

## Official Administrator and Executive Expense Report

**Name** Dr. Vanessa Maclean

**Title** ZMD, South Zone

**Location** Lethbridge

Expenses submitted during the month of April 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) |
| Apr-14       | P-Card          | Meetings |         |       | 126           |              | 126          |                              |  |           |
| Apr-14       | Expense Claim   | Meetings |         |       |               | 572          | 572          |                              |  |           |
| <b>Total</b> |                 |          | \$ -    | \$ -  | \$ 126        | \$ 572       | \$ 698       | \$ -                         | \$ -   | \$ -      |

**Total for the Month** \$ 698

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                         | SOUTH ZONE MEDICAL          | Billing Reporting Period:      | 20/04/2014 |
| Cardholder's Name                        | Cardholder's Position/Title |                                |            |
| MEDICAL AFFAIRS                          | CHINOOK REGIONAL HOSPITAL   | Total Statement Amount:        | \$126.16   |
| Cardholder's Dept                        | Cardholder's Site/Location  |                                |            |
| VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA |                             | Last 6 digits of the P-Card #: |            |
| Cardholder's e-mail address              |                             |                                |            |

| Transaction Date | Trans ID  | Merchant Name & Description                            | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description                     |
|------------------|-----------|--|-----------------------|----------|--------------|-----|---------|---------------------------------|
| 10/04/2014       | 348612728 | MEDICINE HAT LODGE, LODGING<br>HOTELS, MOTELS, RESORTS | 126.16                | CAD      | 126.16       | .00 | .00     | Accom- Flow Learning Sessions ✓ |

|  |   |
|--|---|
| <b>Cardholder Designate (if Applicable)</b><br>By signing this statement<br><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> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>Jodi Tamayese</u></p> <p>Name of Cardholder Designate</p> <hr/> <p><u>[Signature]</u></p> <p>Signature of Cardholder Designate</p> </div> <div style="width: 45%;"> <p><u>Executive Coordinator</u></p> <p>Cardholder Designate Position/Title</p> <hr/> <p><u>21 Apr. 2014</u></p> <p>Date of Signature</p> </div> </div>   |   |
| <b>Cardholder</b><br>By signing this statement<br><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> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>MACLEAN, VANESSA</u></p> <p>Name of Cardholder</p> <hr/> <p><u>[Signature]</u></p> <p>Signature of Cardholder</p> </div> <div style="width: 45%;"> <p><u>SOUTH ZONE MEDICAL</u></p> <p>Cardholder Position/Title</p> <hr/> <p><u>April 22, 2014</u></p> <p>Date of Signature</p> </div> </div>  |   |
| <b>Approver Designate (if Applicable)</b><br>By signing this statement<br><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> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____<br/>Name of Approver Designate</p> <p>_____<br/>Signature of Approver Designate</p> </div> <div style="width: 45%;"> <p>_____<br/>Approver Designate Position/Title</p> <p>_____<br/>Date of Signature</p> </div> </div>                              |   |
| <b>Approver</b><br>By signing this statement<br><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> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>Dr. Verna King</u></p> <p>Name of Approver</p> <hr/> <p><u>[Signature]</u></p> <p>Signature of Approver</p> </div> <div style="width: 45%;"> <p><u>V.P. Quality + CMO</u></p> <p>Approver Position/Title</p> <hr/> <p><u>Apr. 23/14</u></p> <p>Date of Signature</p> </div> </div> |   |
| <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> And where applicable:<br><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><br><br>Alberta Health Services<br>Accounts Payable<br>7th Street Plaza<br>10th Floor, North Tower, 10030-107 Street<br>Edmonton, AB T6J 3E4 |



# Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE  
HEALTH SPA & INDOOR WATERSLIDE PARK

