

Official Administrator and Executive Expense Report

Name Dr. Vanessa Maclean
Title ZMD, South Zone
Location Lethbridge
 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	P-Card	Meetings	240		252		492			
Jan-14	Expense Claim	Meetings				1,108	1,108			
Total			\$ 240	\$ -	\$ 252	\$ 1,108	\$ 1,600	\$ -	\$ -	\$ -

Total for the Month \$ 1,600

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ 114
 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

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

MACLEAN, VANESSA	SOUTH ZONE MEDICAL	Billing Reporting Period: 20/01/2014
Cardholder's Name	Cardholder's Position/Title	
MEDICAL AFFAIRS	CHINOOK REGIONAL HOSPITAL	Total Statement Amount: \$491.89
Cardholder's Dept	Cardholder's Site/Location	
VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #: [REDACTED]
Cardholder's e-mail address		

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description	
31/12/2013	338898840	AIR CAN 0142129178958, AIR CANADA	239.53	CAD	239.53	.00	.00	Flight - ZMD Bylaws Mtg	✓
15/01/2014	340309030	MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS	252.38	CAD	252.38	.00	.00	Accommodation - ZMD Site Visit / PCN Flow Learning Sessions	✓

Statement	
Cardholder Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO 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. 	
<u>Name of Cardholder Designate</u>	<u>Cardholder Designate Position/Title</u>
<u>Signature of Cardholder Designate</u>	<u>Date of Signature</u>
Cardholder By signing this statement <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. 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 me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 	
<u>MACLEAN, VANESSA</u> <u>Name of Cardholder</u>	<u>SOUTH ZONE MEDICAL</u> <u>Cardholder Position/Title</u>
<u>[Signature]</u> <u>Signature of Cardholder</u>	<u>23 Jan 2014</u> <u>Date of Signature</u>
Approver Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. 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. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 	
<u>Name of Approver Designate</u>	<u>Approver Designate Position/Title</u>
<u>Signature of Approver Designate</u>	<u>Date of Signature</u>
Approver By signing this statement <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. 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. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 	
<u>Dr. Verma</u> <u>Name of Approver</u>	<u>VP Quality + CMO</u> <u>Approver Position/Title</u>
<u>[Signature]</u> <u>Signature of Approver</u>	<u>Jan 24/14</u> <u>Date of Signature</u>
Attachments	
Attach: <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> Copies of pre-approve for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
Reference #: _____	Reviewed by: _____
Date: _____	

Flight - VM
ZHD Bylaws Mtg

Jodi Tamayose

From: [REDACTED]
Sent: December 31, 2013 12:34 PM
To: Jodi Tamayose
Subject: FW: Air Canada - 19-Jan: Lethbridge - Edmonton (booking ref: [REDACTED])

From: Air Canada [mailto:confirmation@aircanada.ca]
Sent: December-31-13 10:17 AM
To: [REDACTED]
Subject: Air Canada - 19-Jan: Lethbridge - Edmonton (booking ref: [REDACTED])

***** PLEASE DO NOT REPLY TO THIS E-MAIL *****

AIR CANADA 

Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode
to check in at any
Air Canada check
in kiosk.



Hotels in Edmonton

From (per night)

\$198 CAD



The Sutton Place
Hotel - Edmonton:

★★★★★

From (per night)

\$196 CAD

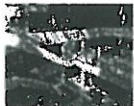


The Fairmont Hotel
Macdonald:

★★★★★

From (per night)

\$199 CAD



Delta Edmonton
Centre Suite Hotel:

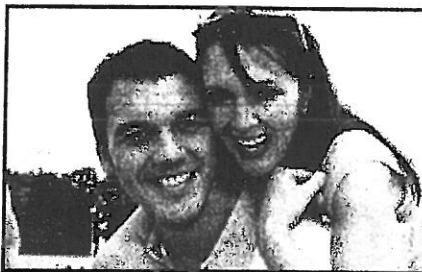
★★★★★

Why book your hotel stay at
aircanada.com?

- **Lowest price** guaranteed
- Great choice of hotels
- Aeroplan Mile offer
exclusive to
aircanada.com

More Hotel Offers

Hotels provided by WWTMS.



**SAVE on car rentals, shows,
activities and more.**

Go to My Travel Planner



Need a car in Edmonton? Great rates and additional Aeroplan Miles.

AVIS  **Budget**

Booking Information

Booking Reference: [REDACTED]

**Electronic Ticketing confirmed. This is your official
itinerary/receipt.**

Main Contact:

Ms Vanessa Maclean
[REDACTED]

Customer Care

Air Canada

1-888-247-2262

**Flight Arrivals and
Departures**

1-888-422-7533

Online Services

Manage my booking online (view/change my booking; select seats*).

Select Seats

Maple Leaf Lounge | Meal Vouchers | On My Way

Alert me of flight status changes directly to my mobile phone or email.

Flight Arrivals & Departures - check online if my flight is on time.

