

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5  
 Tel: 403-278-5050 Fax: 403-225-5834

AB HEALTH SERVICES  
 Dr Vanessa Maclean  
 960 19th St S  
 Lethbridge AB T1J 1W5  
 Canada

Room: 0385  
 Folio: ██████████  
 Cashier: 73  
 Arrival: 01-15-13  
 Departure: 01-16-13

| Date     | Description  | Additional Information | Charges | Credits |
|----------|--------------|------------------------|---------|---------|
| 01-15-13 | Room Charge  |                        | 184.00  |         |
| 01-15-13 | DMF          |                        | 5.52    |         |
| 01-15-13 | Room GST     |                        | 9.48    |         |
| 01-15-13 | Tourism Levy |                        | 7.58    |         |
| 01-16-13 | Mastercard   | ██████████ ██████████  |         | 206.58  |

| GST Summary                |             |
|----------------------------|-------------|
| Registration No: 895126332 |             |
| Room                       | 9.48        |
| F&B                        | 0.00        |
| Other                      | 0.00        |
| <b>Total</b>               | <b>9.48</b> |

|                    |        |        |
|--------------------|--------|--------|
| <b>Total</b>       | 206.58 | 206.58 |
| <b>Balance Due</b> | 0.00   | CDN    |

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

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



## 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: 2-Jan-13 To: 31-Jan-13  
 Travel Period from: 2-Jan-13 To: 31-Jan-13 (if applicable)  
 Out-of-Province Travel: \_\_\_\_\_

Name: Dr. Vanessa Maclean Position (Title): South Zone Medical Director

Location: Chinook Regional Hospital Dept: Medical Affairs DOFA Level:  (if applicable) Union: \_\_\_\_\_ 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                               | 101      | 0012     | 71110106000            | \$443.39        |  |          |                        |                   |               | Total Section B     | \$443.39        |
| 2B                               |          |          |                        |                 |  |          |                        |                   |               | Total Section C&D   |                 |
| 2C                               |          |          |                        |                 |  |          |                        |                   |               | Less Cash Advance   |                 |
| 2D                               |          |          |                        |                 |  |          |                        |                   |               | <b>TOTAL CLAIM</b>  | <b>\$443.39</b> |
|                                  |          |          |                        | <b>\$443.39</b> |  |          |                        |                   |               |                     |                 |

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): Jodi Tamayose Phone # 403-388-6135 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: [Signature] Date: 31-Jan-13

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): Dr. Yvonne Yiu DOFA Level  Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_

Signature: [Signature] Title: EVP & CMO, Quality and Medical Affairs Date: Feb 11/13

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(b) 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 Palke, Director Accounts Payable at 780-735-0506 or email: Mark.Palke@albertahealthservices.ca

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 • 0012 • 71110106000

Emp # (E-People) Emp # (prior to E-people)

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: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown menu (column Province) 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.

| Date<br>dd-mmm-yy | Purpose of Travel<br>55 characters maximum -length of shaded area | Province,<br>US, or<br>Out of<br>N.America | What is<br>travel<br>related<br>to? | Meal<br>(Select type from dropdown) |           |                            | Airfare<br>Bus/LRT<br>Parking | Hotel | Rental<br>Car | Taxi | Fuel | Mileage<br>(km)     |
|-------------------|---|--|-------------------------------------|-------------------------------------|-----------|----------------------------|-------------------------------|-------|---------------|------|------|---------------------|
|                   |   |  |                                     | Type                                | w/receipt | w/o receipt or<br>per diem |                               |       |               |      |      |                     |
| 16-Jan-13         | Calgary - PPEC Meeting  | AB   | Meeting                             |                                     |           |                            |                               |       |               |      |      | 446.00              |
| 28-Jan-13         | Brooks - Medical Issues Comm-Mh - ZMD Site Visit                  | AB   | Meeting                             |                                     |           |                            |                               |       |               |      |      | 432.00              |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
|                   |   |  |                                     |                                     |           |                            |                               |       |               |      |      |                     |
| <b>SUBTOTALS</b>  |   |  |                                     |                                     |           |                            |                               |       |               |      |      | Total Kms<br>878.00 |

**MEAL PER DIEM RATES**  
 B = Breakfast = \$9.20 L = Lunch = \$11.60 D = Dinner = \$20.75 A = ALL MEALS = \$41.55  
 BL = Breakfast & Lunch = \$20.80 BD = Breakfast & Dinner = \$29.95 LD = Lunch & Dinner = \$32.35

**MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle**  
 → details of travel location to & from must be included above under the purpose of travel column  
 \$0.505 per km for under 5,000km/yr  
 \$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<br><i>(see Mileage details to the left)</i> | \$0.505  |
| Mileage \$  | \$443.39 |
| Travel \$ Subtotal  | \$443.39 |
| Enter on page 1 TOTAL TRAVEL \$   | \$443.39 |

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form