

Accounting Services 10th Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION	Check one only)	☐ Vendor	☐ Patient ☒	Employee (EE	number		
Invoice Date 24-Mai-0)-MMM-YY)	Invoice Number		s.17	(1), 17(4)(g)(i)		
Vendor Number (or		Payee Name Glo	enda Coleman-Miller		s.		
Address		s.17(1), 17(4)(g)(i)	City			
Province/State		Postal Code		Country Cana	ada		
II PAYMENT DETAIL							
Reason for payment F card.	rsement of conference	e costs payed by	personal credit	PO#			
Is this a contract payn	☐ Yes Y	Attach copy of contr	ract if not previously forw	varded) 🖾 N	lo		
If this is a contract po	nat is the contract date?			Number	no relation of project death of a like right power SAS		
Have goods / services	eceived?	When?		□N	9 m. 110 m. 110 S. 3E		
Are original attachme	mailed with cheque? (N	ote 2)	Yes 🗵 No	en de la reci en la compania de la compania del compania del compania de la compania del compania del compania de la compania del compania dela compania del compania del compania del compania del compania de	entre de la composition della		
III EXPENSE CODES	RACLE FINANCIAL SY	STEM FORMAN	(Department	***************************************	omplete Coding)		
Bal Unit Location e.g. 201 e.g. 9000	unctional Centre g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment		
201 0002	1001	61030000	\$655.51	\$45.89	\$701:40		
			Cambrillantik	· · · · · · · · · · · · · · · · · · ·			
			RECEIVE				
	The make a contract .						
				100 mm			
		155.22577 (199	ACCOUNTS				
		- Company					
⊠ Canadian □	☐ Other	ТОТА	L \$655.51	\$45.89	\$701.40		
V AUTHORIZATION							
confirm that the above	have not been previou	ısly paid and the	expenses related or	nly to Capital He	alth business.		
	Aileen Savage		- The state of the		735-5272		
(Si	ullen Sout	ial	24 Tay	Date 27			
	Glenda Coleman-Miller	- /			735.5272		
(Si	501,0		moles		?-Mar-06		
pproved by (Pri	Joanna Pawlyshyn		DO MILLERY		735-4101		
(Si:	Stock		19 may	Date			
UTHORIZATIONS SHE	BEIN ACCORDANCE W	TH SIGNING AU	THORITY POLICY N	UMBER FINANC	E 4.1		
All cheques and attac Fully completed pays	ade electronically based on pa be mailed out by Accounting S ions received in Accounting Se ed payment requisitions wil	ayroll banking informa Services. Cheques wervices by MONDAY,	tion. ill NOT be pulled and retui	med to departments	The state of the s		





Canadian Nurses Association

50 DRIVEWAY OTTAWA ON K2P 1E2

Tel: (613) 237-2133 Fax: (613) 237-3520

GLENDA COLL
SENOIR OPER

CAPITAL HEAKINGSWAY

10240 KINGS... EDMONTON LLER DFFICER

Receipt Printed:

2006-03-17

Registration Number:

RM 1108 V9

s.17(1), 17(4)(g)(i)

CNA 2006 Biens

Session

vention and Annual Meeting

inces pour GLENDA COLEMAN-MILLER

	Title	Ĭ
	F	
	M	*
l	Br≘	, Å
	<u>In</u>	

	Date	Qty/Qté	Price/Prix
on/Participation complete	2006-06-18	1	\$520.00
jical Nursing / médicaux-chirurgicaux	2006-06-18	1	\$70.09
et/Billet pour banquet	2006-06-20	1	\$65.42
Health Luncheon / Déjeuner internationaux	2006-06-21	1	\$0.00

Total Before Taxes:

\$655.51

GST/TPS:

\$45.89

Total Billed:

\$701.40

Total Paid:

\$701.40

Balance:

\$0.00

GST No: 140 11

Paid be

sonal credit card of: Glende Coleman. Miller



Accounting Services 10th Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J 3E4

