

## Official Administrator and Executive Expense Report

**Name** Dr. Vanessa Maclean  
**Title** ZMD, South Zone  
**Location** Lethbridge  
 Expenses submitted during the month of February 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)
Feb-14	P-Card	Meetings	570		275	49	894			
Feb-14	Expense Claim	Meetings				170	170			
<b>Total</b>			\$ 570	\$ -	\$ 275	\$ 219	\$ 1,064	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,064

Maximum meal expense claimed in the month \$ -  
 Maximum daily hotel rate claimed in the month \$ 139  
 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

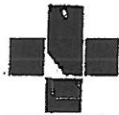
### 3) Hosting and Hospitality expenses

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:**

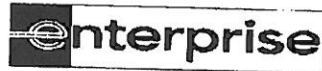
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

MACLEAN, VANESSA	SOUTH ZONE MEDICAL	Billing Reporting Period:	20/02/2014
Cardholder's Name	Cardholder's Position/Title		
MEDICAL AFFAIRS	CHINOOK REGIONAL HOSPITAL	Total Statement Amount:	\$884.19
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
20/01/2014	340421083	ENTERPRISE RENT-A-CAR, ENTERPRISE RENT-A-CAR	32.70	CAD	32.70	.00	.00	Rental Car - Dr. Maclean - Med Staff Bylaws Mtg ✓
21/01/2014	340817784	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	148.90	CAD	148.90	7.05		ZMD Accommodations - Bylaws Review Mtg ✓
21/01/2014	340832008	AIR CAN 0142130134048, AIR CANADA	570.41	CAD	570.41	.00	.00	Flight - ZMD - Bylaws Review Mtg ✓
28/01/2014	341359054	MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS	126.18	CAD	126.18	.00	.00	Accommodations- ZMD Site Visit ✓
18/02/2014	343287430	WILPARK CANADA INC., AUTOMOBILE PARKING LOTS AND GARAGES	8.00	CAD	8.00	.38		Parking - Medical Staff Bylaws Mtg ✓
18/02/2014	343287431	WILPARK CANADA INC., AUTOMOBILE PARKING LOTS AND GARAGES	8.00	CAD	8.00	.38		Airport Parking - Medical Staff Bylaws Review ✓

<b>Cardholder Designate (If Applicable)</b>	
By signing this statement <ul style="list-style-type: none"> <li>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.</li> </ul>	
<u>Name of Cardholder Designate</u>	<u>Cardholder Designate Position/Title</u>
<u>Signature of Cardholder Designate</u>	<u>Date of Signature</u>
<b>Cardholder</b>	
By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>	
<u>MACLEAN, VANESSA</u> <u>Name of Cardholder</u>	<u>SOUTH ZONE MEDICAL</u> <u>Cardholder Position/Title</u>
<u>Signature of Cardholder</u>	<u>Date of Signature</u>
<b>Approver Designate (If Applicable)</b>	
By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>	
<u>Name of Approver Designate</u>	<u>Approver Designate Position/Title</u>
<u>Signature of Approver Designate</u>	<u>Date of Signature</u>
<b>Approver</b>	
By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>	
<u>Dr. Verna</u> <u>Name of Approver</u>	<u>VP Quality + CHO</u> <u>Approver Position/Title</u>
<u>Signature of Approver</u>	<u>Date of Signature</u>
<b>Attachments</b>	
Attach: <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> <li>And where applicable:             <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> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4
<b>Footer</b>	
Reference #: _____	Reviewed by: _____
Date: _____	

Rental Car  
ZMD Med Staff  
Bylaws



RA 166342745      Bil 0  
Rental 19-JAN-2014 10:17 PM  
EDMONTON INTL ARPT  
Return 20-JAN-2014 04:17 PM  
EDMONTON INTL ARPT

ALICE MACLEAN  
Vehicle # [REDACTED]  
Model FIESTA 4DR  
Class Driven [REDACTED] Class Charged CCAR  
License# [REDACTED] State/Province BC  
M/Kms Driven 68  
M/Kms Out 26110  
M/Kms In 26178

Charges	No Unit	Price	Amount
T & M	1 Days	22.51	22.51*
UNLIM M/KM	0 M/Kms		0.00*
AP CONCESSION FEE			3.66*
CUSTOMER FACILITY CHARGE			4.00*
VEHICLE LICENSE FEE			0.97*
CA GST ALBERTA @5.000 %			1.56

Total Charges      CAD 32.70

Deposit      MC      7873

Amount Due      CAD 32.70

\* Taxable Items  
Subject to Audit  
For Reservations: 1-800-RENT-A-CAR

Dr. Vanessa Maclean

Canada

Room Number: [REDACTED]

