

Official Administrator and Executive Expense Report

Name Dr. Vanessa Maclean
Title ZMD, South Zone
Location Lethbridge

Expenses submitted during the month of April 2014

						T							
Date	Source Document	Purpose	Airfa	re	Meals	Acco	mmodation	Othe Trave		Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
0.000.	4 P-Card 4 Expense Claim	Meetings Meetings					126		572	126 572			
Total			\$	- 9	1	- \$	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



P-Card details Online ® Cardholder Statement Report

	ed receipts and supporting documents in the sam signatures required where indicated below	e order as it appears on this state	ement		
MACLEAN, VANESSA	SOUTH ZONE MEDICAL				
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/04/2014		
MEDICALAFFAIRS	CHINOOK REGIONAL HOSPITAL				
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$126.18		
VANESSA MACLEAN@ALBERT	AHEALTHSERVICES.CA				
Cardholder's e-mail address		Last 6 digits of the P-Card #			

				<i>2</i>				
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freigh	Description
10/04/2014		MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS	128.18	CAD	126.18	.00,	.00	Accom- Flow Learning Sessions

ANYLINA

RUN DATE: 04/21/2014



P-Card details Online ® Cardholder Statement Report

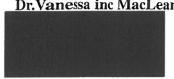
Cardinoider Designate (if Applicable) By signing this statement I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies. Program User Guide and Training. I have allocated the transaction(a) to the proper cost certife. ELLULATE Cardinoider Designate Cardinoider Designate Position/Title Signature of Cardinoider Designate Cardinoider Designate (and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed as in compliance with such policy. I attest that expenses enclosed in this claim are for valid business purposes for Alberta Health Services and personal cheque for any personal expenses inadvertently changed 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. MACLEAN, VANESSA Trains of Cardinoider Posignate (if Applicable) By signing this statement I attest that 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. Signature of Cardinoider Posignate (if Applicable) By signing this statement I attest that 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 that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. Name of Approver Designate Approver Designate Approver Designate Approver Designate (if Applicable) Name of Approver Designate Approver Designate (in Applicable) Name of Approver Designate Approver Designate (in Applicable) Name of Approver Designate Approver Designate in Approver Designate Approver Designate (in this claim h
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Name of Approver Appr
Name of Approver / Approver Position/Title
Apr. 23/14
Date of Skineture
Signature of Approver
Address:
Attach: * Original (or scanned) itemized receipts with documented business reasons including names of participants where required Alberta Health Services Accounts Payable
 Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) 7th Street Plaza 10th Floor, North Tower, 10030-107 Street
Edwarder of pre-engineers for travel
Personal chaque payable to "Alberta Health Services"
Return, refund and/or credit receipts
Disputes letter
 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.
and a second for travel require detailed descriptions - Include where travelled to, who attended (if