Payment Requisition

							
1 1	PÁYEE INFO	RMATION (Check one only)	☐ Vendor ☐] Patient 💢	Employee (EE i	numbei	
Invoid	ce Date <i>5-Ju</i>	II-06 (DD-MMM-YY)	Invoice Number		s.17(1), 17(4)(g)(i)	
Vend	or Number (c	or S.I.N.)	Payee Name Glene	da Coleman-Miller			
Addre	ess		s.17(1), 17(4)(g)(i)	City		
Provir	nce/State		Postal Code		Country		
	AYMENT DI	Dva.			·		
Reaso	on for payme	nt Mileage - April - June, 200 <u>Parking</u> - April - June, 200	6 - 434 km	186.62	PO#		
Is this	a contract	·	es (Attach copy of contrac	t if not previously forwa	rded) 🛛 N	0	
If this	is a contract	payment, what is the contract da	ite?		Number		
Have (goods / serv	ices been received?	es, When?)	
Are ori	iginal attachn	nents to be mailed with cheque?	(Note 2)	es 🛮 No			
II E	XPENSE CO	DES (IN ORACLE FINANCIAL	SYSTEM FORMAT)	(Departments	must provide Co	omplete Coding)	
lal Unit .g. 201		Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if	Total Payment	
201	0002	71110101001	624100(X)	\$186.62	applicable	\$186	
01	0002	71110101001	624780 00			11:	
		·	1 4	Capital Heal	on continuous annual continuous c		
			1200	Capital load			
				1111 2 0 30	100		
				JUL 2 0 20 \	ries action		
				ACCOUNT PAVABLE	' 🕶 🔅 📗		
l ∄ Can	adian	U.S. Other	TOTAL	\$299.92		(\$299.	
' AU	THORIZATION	ON .		1 7-70,02		\$299.	
onfirr	n that the al	pove items have not been prev	/iously paid and the ex	penses related only	y to Canifal Hos	Ith business	
		int name) Aileen Savage	,,,	, and a state of the state of t		735-5272	
		ignature)	X HOO		Date 5-J		
	10	The valley of	Tevage.	· · · · · · · · · · · · · · · · · · ·			
prove		int name) Glenda Coleman-Mi	ller /		i Dhana#		
prove	d by (Pr	int name) Glenda Coleman-Mi		00	Phone #		
	d by (Pr	ignature) Scoler	ear-mu	llen	Date 06	-07-06	
prove	d by (Pr (S d by (Pr	ignature) Colemant name) Joanna Pawlyshyn		10	Date 66	-07-06	
proved	d by (Pr (S d by (Pr (Si	ignature) Scoler	an-mi) July 06	Date 0 () Phone #	-07-06 735-4101	

3



MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Program	Employee Name	Location-	Payroll #
EXEC	Olenda Coleman-Miller	RAH.	
			s.17(1), 17(4)(g)(j)

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

1 1 2001	Month	Year
L 41N1 0006	L April	2006

Date	KM	Parking	Date	KM	Parking	Date	KM	Parking	Date	КМ	Parking
1.			9			17			25		
2			10			18			26		
3			11			/ 19		1	27	16	
4	16		12	16	5.00,	20	6	12,00	28		
5	,		13			21			29	·	
6			14			22			30		
. 7	· [15			23	·		, 3 1		
8			16			24	60	12.40	<u> </u>		

Total 114 39.46

Declaration: I hereby certify that the mileage and parking charges listed above were incurred on Capital Health business and that the amount has not been previously claimed by me or on my behalf.

EDMONTON AIRPORTS

031 N120099776 宇中東中央主義

000000 (7 4 76) - 15

4 1 4 00

žāk. (/803846 .

Best Copy Possible 12,40 3

21 Min.

12.40 ; 12.40 ; 12.60 ; 12.60 ;

there is too in rate lage! Place Can again

H Gent of Life () At Hark and 44

CITY OF EMANTON LIERGEY PARKADE 68T # 119326270 RT0001

Root# 40379 04/20/06 15:11 L# 2 A# 12 Txn#131540 04/20/06 10:35 In 04/20/06 15:11 Out

Tkt# 585608 Regular Rate \$ 11.21 Total Tax 🕴 Total Fee \$ 12.00 CASH PAID \$ 12.00-Cash Tender \$ 22.00 Chanse Bue

MAR AGAIN

CST#R108102831

ALBERSITY OF



s.17(1), 17(4)(e.1)

DATE ISSUED TIME ISSUED AMOUNT PAID

DETACH RECEIPT FROM TICKET

NON IKYNSEEKVBTE

ALBERTA ALBERTA

WH 62:600000125100'S \$

EXPIRATION TIME

DISPLAY THIS SIDE UP ON DASHBOARD



MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

	=				-	-				-	
-	····										3:
Progr	ram ⁄ -	Employee	Name	• (Λ_{\bullet}	11 /		ocation		Payroll #	
EX		Meno	la l	Ole Mi	an- 111	1121		hill			
										 s.17(1), 1	7(4)(g)(i)
NOT	E: 1) It is	the employe	e's res	ponsibilit	y to mainta	ain adec	uate reco	rds to subsi	antiate a		
		enue Canada						1.54			
	doc	umentation v	vhich s	hows the	date, dest	ination	and km tra	avelled on e	ach of ye	our trips.	,
	2) Driv	ving to and fr	om wo	rk is not o	onsidered	busine	ss travel a	nd must no	t be clair	ned.	
		•	•					* - <u>-</u>			
	r,										
	•		-							•	
/onti	1_ΛΛ			Year]				
	Man	/		1 2	ΩG						
	1.00-	· · · · · · · · · · · · · · · · · · ·			204.						
	ţ										•
Date	км	Parking	Date	км	Parking	Date	км	Parking	Date	км	Parking
				7.5	i uning		10	Lining	Duto	1	: .
1 -			9	16		17	10	1	25	<u> </u>	
2			10			18			26		
3			11	22		40		. í	0.7		
3			11			19			27		
4			12			20			28		
5		6.00/	13			21			29		
<u> </u>			''						23	177	6.00
6			14	· <i>i</i>	<u> </u>	22			30	10	00
7			15	116	6.00	23	32	9.90	31		
	2 1				4 00		21	011			
8	ンム		16	1	1	24	1/	1.70			

Declaration: I hereby certify that the mileage and parking charges listed above were incurred on Capital Health business and that the amount has not been previously claimed by me or on my behalf.