Arrival Date: 01-19-14

Departure Date: 01-20-14

Page No: 1 of 1

Confirmation No [REDACTED]

**INVOICE**

Folio No: [REDACTED]

01-20-14

Date	Description	Charges	Credits
01-19-14	Room Revenue	139.00	
01-19-14	Destination Marketing Fee - 3%	4.17	
01-19-14	Tourism Levy - 4%	5.73	
01-20-14	Mastercard [REDACTED]		148.90
<b>Total</b>		<b>148.90</b>	<b>148.90</b>
<b>Balance</b>		<b>0.00</b>	

**Signature:** \_\_\_\_\_

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #86634 4302 RT 0001

Flight VM  
Medical Staff Bylaws  
Review

**Jodi Tamayose**

**Subject:** FW: Air Canada - 22-Jan: Lethbridge - Calgary (booking ref: [REDACTED])

**From:** Vanessa Maclean, Dr.  
**Sent:** January 21, 2014 9:19 PM  
**To:** Jodi Tamayose  
**Subject:** Fw: Air Canada - 22-Jan: Lethbridge - Calgary (booking ref: [REDACTED])

V

**From:** Air Canada  
**Sent:** Tuesday, January 21, 2014 9:17 PM  
**To:** Vanessa Maclean, Dr.  
**Subject:** Air Canada - 22-Jan: Lethbridge - Calgary (booking ref: [REDACTED])

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



## 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 Calgary

**Book a hotel**

Hotels provided by WWTMS.

**Why** book your hotel stay at aircanada.com?

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



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

**AVIS** **Budget**

### Booking Information

**Booking Reference:** [REDACTED]

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

**Main Contact:**

Dr Vanessa Maclean

vanessa.maclean@albertahealthservices.ca

**Customer Care**

**Air Canada**

1-888-247-2262

**Flight Arrivals and Departures**

1-888-422-7533

Mobile: [REDACTED]

#### 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
AC7240 <sup>1</sup>	Lethbridge (YQL) Wed 22-Jan 2014 05:30	Calgary (YYC) Wed 22-Jan 2014 06:18	0	0hr48	BEH	Flex, H	
AC7223 <sup>1</sup>	Calgary (YYC) Wed 22-Jan 2014 18:00	Lethbridge (YQL) Wed 22-Jan 2014 18:45	0	0hr45	BEH	Flex, H	

Operated by:

<sup>1</sup> Air Canada Express - Air Georgian

#### Passenger Information

1. Dr Vanessa Maclean - Adult (16+) - Ticket Number: [REDACTED]

Frequent Flyer Prog : **None**

Meal Preference : **None**

Payment Card: [REDACTED]

Special Needs: **None**

Seat Selection: **None**

#### Purchase Summary

##### Fare Summary

Passenger Type	Adult
<b>Air Transportation Charges</b>	
Departing Flight - <u>Flex</u>	<b>230.00</b>
Return Flight - <u>Flex</u>	<b>230.00</b>
<u>Surcharges</u>	<b>24.00</b>

##### Taxes, Fees and Charges

<u>Canada Airport Improvement Fee</u>	45.00
<u>Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)</u>	27.16
<u>Air Travellers Security Charge (ATSC)</u>	14.25
Total airfare and taxes before options (per passenger)	<b>570.41</b>
Number of passengers	1
Travel Insurance (declined)	0.00

**Grand Total - Canadian dollars** **\$570.41**

#### Payment Information

**Credit/Debit Card** [REDACTED] - Amount paid: **\$570.41**

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

Air Canada: \$570.41 (Airfare - per ticket)

Ticket number(s): [REDACTED]

---

## enRoute City Guide

---

# Calgary

Calgary grew up fast through successive energy booms, so it still feels a lot like a small prairie town - albeit a small prairie town with more than a million people that's now Western Canada's engine of commerce...



[Read the complete guide](#)

What do you think of our new City Guide feature?

---

## Fare Rules

**Departing Flight** Lethbridge (YQL) To Calgary (YYC) - **Flex**

**Return Flight** Calgary (YYC) To Lethbridge (YQL) - **Flex**

- **Changes:**
  - Prior to day of departure - **Change fee** per direction, per passenger, is \$50 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 permitted at a flat fee of \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.
  - **Same-day standby** is available **only** to passengers travelling on a flight between Toronto and Montreal or Ottawa (connecting flights excluded), as well as 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.
- **Complimentary advance standard seat selection** 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 100% Aeroplan Miles (Altitude Qualifying Miles)

Please read important information and notices regarding Air Canada's general conditions of carriage.