Zone medical Drector Accomodation - How learning Seisons

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

Dr. Vanessa inc MacLean



Page # Res. # Checked in Checked out **Nights** Room Rate Room

Thu Apr 10/14 - 8:09 pm Fri Apr 11/14 - 7:31 am 114.00

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

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







TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS	(for AHS Staff ONL)	Y)							
 Enter employee # (old) and Employee # 	(E-People) if your payroll	has migra	ited to the Nev	v E-People payroll system		Expense Date From	1: 1-Apr-14	To	30-Арг-14
 Indicate N/A in the Employee # (E-Peop. If you are a new employee and your pay 						Travel Period from:		To 3	O-Apr-14 (if applicable
Name: Dr. Vanessa Maclean	ion io 2 i copio jos vin ci	inj nato u	or Chiphoyou in	Position (Title):	Zone Medical	Out-of-Province Tr	avei		
Location: Chinook Regional Hospital	Dept: Medical Affairs		DOFA Level:	(if applicable)	Union:		ness Phone #		Ext:
Employee # (E-Pzopie)				(ii approxima)			ileas Pirotte #		EXC
SECTION E: FINANCE CODING & T	OTAL CLAIM								
	Project Numb								
CAPITAL PROJECT CODING ONLY	Expenditure Org		n		Proj	ect Task Number Expenditure Type		•	
Total - Section B: Travel - Pg 2 Total - Section C&D: Other & Foreign Expenses - Pg 3 TOTAL REIMBURSEN									DOCUMENT
Pr Bal Location Functional Total Bal Locat				Functional Centre (FC)	Secondary	y/ Total	IOIAL	KSEWENI	
Onit Centre (FC) Expense Onit					Expense	Expense	Total Sect	ion B	\$572.02
2A 101 0014 71110106046		ļ		Total Section	n C&D				
	2B 101 0014 71110106046 \$157.92						Less Cash A	dvance	
2C							TOTAL C	I A ISS	\$572.02
2D							TOTAL	L/Alm	\$572.02
MOTE The seales and Elle for any	\$572.02			er to enter Coding & \$ Amount					
NOTE: This section auto fills from page SECTION F: AUTHORIZATION	2A, 2B, 2G & 2D		NOTE:	These fields do not automatical	ly fill for Sectio	n C & D			
I attect that I have read and understand the "Teavel, Hospitality and Worldn									
I attest the expenses enviced in this cisim are for valid business purposes. I stiest that expenses submitted in this cisim have been incurred by using a						Session Expenses Policy - Docum	nent# 1122		
I, by signing this form, ettest that I am compliant to all the above statemen	- m	2			24	Apr-14	A STATE OF THE STA		
Employee Signature: i attest that I have reed and understand the Travel, Hospitality and World's	g Bession Expense Policy (1122) of Alberta	a Heelth Services	and confirm expenses t	eing claimed ere in compliance with such policy.	Date 21-				
i attent the expenses anciesed in this claim are for velid business purposes (attent that expenses submitted in this claim have been incurred by using a					s or any other Organization	n.	Approved claim form with	receipts shou	ld be sent by the approver for processing.
Approved By (PRINT ONLY): Dr. Verna Y	/		•	DOFA Leve	Position #		Phone #		78/4
I, by signing this form, effective I are complaint to all the above statemen	///////						_		Ext
Signature:	1000			_ Title VPQue	rlity +	CMO	Date /	for.	23/14
I attest that I have read and understand the "Travel, Hospitally and World I attest the expenses enclosed in this claim are for valid business purposes	for Alberta Heelth Berticae and that this cla	aim bea not been	previously distined by th	e claimant or on their behalf from Alberta Health Service	s or any other Organization	a.			
I attest that expenses extentised in this claim have been incorred by using	n cost effective method, otherwise rationals s	aud embboujud e	nave is previded above						
Approved By (PRINT ONLY):				DOFA Level	Position #		Phone #		Ext
1, by alguing this form, attest that I am complete to all the above statem Signature:	with the same of t			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 (ritA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administrating AHS Procure to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0014 71110106046 Emp # (E-People) Page 2A												age 24		
f expenses a mount on s	ncurred are for multiple FC's please use pages 2B, lip, <u>PO NOT</u> separate any taxes (eg. GST). Secon	2C,2D (afte dary/Expe	er pg3) as i	there should are not requ	be one FC placed in this se	er page Olection as the	R if m	ore mes are pre-determin	required for ed by the sys	the same FC l	use these add	ditional pages	s. Enter tota	1\$
	B: TRAVEL EXPENSES NOTE: 11 expense										to SECTION C		AN COLUMN TO SERVICE	
	down (column Prov) where expenses were incurred (Out of N.Ame lines are used for claim items that differ in Province, US and Out o	erica = Interi)								thod Used" C		QUIRED.		
	Business Reason for Travel - Detailed Description	Prov, US, or	Whatis		F			If you	select "No" RED in the "F	in this column ationale is Re	ı, quired" sectio		je	
Date	Required (include destination, who attended-(if meal),	Out of N.Amer	travel	Cost	-	Allowance	OR R	eceipt)	If amount I	eing claimed i It stated in App	s above the	Rental Carl		
dd-mmm-yy	why travel was necessary and detailed explanation of reason)	where	related to?	Method Used?	Meel All	owance	Meal	with Receipt	rai	ionale is requi	red	Bus/LRT/	Per Diem	Mileage
	A description of just "Meeting" will be returned for clarification	Meeting" Will be returned for clarification expenses incurred?					Meni Type	with receipt	Airfare	Hotel	Taxi	Parking / Fuel	Allowance	(km)
4-Арт-14	Travel to Tebar - 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 Hart - Return - ZMD Weekly Site Visit AB Meeting Yes												338,00		
25-Apx-14 Travel to Cardst - Return - Physician Lasues Meeting AB Meeting Yes														158,00
II SUBTOTALS I I I I I I I I I I I I I I I I I I I									Total Kms					
MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle Enter \$0.505 km, \$0.47 km OR rate per Union Agreement									\$20.00 \$0,505					
Poles and finish St. ERE and the under St. Of the property of the property of the st. Of the property of the st. Of the property of the proper										\$414,10				
												Trave	i \$ Subtotal	
	Note: Total will auto fill into pg 1, Section E, if form co	mpleted ele	ectronically	- Additional	pg 2's can be	found after	Page	3			Auto fills on p	age 1 - TOTA	L TRAVEL \$	\$414.10
Rationa (Any an	ele is Required for expenses that are not Cost alysis supporting the method to assess cost e	Effective ffectiven	ess shou	ld be attac	hed to the	claim form	1)		guistininin enonventra del					
					- 2A of 3									

EXPENSE CLAIM DETAILS

		Enter Finance Coding 101 0014 71110108046												
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 EC use these additional pages.														
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.	use these additional	pages. Enter tot	al \$											
SECTION B: TRAVEL EXPENSES NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Retocation, Continuing Education, Business Insurance gr														
Select from dropdown (column Prov.) where expenses were Incurred (Out of N.Americe = Inter!).	O TO SECTION C													
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" Co														
Prov, US, Business Reason for Travel - Detailed Description Business Reason for Travel - Detailed Description Prov. US, Further Explanation is REQUIRED in the "Rationale is Req														
What is		age												
Include destination, who attended-(if meal), N.Amer related Effective policy limit stated in Ap.	pendix "A" Rente													
where to?	ired Bus/	LRT/ Per Diem	Mileage											
incurred? Heal Type with variue Allowance Type with receipt Airfare Hotel		el Milowance	(km)											
Travel to Medicine Hal - Reutn - Zone Medical Director Weekly Stee														
24-Apr-14 Visit Visit New Year County Visit New Year Visit New Yea			338.00											
 														
SUBTOTALS														
SUBTOTALS			338.00											
	\$0.47 km OR rate per		\$0,470											
→ details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.506 per km for under 5.000km/yr or \$0.47 per km for over 5.000km/yr or per Union Agreement	1886 IVIREIO	e details to the left)												
Rates applicable \$0.506 per kith for <u>driver 5.000kittyt</u> of \$0.47 per kith for <u>6481.3.000kitsyt</u> of <u>per orinori Adresinent</u>		Mileage \$	\$167.92											
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												
More: Total win auto all more por 1, Section E, il form completes electromically "Additional pg 23 can be round after 1898 3	Auto fills on page 1 -	TOTAL TRAVEL \$	\$157.92											
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)														