Total /76

05/24/06 14:01 05/24/06 12:25 Tkt# 76220 Daily Rate Total Fee CASH PAID Cash Tender Change Due

88\$88 6688

05/24/06 14:01

Tkt# 765902 Daily Rate Total Fee CASH PAID Cash Tender Change Due

25.55

05/24/06 10:49 05/24/06 09:16 1 At 2 Txull 22992 05/24/06 10:49 Out

95453 88883

and severy

North 50657 05/23/06 14:45 06/23/06 13:00 IN:H 765028 IN:H 765028 IN:H Feb IN:H FAID 1 AN 3 TXML00576 05/23/06 14:45 Out

65/73/06 15:57 05/73/06 15:40 10:51 Fab 01 CASH PAID ###### 9888888 9888888

UNIVERSITY OF ALBERTA HOSPITAL 114 St. THANK YOU FOR PARKING

RCPT# 15348 05/15/06 18:05 | L 05/15/06 16:24 In 1.05/35/06 19:05 Out \$ 6.00 \$ 6.00 \$ 6.00 \$ 6.00 Lost Fee OI Total Fee CASH PAID Cash Tender Change Rue \$ 0.00

Imperial Parking
Lot 0002-161
CST #88731 5638 RT0001 Machine Facial #:000004461011 EXPIRY DATE AND TIME Eich 06:00pm M., / 30,2006 06:00pm L(· # 0002016) 30,2006 ML+CH# 002 TI # 00001090 LOT# TICKET# Ct \$0006.0 00001090 00020161 M., /30,2006 (C \$0006.00 Visa 0. Zlan FREEDY INSTRUCTIONS ON SIGNS POSTED Pi chase line s.17(1), 17(4)(e.1) Early Bird \$6.00

s.17(1), 17(4)(e.1)

Amount Pd: _____ Prov. _____

Licence _____ Prov. ____

Make _____ Roll

Date _____ 100892



MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Program	Employee Name	Location	Payroll #
EXEC	alenda Coleman-Miller	RAH	
			s.17(1), 17(4)(g)(i)

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

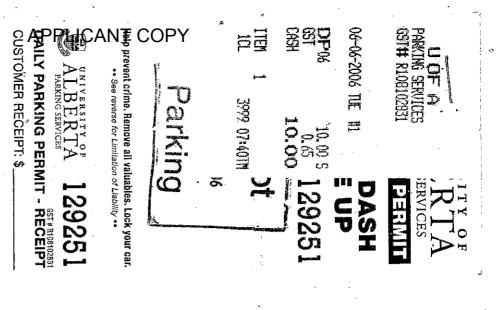
2) Driving to and from work is not considered business travel and must not be claimed.

Month	Year
JUNE	3006

Date	КМ	Parking	Date	KM	Parking	Date	KM	Parking	Date	КМ	Parking
1			9			17			25		
2			10			18			26		
3			11			19		`	27	32.	12.15
4			12			20			28	16	10.00'
5			13			21			29	32	9.90
6	16	10.00	14			22			30		
7	16		15	16		23			31		
8			16	16	4.50	24					

Declaration: I hereby certify that the mileage and parking charges listed above were incurred on Capital Health business and that the amount has not been previously claimed by me or on my behalf.

Total



Best Copy Possible

10

Best Copy Possible

2/2/3/3 .000.35 2/2/3/4 T WATES

06/27/08 1B:04 06/27/07 1E:02 17/18 818072

ATA SALA OTAS ISSU OTAS IS

Best Copy Possible

Best Copy Possible

PONS 25 IN AKE

Best Copy Possible



Accounting Services 10th Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J 3E4