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

*Zone medical Director  
Accommodation - How learning  
sessions*

**Dr. Vanessa inc MacLean**

Page # 1  
Res. # [REDACTED]  
Checked in Thu Apr 10/14 - 8:09 pm  
Checked out Fri Apr 11/14 - 7:31 am  
Nights 1  
Room Rate 114.00  
Room [REDACTED]

| Date  | Description               | Reference | Charges | Credits |
|-------|---------------------------|-----------|---------|---------|
| Apr10 | GOVERNMENT RATE           |           | 114.00  |         |
| Apr10 | GST                       |           | 5.70    |         |
| Apr10 | Room Tax                  |           | 4.32    |         |
| Apr10 | Destination Marketing Fee |           | 2.16    |         |
| Apr11 | PAID BY MASTERCARD        |           |         | 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:

|          |      |
|----------|------|
| 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](http://www.medhatlodge.com)



STAGEWEST *hospitality*  
SINCE 1944



## TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

**SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)**

|   |                              |   |   |
|---|------------------------------|---|---|
| <ul style="list-style-type: none"> <li>Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system</li> <li>Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system</li> <li>If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)</li> </ul> |                              | Expense Date From: <u>1-Apr-14</u> To: <u>30-Apr-14</u><br>Travel Period from: <u>1-Apr-14</u> To: <u>30-Apr-14</u> (if applicable)<br>Out-of-Province Travel |   |
| Name: <u>Dr. Vanessa Maclean</u>  |                              | Position (Title): <u>Zone Medical Director</u>  |   |
| Location: <u>Chinook Regional Hospital</u>  | Dept: <u>Medical Affairs</u> | DOFA Level: <span style="background-color: black; color: black;">[REDACTED]</span> (if applicable)  | Union: <span style="background-color: black; color: black;">[REDACTED]</span> Business Phone # <span style="background-color: black; color: black;">[REDACTED]</span> Ext: <span style="background-color: black; color: black;">[REDACTED]</span> |
| Employee # (E-People) <span style="background-color: black; color: black;">[REDACTED]</span>  |                              |   |   |

**SECTION E: FINANCE CODING & TOTAL CLAIM**

|                                      |  |  |   |
|--------------------------------------|--|--|---|
| <b>CAPITAL PROJECT CODING ONLY →</b> |  | Project Number <u>                    </u>           | Project Task Number <u>                    </u> |
|                                      |  | Expenditure Organization <u>                    </u> | Expenditure Type <u>                    </u>    |

| 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      | 0014     | 71110106046            | \$414.10      |  |          |                        |                   |               | Total Section B     | \$572.02        |
| 2B                               | 101      | 0014     | 71110106046            | \$157.92      |  |          |                        |                   |               | Total Section C&D   |                 |
| 2C                               |          |          |                        |               |  |          |                        |                   |               | Less Cash Advance   |                 |
| 2D                               |          |          |                        |               |  |          |                        |                   |               | <b>TOTAL CLAIM</b>  | <b>\$572.02</b> |
| \$572.02                         |          |          |                        |               | **User to enter Coding & \$ Amounts                  |          |                        |                   |               |                     |                 |

