

## Official Administrator and Executive Expense Report

**Name** Dr. Vanessa Maclean  
**Title** ZMD, South Zone  
**Location** Lethbridge  
 Expenses submitted during the month of March 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)
Mar-14	P-Card	Meetings			126		126			
Mar-14	Expense Claim	Meetings				810	810			
<b>Total</b>			\$ -	\$ -	\$ 126	\$ 810	\$ 936	\$ -	\$ -	\$ -

**Total for the Month** \$ 936

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base 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

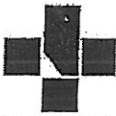
### 3) Hosting and Hospitality expenses

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

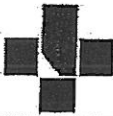


**Instruction:**

- 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 Cardholder's Name	SOUTH ZONE MEDICAL Cardholder's Position/Title	Billing Reporting Period: 20/03/2014
MEDICAL AFFAIRS Cardholder's Dept	CHINOOK REGIONAL HOSPITAL Cardholder's Site/Location	Total Statement Amount: \$126.16
VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: [REDACTED]

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
11/03/2014	346598837	MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS	126.16	CAD	126.16	.00	.00	ZMD Accomodation - Wkly Site Visit ✓



Signatures	
<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]</u> <u>Signature of Cardholder</u>	<u>24/3/14</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 Yick</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>Mar 27/14</u> <u>Date of Signature</u>
Submit approval	
<b>Attach:</b> <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> </ul> <b>And where applicable:</b> <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>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4
Reference and Review	
Reference #: _____	Reviewed by: _____
Date: _____	

Zone Medical Director  
Site Visit.

Jodi Tamayose

**From:** Medicine Hat Lodge <frontdesk@medhatlodge.com>  
**Sent:** March 21, 2014 10:04 AM  
**To:** Jodi Tamayose  
**Subject:** \Guest Account Inquiry

Vanessa MacLean

Page # 1  
Res. # [REDACTED]  
Checked in Mon Mar 10/14 - 10:04 pm  
Checked out Tue Mar 11/14 - 8:25 am  
Nights 1  
Room Rate 114.00  
Room [REDACTED]

Date	Description	Reference	Charges	Credits
Mar10	GOVERNMENT RATE		114.00	
Mar10	GST		5.70	
Mar10	Room Tax		4.32	
Mar10	Destination Marketing Fee		2.16	
Mar11	PAID BY [REDACTED]			126.18
			-----	-----
		0.00	126.18	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:

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GST	5.70
Room Tax	4.32

**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-Mar-14 To 31-Mar-14  
Travel Period from: 1-Mar-14 To 31-Mar-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

Project Task Number

Expenditure Organization

Expenditure Type

**Total - Section B: Travel - Pg 2**

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0014	71110106048	\$809.52
2B				
2C				
2D				
				\$809.52

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	\$809.52
Total Section C&D	
Less Cash Advance	
<b>TOTAL CLAIM</b>	<b>\$809.52</b>

**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 Expenses Policy - Document# 1122

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

Employee Signature:

Date 24-Mar-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

EMP & CMO VP Quality + CMO

Date

Mar 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

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 71110106046	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, <b>DO NOT</b> separate any taxes (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 Prov) where expenses were incurred (Out of N.America = Int'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, Further Explanation is <b>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						
3-Mar-14	Cardston - Physician Meeting	AB	Meeting	Yes								158.00 ✓		
5-Mar-14	Cardston - Site Physician Meeting	AB	Meeting	Yes								158.00 ✓		
10-Mar-14	Medicine Hat - ZMO Site Visit	AB	Meeting	Yes								336.00 ✓		
24-Mar-14	Bessano / Brooks - Palliser HAC / Brooks Physician Meeting	AB	Meeting	Yes								395.00 ✓		
25-Mar-14	Taber - Zone Leadership Meeting	AB	Meeting	Yes								110.00 ✓		
26-Mar-14	Taber - Physician Site Meeting	AB	Educ	Yes								110.00 ✓		
28-Mar-14	Medicine Hat - Zone Long Service Recognition	AB	Meeting	Yes								338.00 ✓		
<b>SUBTOTALS</b>												Total Kms 1603.00		
<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 OR rate per Union Agreement (see Mileage details to the left)					Mileage \$ \$0.505				
										Mileage \$ \$809.52				
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 \$					\$809.52				
<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)														