Payment Requisition

1 1		RMATION (Check one only)	☐ Vendor				oyee (EE n	
Invoid	ce Date <i>-6-Jui</i>		Invoice Number	REI	MBUR	SE T	-14JL	s.17(1), 17(4)(g)(i 1100
Vend	or Number (o	S.I.N.)	Payee Name 6					
Addre	ess		s.17(1), 17	'(4)(g)(i)	City	•	·
Provi	nce/State		Postal Code			Cou	ıntry	
II F	AYMENT DE	TAILS	RECOGNIGIT - Chare of	12 D	INNER FR	<u>َ</u> ہم ر	De Vor	m's TIME AS
Reaso	on for paymer	t Qinner Expense for Dr. Voth	- Charlot	Enic	5 COMMITTE	FPO PO	#	
Is this	s a contract p	payment? Yes	(Attach copy of co					
If this	is a contract p	payment, what is the contract date	?			Nun	nber	
Have	goods / serv	ces been received? 🛛 Yes,	, When? June 1	4, 2006	,		□ No)
Are or	iginal attachm	ents to be mailed with cheque? (Note 2)] Yes	. 🗆 No			
III E	XPENSE CO	DES (IN ORACLE FINANCIAL S	YSTEM FORMA	Γ)	(Departmer	nts mus	t provide Co	omplete Coding)
Bal Uni e.g. 201		Functional Centre e.g. 71135050044	Account e.g. 695000	01	Expense Sub-Total		GST if applicable	Total Payment
201	0002	71110101001	69500000	\$	568.17			\$568.17
				,				7 /
(6)T)	15	AMENDALS @ DIA	INEL:				A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	ω	De Vom		- Par	VLYSNEN			2201
(T)	503.17	DR DICKOUT	G	- h	EMAN-MIL	LFR	(70	Y
U		DR MAMESON		I. El	FORT		*	
		•		r. G	\$ LISAUD			
⊠ Ca	nadian 🗆	U.S. Other	то	TAL \$	568.17			\$568.17
IV AL	JTHORIZATIO	DN		 	Si Na			
l confi	m that the al	pove items have not been previo	ously paid and t	he expe	articles and a comment of the same	الناسينة الله الم	Capital He	alth business.
Requis	itioned by (Pr	int name) Aileen Savage			Capital H	ealth 1/57	Phone #	735-5272
	(8	Signature) (Lille St	ivage.		a design best come	* Care	Date 5-	lul-06
Approv	ed by (P	rint name) Glenda Coleman-Mill	er ()	24 67: 224 Meteor		2006	Phone #	735-5271
	(S	ignature) Selema	n- 27	ull	ACCOU	NTS	Date 06	-07-06
Approve	ed by <i>(Pi</i>	int name) Joanna Pawlyshyn).		PAYAC	JLC	Phone #	735-4101
	(S	ignature)		17 1	Nz. D 6.		Date	
AUTHO	RIZATIONS :	SHOULD BE IN ACCORDANCE	WITH SIGNING /	AUTHOR	ITY POLICY	NUMBE	R FINANC	E 4.1
Notes:	emplovee navme	nts will be made electronically based on	navroil hanking infor	mation	-			

All employee payments will be made electronically based on payroll banking information.

All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing. Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week.

Incomplete/improperly authorized payment requisitions will be returned without processing

denner for Dr. Vota CHAT ACTERS REST 102-7 - 105 STREET ELMONTON, AB. 75J 1E3 780-421-4100 GOT# 89206-4429 Jun: 14'06 08:43PM MIT $12/\alpha$ nii! / /16 ingg. 3 $\tilde{t}_{i,j},\,t_{j+1}$ 11/1 Server 130 LOLE 5 GLENDA COLEMAN-MILLER Subtota). 503.17 GRATUITY 65.00 TOTAL STGNATURE___ ** Customer Copy **



Accounting Services 10th Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J-8E4

Payment Requisition

I P.	AYEE INFO	RMATION (Check one only)		☐ Vendor		Patient 🛛 E	nplo	yee (EE n	umber
Invoice	e Date <i>5-Ju</i>	I-06 (DI	D-MMM-YY)	ı	nvoice Number				s.17	(1), 17(4)(g)(i)
Vendo	r Number (o	r S.I.N.)		F	Payee Name <i>Gle</i>	nd	a Coleman-Miller		·	
Address i S.				s.1'	7(1), 17(4)(g)(i)		City		
Province/State				F	Postal Code T6E 4R4			Coun	try	
il P	AYMENT DE	TAILS					•			
Reaso	n for payme	nt CNA Bio	ennial Convention	Sas	katoon - Accom	mo	dation & Meals	PO #	-	
Is this	a contract	payment?	□ Ye	es (A	Attach copy of contr	act	if not previously forward	ed)	☐ No)
If this is	s a contract	oayment, wi	nat is the contract da	ite?			1	lumb	er	
Have g	oods / serv	ices been ı	received? 🛛 🕅	ës, ∖	When? 22-Jun-0	6			☐ No	
Are orig	ginal attachn	nents to be	mailed with cheque?	(No	ote 2) 🔲	Ye	s 🔲 No			
III EX	PENSE CO	DES (IN O	RACLE FINANCIAL	ŞYS	STEM FORMAT)		(Departments n	nust p	orovide Co	mplete Coding)
Bal Unit e.g. 201	Location e.g. 9000	F e	unctional Centre g. 71135050044		Account e.g. 69500001		Expense Sub-Total	а	GST if pplicable	Total Payment
201	0002	71110101	001	6	62400000	No. of Street, or other Persons.	\$772.94			\$772.94
-					6 JUHOC	20)/			
-						-	Capital Health	-		
					100000000000000000000000000000000000000		REGAVE		Thurston.	
							INF 5 0 5002		No. of the last of	
					THE CONTRACTOR OF THE CONTRACT		ACCOLINTS		777-4777-0	
							PAVABLE			
⊠ Cana	adian 📗] U.S.	Other		TOTA	L	\$772.94			\$772.94
IV AU	THORIZATIO	ИС								1
confirr	n that the a	bove items	have not been pre	viou	sly paid and the	ex	penses related only	to C	apital Hea	ith business.
Requisiti	ioned by (P	rint name) .	Aileen Savage			T	132.50	9	Phone #	735-5272
	(8	Signature) (ulees >	ai	they				Date 5-J	ul-06
Approve	d by (P	rint name)	Glenda Coleman-M	iller	0 (<u>Y</u>	40.38		Phone #	735-5271
	(8	Signature) 🕹	Celem	Ü	n- Dore		ller		Date) .	-07-06
pprove	d by (P	rint name) J	loanna Pawlyshyn		2				Phone #	735-4101
	<i>(</i> S	ignature)	(In	_			17 July 01	,	Date	
UTHOR	RIZATIONS	SHOULD B	E IN ACCORDANC	E.WI	TH SIGNING AU	ТН	ORITY POLICY NUM	BER	RFINANCE	4.1
) All ch) Fully	eques and atta completed pay	chments will t ment requisition		ting S ng Se	Services. Cheques wervices by MONDAY,	ill N 4:0	IOT be pulled and returne to p.m. will be processed			or mailing