---

## Baggage Allowance and Fees

---



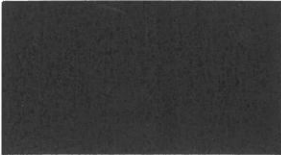
# Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE  
HEALTH SPA & INDOOR WATERSLIDE PARK

ZMD Site Visit

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

Vanessa MacLean



Page # 1  
Res. # [REDACTED]  
Checked in Mon Jan 27/14 - 10:07 pm  
Checked out Tue Jan 28/14 - 8:39 am  
Nights 1  
Room Rate 114.00  
Room 325

Date	Description	Reference	Charges	Credits
Jan27	GOVERNMENT RATE		114.00	
Jan27	GST		5.70	
Jan27	Room Tax		4.32	
Jan27	Destination Marketing Fee		2.16	
Jan28	PAID BY MASTERCARD			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



**Jodi Tamayose**

**From:** WILPARK CANADA INC. <esp\_receipt@moneris.com>  
**Sent:** February 24, 2014 3:20 PM  
**To:** Jodi Tamayose  
**Subject:** Transaction Receipt - Do Not Reply

WILPARK CANADA INC.

ZMD Airport Parking  
Jan 19/14  
Med Staff Bylaws  
Review mtg.  
\*original receipt  
unavailable from  
parking lot.

-----  
APPROVED  
-----

TYPE PURCHASE

ORDER ID

AMOUNT (CAD) \$8.00

CARD NUM  
ACCOUNT

DATE Feb 18 2014 09:21AM  
REF NUM

AUTH CODE

-----  
APPROVED - THANK YOU 027  
-----

Please keep this email as your transaction receipt.

This receipt has been sent from an unmonitored email account.  
Do not reply to this email.

**Jodi Tamayose**

**From:** WILPARK CANADA INC. <esp\_receipt@moneris.com>  
**Sent:** February 24, 2014 3:19 PM  
**To:** Jodi Tamayose  
**Subject:** Transaction Receipt - Do Not Reply

WILPARK CANADA INC.

ZMD -  
Airport parking  
Jan 22/14  
Med. Staff Bylaws  
Review Mtg.

APPROVED

TYPE PURCHASE

ORDER ID [REDACTED]

AMOUNT (CAD) \$8.00

CARD NUM ACCOUNT [REDACTED]

DATE Feb 18 2014 09:21AM

REF NUM [REDACTED]

AUTH CODE [REDACTED]

APPROVED - THANK YOU 027

Please keep this email as your transaction receipt.

This receipt has been sent from an unmonitored email account.  
Do not reply to this email.

THIS IS YOUR RECEIPT

County of Lethbridge

Airport Parking

GST #106989023

Space # : 43

Transaction #:

Date : JAN/22/14

Time : 04:57 AM

Paid : \$8.00

Card : [REDACTED]

Parking Expires At:

**JAN/23/14**

**04:57 AM**

Please Retain Ticket.  
Lock your vehicle and  
secure all valuables.

THIS IS YOUR RECEIPT

**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-Feb-14 To: 28-Feb-14  
 Travel Period from: 1-Feb-14 To: 28-Feb-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 #:

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					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	Total Section B	Total Section C&D	
2A	101	0014	71110108046	\$169.68						\$169.68		
2B												
2C												
2D												
				\$169.68								

NOTE: This section auto fills from page 2A, 2B, 2C & 2D  
 NOTE: These fields do not automatically fill for Section C & D

\*\*User to enter Coding & \$ Amounts

**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.

I, by signing this form, attest that I am compliant to all the above statements  
 Employee Signature: Date 27-Feb-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): Dr. Verna Yiu DOFA Level Position # Phone # Ext  
 Signature: Title VP@Quality + C&D Date Feb 27/14

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  
 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

<b>Enter Finance Coding</b> 101    0014    71110106046				<b>Emp # (E-People)</b> [REDACTED]				Page 2A							
If expenses incurred are for <b>multiple FC's</b> please use pages 2B,2C,2D (after pg3) as there should be one FC per page <b>OR</b> if <b>more lines</b> are required for the same FC use these additional pages. Enter total \$ amount on slip, <b>DO NOT separate any taxes</b> (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.															
<b>SECTION B: TRAVEL EXPENSES</b> <b>NOTE:</b> 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 <b>Prov</b> ) 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.				Completion of the "Cost Effective Method Used" Column is <b>REQUIRED</b> . If you select "No" in this column, <b>Further Explanation is REQUIRED</b> 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.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							
27-Feb-14	Medicine Hat - ZMD Site Visit	AB	Meeting	Yes											336.00
<b>SUBTOTALS</b>															Total Kms 336.00
<b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> → 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 <b>OR</b> rate per Union Agreement (see Mileage details to the left)			\$0.505		
										Mileage \$			\$169.68		
<b>Note:</b> 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 \$			\$169.68		
<b>Rationale is Required for expenses that are not Cost Effective</b> (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)															