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

NOTE: These fields do not automatically fill for Section C & D

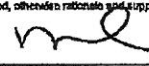
**SECTION F: AUTHORIZATION**

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:** 

**Approved By (PRINT ONLY):** Dr. Verna Yiu

**Signature:** 

**Date:** 21-Apr-14

**DOFA Level:** [REDACTED] **Position #:** [REDACTED]

**Title:** VPO Quality + CMIO

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

**Approved By (PRINT ONLY):**                     

**Signature:**

**DOFA Level:**                      **Position #:**                     

**Title:**                      **Date:**

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

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> <span style="float:right">NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C</span>   |  |   |                            |   |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
| Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Int'l)<br>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.<br>If you select "No" in this column,<br>Further Explanation is REQUIRED in the "Rationale is Required" section on this page |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
| Date<br>dd-mm-yy  | Business Reason for Travel - Detailed Description Required<br>(include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason)<br>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 |  |   |      |                                     |                    |              |                     |
| 4-Apr-14  | Travel to Teber - Return - Physician Leader Strategic Planning Session   | AB  | Meeting                    | Yes   |                             |           |                   |              |  |   |      |                                     |                    |              | 110.00              |
| 8-Apr-14  | Travel to Bow Island - Return - Physician Issues Meeting   | AB  | Meeting                    | Yes   |                             |           |                   |              |  |   |      |                                     |                    |              | 218.00              |
| 15-Apr-14   | Travel to Medicine Hat - Return - ZMD Weekly Site Visit  | AB  | Meeting                    | Yes   |                             |           |                   |              |  |   |      |                                     |                    |              | 338.00              |
| 25-Apr-14   | Travel to Cardst - Return - Physician Issues Meeting   | AB  | Meeting                    | Yes   |                             |           |                   |              |  |   |      |                                     |                    |              | 168.00              |
|   |  |   |                            |   |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
|   |  |   |                            |   |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
|   |  |   |                            |   |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
|   |  |   |                            |   |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
|   |  |   |                            |   |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
| <b>SUBTOTALS</b>  |  |   |                            |   |                             |           |                   |              |  |   |      |                                     |                    |              | Total Kms<br>820.00 |
| <b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b><br>→ details of travel location to & from must be included above under the purpose of travel column<br>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) |      | \$0.505                             |                    |              |                     |
|   |  |   |                            |   |                             |           |                   |              |  | Mileage \$  |      | \$414.10                            |                    |              |                     |
|   |  |   |                            |   |                             |           |                   |              |  | Travel \$ Subtotal  |      |                                     |                    |              |                     |
| Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3   |  |   |                            |   |                             |           |                   |              |  | Auto fills on page 1 - TOTAL TRAVEL \$  |      | \$414.10                            |                    |              |                     |
| <b>Rationale is Required for expenses that are not Cost Effective</b><br>(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)   |  |   |                            |   |                             |           |                   |              |  |   |      |                                     |                    |              |                     |

## EXPENSE CLAIM DETAILS

|   |  |   |                            |                                 |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
|---|--|---|----------------------------|---------------------------------|-----------------------------|-----------|-------------------|--------------|--|---|------|-------------------------------------|--------------------|--------------|---------------------|
| Enter Finance Coding  |  | 101   | 0014                       | 71110108046                     | Emp # (E-People)            |           |                   |              | Page 2B  |   |      |                                     |                    |              |                     |
| 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 = Inter)<br>Ensure separate lines are used for claim items that differ in Province, US and Out of North America.  |  |   |                            |                                 |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
| Date<br>dd-mm-yy  | Business Reason for Travel - Detailed Description Required<br>(Include destination, who attended (if meal), why travel was necessary and detailed explanation of reason)<br>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 |  |   |      |                                     |                    |              |                     |
| 24-Apr-14   | Travel to Medicine Hat - Reun - Zone Medical Director Weekly Site Visit  | AB  | Meeting                    | Yes                             |                             |           |                   |              |  |   |      |                                     |                    |              | 338.00              |
|   |  |   |                            |                                 |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
|   |  |   |                            |                                 |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
|   |  |   |                            |                                 |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
|   |  |   |                            |                                 |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
|   |  |   |                            |                                 |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
|   |  |   |                            |                                 |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
|   |  |   |                            |                                 |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
|   |  |   |                            |                                 |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
|   |  |   |                            |                                 |                             |           |                   |              |  |   |      |                                     |                    |              |                     |
| <b>SUBTOTALS</b>  |  |   |                            |                                 |                             |           |                   |              |  |   |      |                                     |                    |              | Total Kms<br>338.00 |
| <b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b><br>→ details of travel location to & from must be included above under the purpose of travel column<br>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) |      | \$0.470                             |                    |              |                     |
|   |  |   |                            |                                 |                             |           |                   |              |  | Mileage \$  |      | \$157.92                            |                    |              |                     |
| 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 \$  |      | \$157.92                            |                    |              |                     |
| <b>Rationale is Required for expenses that are not Cost Effective</b><br>(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)   |  |   |                            |                                 |                             |           |                   |              |  |   |      |                                     |                    |              |                     |