14



Name & Address

COLEMAN MILLER, GLENDA

CDN NURSES ASSOC

s.17(1), 17(4)(g)(i)

Room

1006/Q2

90 22nd Street East • Saskatoen, SK \$7K 3X6 Phone (306) 244-2311 • Fax (306) 664-2234

Reservations

www.hiltongardeninn.com or 1 877 STAY HGI

Arrival Date Departure Date

06/18/06 4:33PM 06/22/06

Adult/Child Room Rate 1/0 144.00

R

RATE PLAN

C-NURSES

HH#

AL:

BONUS AL:

CAR:

CONFIRMATION NUMBER: 3227300594

06/22/06

PAGE

1

AMOUNT REFERENCE PARKING DESCRIPTION 06/18/06 AUDIT \$8.00 06/18/06 GOODS AND SERVICE TAX AUDIT \$0.56 209072 06/18/06 **GUEST ROOM** 209073 **AUDIT** \$144.00 06/18/06 RM - GOODS AND SERVICES AUDIT \$10.08 🖝 209073 TAX \$10.08 06/18/06 RM - PROVINCIAL SALES **AUDIT** 209073 TAX 06/18/06 DESTINATION MARKETING **AUDIT** 209073 \$3.28 ROOM SERVICE LINTR 209581 \$20.21 06/19/06 06/19/06 PARKING **AUDIT** 209779 \$8.00 GOODS AND SERVICE TAX AUDIT 209779 \$0.56 06/19/06 06/19/06 GUEST ROOM **AUDIT** 209780 \$144.00 06/19/06 RM - GOODS AND SERVICES AUDIT 209780 \$10.08 TAX RM - PROVINCIAL SALES 06/19/06 **AUDIT** 209780 \$10.08 TAX. 06/19/06 DESTINATION MARKETING AUDIT 209780 \$3.28 FFF 06/20/06 GREAT NORTH AMERICAN LINTR 210149 \$14.79 GRILL 06/20/06 GREAT NORTH AMERICAN LINTR 210260 \$12.70 GRILL 06/20/06 PARKING **AUDIT** 210554 \$8.00 GOODS AND SERVICE TAX AUDIT \$0.56 06/20/06 210554 06/20/06 **GUEST ROOM AUDIT** 210555 \$144.00 RM - GOODS AND SERVICES AUDIT \$10.08 06/20/06 210555 TAX

Zip-Out Check-Out®

Good Morning! We hope you enjoyed your stay. With Zip-Out Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
- + pay at the time of purchase.
- + charge purchases to your account, then stop by the Front Desk for an updated statement.
- + or request an updated statement be mailed to you within two business days. If the statement meets with your approval, simply press the Zip-Out Check-Out button on your guest room telephone. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

,			4
	DATE OF CHARGE	FOLIO NO./CHECK NO.49	9898
ß	AUTHORIZATION	INITIAL	
	PURCHASES & SERVIO	CES	
	TAXES		
	TIPS & MISC.		
t	TOTAL AMOUNT		

Y

0



Name & Address

COLEMAN MILLER, GLENDA

90 22nd Street East . Saskatoon, SK S7K 3X6 Phone (306) 244-2311 • Fax (306) 564-2234 Reservations www.hiltongardeninn.com or 1 877 STAY HGI

Room

1006/Q2

s.17(1), 17(4)(g)(i)

06/18/06 4:33PM Arrival Date 06/22/06 Departure Date

Adult/Child Room Rate 1/0 144.00

CDN NURSES ASSOC

RATE PLAN

C-NURSES

HH#

AL:

BONUS AL:

CAR:

CONFIRMATION NUMBER: 3227300594

06/22/06

PAGE 2

DATE 06/20/06	REFERENCE RM - PROVINCIAL SALE	S AUDIT	DESCRIPTION 210555	\$10.08	AMOUNT
	TAX		-		'
06/20/06	DESTINATION MARKET	ING AUDIT	210555	\$3.28	
06/21/06	GREAT NORTH AMERI	CAN LINTR	210997	\$12.54	
06/21/06	TELEPHONE-LD (INTERSTATE)	LINTR	211130	\$0.83	
. 06/21/06	GOODS AND SERVICE	TAX LINTR	211130	\$0.06	
06/21/06	PROVINCIAL SALES TA	X LINTR	211130	\$0.06	
06/21/06	VALET LAUNDRY	ERIN	211245	\$7.24	
06/21/06	GOODS AND SERVICE	TAX ERIN	211245	\$0.51	
06/21/06	PARKING	AUDIT	211301	\$8.00	
06/21/06	GOODS AND SERVICE	TAX AUDIT	211301	\$0.56	
06/21/06	GUEST ROOM	AUDIT	211302	\$144.00	
06/21/06	RM - GOODS AND SERV	/ICES AUDIT	211302	\$10.08	
06/21/06	RM - PROVINCIAL SALE	S AUDIT	211302	\$10.08	
06/21/06	DESTINATION MARKET FEE	ING AUDIT	211302	\$3.28	
	WILL BE SETTLED TO V EFFECTIVE BALANCE O	_	7(1), 17(4)(e.1)	
		EXF	PENSE REPORT S	SUMMARY	
	06/18/06	6 06/19/06	06/20/06	06/21/06 ST	AY TOTAL
ı İ					

\$0.00

Zip-Out Check-Out®

Good Morning! We hope you enjoyed your stay. With Zip-Out Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last
- For any charges after your account was prepared, you may:
- + pay at the time of purchase.
- + charge purchases to your account, then stop by the Front Desk for an updated statement.
- + or request an updated statement be mailed to you within two business days. If the statement meets with your approval, simply press the Zip-Out Check-Out button on your guest room telephone. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

	DATE OF CHARGE	FOLIO NO./CHECK NO.49	O./CHECK NO.49898			
3)	AUTHORIZATION	INITIAL				
	PURCHASES & SERVIO	CES				
	TAXES	<u> </u>				
ŀ	TIPS & MISC.					
:	TOTAL AMOUNT					



Name & Address

COLEMAN MILLER, GLENDA

1006/Q2

Room Arrival Date Departure Date

06/18/06 4:33PM 06/22/06

Adult/Child Room Rate 1/0 144.00

CDN NURSES ASSOC

RATE PLAN

C-NURSES

HH#

AL:

BONUS AL:

CAR:

CONFIRMATION NUMBER: 3227300594

06/22/06

PAGE

s.17(1), 17(4)(g)(i)

DATE	REFERENCE		Di	ESCRIPTION		AMOUNT
ROOM & TAX		\$167.44	\$167.44	\$167.44	\$167.44	\$669.76
TELEPHONÈ		\$0.00	\$0.00	\$0.00	\$0.83	\$0.83
MISCELLANEO	ous	\$8.00	\$8.00	\$8.00	\$15.24	\$39.24
FOOD & BEVE	RAGE	\$0.00	\$20.21	\$27.49	\$12.54	\$60.24
OTHER		\$0.56	\$0.56	\$0.56	\$1.19	\$2.87
DAILY TO	TAL	\$176.00	\$196.21	\$203.49	\$197.24	\$772.94
		06/30/06				
ROOM & TAX		\$0.00				•
DAILY TO	TAL	\$0.00		¥		
					*	
	ļ					
:						
					•	
	1					
	ļ					

90 22nd Street East . Saskatoon, SK S7K 3X6 Phone (306) 244-2311 • Fax (306) 664-2234

Reservations

www.hiltongardeninn.com or 1 877 STAY HGI

DATE OF CHARGE FOLIO NO /CHECK NO. 49898 A

Good Morning! We hope you enjoyed your stay. With Zip-Out	Check-Out
there is no need to stop at the Front Desk to check out.	

Please review this statement. It is a record of your charges as of late last

Zip-Out Check-Out®

- For any charges after your account was prepared, you may:
- + pay at the time of purchase.
- + charge purchases to your account, then stop by the Front Desk for an updated statement.

+ or request an updated statement be mailed to you within two business days.
If the statement meets with your approval, simply press the Zip-Out Check-Ou
button on your guest room telephone. Your account will be automatically checked
out and you may use this statement as your receipt. Feel free to leave your key(s
in the room. Please call the Front Desk if you wish to extend your stay or if you
have any questions about your account.

AUTHORIZATION	INITIAL
PURCHASES & SERVICES	<u>.</u>
TAXES	
TIPS & MISC.	