Check-in online and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC7238 ¹	Lethbridge (YQL) Sun 19-Jan 2014 19:05	Calgary (YYC) Sun 19-Jan 2014 19:53	0	3hr03	BEH	Tango, L	
AC8166 ²	Calgary (YYC) Sun 19-Jan 2014 21:15	Edmonton, Edmonton Int'l (YEG) Sun 19-Jan 2014 22:08	0		DH3	Tango, L	

Operated by:

¹ Air Canada Express - Air Georgian

² Air Canada Express - Jazz

Passenger Information

1: Ms Vanessa Maclean : Adult (16+), Ticket Number: 0142129176958

Frequent Flyer Prog : **None**

Meal Preference : **None**

Payment Card: [REDACTED]

Special Needs: **None**

Seat Selection: **None**

Purchase Summary

Fare Summary

Passenger Type	Adult
Air Transportation Charges	
Departing Flight - <u>Tango</u>	194.00
<u>Surcharges</u>	12.00
Taxes, Fees and Charges	
<u>Canada Airport Improvement Fee</u>	15.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	11.41
<u>Air Travellers Security Charge (ATSC)</u>	7.12
Total airfare and taxes before options (per passenger)	239.53
Number of passengers	1
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$239.53

Payment Information

Credit/Debit Card [REDACTED] - Amount paid: **\$239.53**

The following charges (tax inclusive) will appear on your credit or debit card statement:

Air Canada: \$239.53 (Airfare - per ticket)

Ticket number(s): 0142129176958

Fare Rules

Departing Flight Lethbridge (YQL) To Edmonton (YEG) - **Tango**

- **Changes:**
 - Prior to day of departure - **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
 - **Same-day confirmed changes at check-in or at the airport** are subject to availability and are permitted only for same-day flights at a fee of \$150 CAD/USD per direction, per passenger.
 - **Same-day standby** is available **only** to passengers travelling between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) and Newark (EWR) airports.
 - Flights can only be used in sequence from the place of departure specified on the itinerary.
- **Cancellations:**
 - Tickets are **non-refundable** and **non-transferable**.
 - **Cancellations** can be made up to 45 minutes prior to departure.
 - Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
 - Customers who **no-show** their flight will forfeit the fare paid.
- **Paid Advance Seat Selection** is available on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Up to 24 hours after the purchase of a new ticket, Air Canada will cancel your ticket and provide a full refund without penalty.
- Flights operated by Air Canada: earn 25% Aeroplan Miles (Altitude Qualifying Miles) for flights within Canada and 50% Aeroplan Miles (Altitude Qualifying Miles) for flights between Canada and

Accommodation - VM
ZMD site visit / PCN Flow
Learning Sessions

Jodi Tamayose

From: Medicine Hat Lodge <frontdesk@medhatlodge.com>
Sent: January 7, 2014 11:55 AM
To: Jodi Tamayose
Subject: Confirmation Letter -

MEDICINE HAT LODGE E-MAIL CONFIRMATION LETTER

Dr. Vanessa MacLean
960 19th St
Lethbridge, AB
Ab Health Services
T1J 1W5

Jan 7/14

Attention: Dr. Vanessa MacLean
Confirmation # [REDACTED] Guaranteed by: Master Card

*PLEASE DO NOT REPLY TO THIS E-MAIL ADDRESS *

This is an automatically generated e-mail

We wish to confirm that we are holding your reservation
as requested. The details are as follows:

Arrival: Wed Jan15/14 Departing: Fri Jan17/14

of Rooms: 1 Type of Room: Executive Room Non Smokin

of Adults: 1 # of Children: 0

Room Rate...\$ 114.00 plus 11% taxes = Total...\$ 252.36
Deposit Requested:\$ 0.00 /Deposit Received:\$ 0.00

Thank you for choosing the Medicine Hat lodge for your stay
while visiting Medicine Hat. Should you expect to arrive late,
have any questions or concerns, please contact us at :

1-800-661-8095 or res@medhatlodge.com

Please be advised, check in time is at 4pm and our check out time
will be at 11am on the day of departure.

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

[Trans Canada Highway at Dunmore Road]

www.medhatlodge.com

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: 1-Jan-14 To 31-Jan-14
Travel Period from: 1-Jan-14 To 31-Jan-14 (if applicable)
Out-of-Province Travel

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

Location: Chinook Regional Hospital Dept: Medical Affairs DOFA Level: (if applicable) Union: Business Phone #: Ext:

Employee # (E-People):

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

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0014	71110106048	\$1,108.48
2B				
2C				
2D				
				\$1,108.48

NOTE: This section auto fills 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	\$1,108.48
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$1,108.48

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.

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 me or on my behalf from Alberta Health Services or any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Travel, Hospitality and Working Session Expense Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements.

Employee Signature:

Date 23-Jan-14

I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.

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 that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

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

Approved By (PRINT ONLY): Dr. Verna Yiu

DOFA Level

Position #

Phone #

Ext

I, by signing this form, attest that I am compliant to all the above statements.

Signature:

Title EVP & CMO

Date

Jan 24/14

I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.

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 that 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 ONLY):

DOFA Level

Position #

Phone #

Ext

I, by signing this form, attest that I am compliant to all the above statements.

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.

EXPENSE CLAIM DETAILS

Enter Finance Coding		101 0014	71110106048	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														
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 (column Prov) where expenses were incurred (Out of N.America = Inter) Ensure separate lines are used for claim items that differ in Province, US and Out of North America.				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-mm-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.America 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						
7-Jan-14	Medicine Hat - ZMD Site Visit	AB	Meeting	Yes									336.00	✓
13-Jan-14	Medicine Hat - ZMD Site Visit	AB	Meeting	Yes									336.00	✓
15-Jan-14	Medicine Hat - ZMD Site Visit / PCN Flow Learning Sessions	AB	Meeting	Yes									336.00	✓
21-Jan-14	Medicine Hat - ZMD Site Visit	AB	Meeting	Yes									336.00	✓
27-Jan-14	Brooks - Palliser HAC / Bassano - Physician Mtg	AB	Meeting	Yes									357.00	✓
28-Jan-14	Medicine Hat - ZMD Site Visit	AB	Meeting	Yes									336.00	✓
29-Jan-14	Cardston Community & Rural Health Planning	AB	Meeting	Yes									158.00	✓
SUBTOTALS													Total Kms	
													2165.00	
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)			Mileage \$ \$0.505			
											Mileage \$ \$1,108.48			
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3											Travel \$ Subtotal			
											Auto fills on page 1 - TOTAL TRAVEL \$ \$1,108.48			
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)														