Accounting Services 10th Floor, North Towes CHC 10030-107 St. Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION (Check one only)	☐ Vendor ☐ Patient ☑	Employee (EE number
Invoice Date 02-AUG-06 (DD-MMM-YY)	Invoice Number	s.17(1), 17(4)(g)(i)
Vendor Number (or S.I.N.)	Payee Name Glenda Coleman-Mille	r
Address	s.17(1), 17(4)(g)(i)	City
Province/State	Postal Code	Country .
II PAYMENT DETAILS		
Reason for payment Halifax 6 Conference Regist	ration	PO#
Is this a contract payment?	(Attach copy of contract if not previously for	warded) 🛛 No
If this is a contract payment, what is the contract dath	?	Number
Have goods / services been received?	, When? 1-Oct-06	□ No
Are original attachments to be mailed with cheque?	(Note 2) Yes No	, <u></u>
III EXPENSE CODES (IN ORACLE FINANCIAL S	YSTEM FORMAT) (Department	nts must provide Complete Coding)
Bal Unit Location Functional Centre e.g. 201 e.g. 9000 e.g. 71135050044	Account Expense e.g. 69500001 Sub-Total	GST if Total Payment
201 0002 711110101001	61030000 \$830.00	\$830.00
	ingenius and a second of the annotation and the	
	Capital Haalth RECEIVED	` .
	AUG 0 4 2006	
	ACCOUNTS \	
☐ Canadian ☐ U.S. ☐ Other	PAYABLE TOTAL \$830.00	(A)T)\$830.00
IV AUTHORIZATION		
I confirm that the above items have not been prev	ously paid and the expenses related	only to Capital Health business.
Requisitioned by (Print name) Aileen Savage		Phone # 735-5272
(Signature) (1 0 00 1 - ST	mal	Date 2-Aug-06
Approved by (Print name) Glenda Coleman-Mil	ler	Phone # 735-5271
(Signature)	7-7-11	Date 2- Aug - 06
Approved by (Print name) Joanna Pawlyshyn	LOIS STEED NULL S	Phone # 735-4101
(Signature) Low Loten !	a (Soo Attackoo	Date
AUTHORIZATIONS SHOULD BE IN ACCORDANCE	WITH SIGNING AUTHORITY POLICY	NUMBER FINANCE 4.1
Notes: 1) All employee payments will be made electronically based or		

All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing. Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week. Incomplete/improperly authorized payment requisitions will be returned without processing





Halifax 6: The (Safety Managemei October 19 to 21, 26 Vancouver, British

BUKSA ASSOCIATES SULTE 307, 10328-81 AVE

EDMO17(1), 17(4)(e.1)

CARD VISÁ CARD TYPE 2006/06/29 DATE 0918 10:03:30 TIME

RECEIPT NUMBER

M34537598-001-084-041-0

PURCHASE TOTAL-CAD

y Symposium ıgs

RECEIPT

he Canadian Healthcare Safety Symposium GST # 81157 7345 RT0001

Date	Receipt No.
06/20/2006	H000141

Payer:

Glenda Coleman-Miller 10240 Kingsway Edmonton, AB T5H 3V9

AUTH# 012672

01-027

THANK YOU

CARDHOLDER COPY

Inv No.	Description	Total Fees	Tax	Applied Amount
H0000231	Registration for Glenda Coleman-Miller for the event: Halifax 6: The Canadian Healthcare Safety Symposium	\$630.00		\$630.00
H0000231	Registration for Glenda Coleman-Miller for the event: Advances in Education and Team Training for Healthcare	\$200.00		\$200.00

GST = \$0.00	Total Fees w/Tax	\$830.00
Visa:	Total Paid	\$830.00
s.17(1), 17(4)(g)(i)	Total Applied	\$830.00
5.17(1), 17(4)(g)(1)	Unapplied Balance	0.00

Thank you for your payment received on 06/20/2006.

Note: If you paid by credit card, your statement will read BUKSA Assoc. (780) 436-0983 Edm.

Halifax 6: The Canadian Healthcare Safety Symposium

c/o BUKSA Conference Management and Program Development Suite 307, 10328 - 81 Avenue NW Edmonton AB T6E 1X2

Phone: (780) 436-0983 ext. 231 Fax: (780) 437-5984 E-mail: halifax@buksa.com



Accounting Services 10th Floor, North Tower CHC 19030-107 St. Edmonton, Alberta T5J 3E4

Payment Requisition

I PA	AYEE INFO	RMATION (Check one only)	□ °Vendor □ Patien	t 🛭 Employe	e (EE number
Invoice	Date <i>5-Se</i>	p-06 (DD-MMM-YY)	Invoice Number		s.17(1), 17(4)(g)(i)
Vendo	r Number (oı	r S.I.N.)	Payee Name Glenda Colen	nan-Miller	
Addres	£		s.17(1), 17(4)(g)(i)	City	
Provinc	ce/State		Postal Code	Country	/
	YMENT DE	,			
		Re-Imbursement for Regist erson - CAMIS	ration Costs for KAthy Lambe	ert, Diana PO#	· · · · · · · · · · · · · · · · · · ·
ls this	a contract p	payment?	s (Attach copy of contract if not pre	viously forwarded)	☐ No
If this is	a contract p	payment, what is the contract da	e?	Number	F
Have g	oods / serv	ices been received? 🔲 Ye		□ No	
Are orig	inal attachm	nents to be mailed with cheque?	(Note 2) Yes	⊠ No	
III EX	PENSE CO	DES (IN ORACLE FINANCIAL	SYSTEM FORMAT) (L	epartments must pro	ovide Complete Coding)
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044			SST if Total Payment
201	0002	71110101001	61030000 \$429.	30	\$429.30
			Capital Health		
			RECEIVED	Constitution of the Consti	
			SEP 0 7 2006		
			ACCOUNTS	agent (street)	
			PAYABLE		(6)
☐ Can	adian [] U.S.	TOTAL \$429.	30	\$429.30
V AU	THORIZATION	ON	N. T.		
confirm	n that the al	bove items have not been prev	riously paid and the expenses	related only to Car	oital Health business.
Requisiti	oned by (Pi	rint name) Aileen Savage		F	Phone # 735-5272
	(S	Signature) (Ulla	Twage	C	Date 5-Sep-06
Approve	d by (Pi	rint name) Glenda Coleman-Mi	F	Phone # 735-5271	
	(S	Signature) Signature	an- mill	D	Date 5-Sep - 06
Approved	d by <i>(Pi</i>	nnt name) Joanna Pavdyshyn			Phone # 735-4101
	(S	Signature)	ork	2706. D	ate
AUTHOR	ZIZATIONS	SHOULD BE IN ACCORDANCE	WITH SIGNING AUTHORITY	POLICY NUMBER F	FINANCE 4.1
) All ch	eques and atta completed pay	ents will be made electronically based on the neck will be mailed out by Account ment requisitions received in Accountinerly authorized payment requisitions	ling Services. Cheques will NOT be pring Services by MONDAY, 4:00 p.m. w	ill be processed that wee	eartments for mailing. ek,



Account Details

September 05, 2006 at 11:27am Eastern tin

Account Type:

CIBC VISA

Statement Date*:

Aug. 27, 2006

Account Number:

Statement Balance*:

Available Credit:

Minimum Payment Due*:

Non-Responsive

Balance Owing:

Payment Due Date*:

Sep. 16, 2006

Last Payment:

Non-Responsive

Payment to be Processed:

\$0.00

Account Details - Aug. 06, 2006 to Sep. 05, 2006

Transaction Date

Posted Date Transaction Details

Non-Responsive

Debit

Credit

Aug. 09, 2006 Aug. 10, 2006 CONFERENCE/TRADESHOW REGIMISSISSAUGA ON

Aug. 09, 2006 Aug. 10, 2006 CONFERENCE/TRADESHOW REGIMISSISSAUGA ON Aug. 09, 2006 Aug. 10, 2006 CONFERENCE/TRADESHOW REGIMISSISSAUGA ON \$159.00 4

\$159.00

\$111.30

Non-Responsive

CI-9.1



du 7 au 10 septembre Calgary 2006

If you register by facsimile, please do not also mail your form.

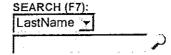
Registration Form

Canadian Surgery Forum Attn: Registration c/o Exposoft Solutions Inc. 2145 Meadowpine Blvd Mississauga, ON L5N 6R8 Facsimile: 1-888-745-8757

Telephone for information only: 613-260-4175

A BADGE SELECTION	Maria de la companio del companio de la companio de la companio del companio de la companio del la companio del la companio de la companio de la companio d		
□ Dr. □ Mr. □ Mrs			
Diane Diane	(-	joruk	Please indicate how you would like to receive your confirma-
Given Name	rainity realite	I a m	tion of registration: □ Facsimile
Institution Royales it will appear on badged ro	Hospital		☐ Mail
Address Room 3003-1	· · · · · · · · · · · · · · · · · · ·		☐ E-mail
10240 Kingsway			The data provided could be disclosed for commercial
city Edmonton	Province/State	alberta	purposes or membership recruitment. Please check
Postal/Zip Code T5H 3V9	CountryCanac		box if you do not wish to
Telephone 780 - 735 - 5010	country		have your name disclosed.
T80-735- 4386		Emergency Contact Information	s.17(1), 17(4)(g)(i)
Facsimile 180-135-4386 E-mail 29012 Cha.ab.C	Name: .	·	
E-mail agerate & Orci, (t.b.).	Relationship:	Telephone:	
B BADGE SELECTION	C FORUM REC	HSTRATION FEES	
Please check one category:		THE PROPERTY OF THE PROPERTY O	
Member Participating Society* Resident	Please one cate		
☑ Non-Member ☐ Student	ļ ₁	py/on Aug. 11 On-Site	One-day Fee*
Enter the numbers of up to three Participating Societies of which you are a member.	! /	+GST=\$374.50	
Code #,,	1 = 130.00	+GST=\$481.50 550.00+GST=\$588. +GST=\$160.50 200.00+GST=\$214.	
Membership #		-GST=\$160.50 200.00+GST≈\$214.	7//
Participating Societies:	Nurse** 150.00+	-GST=\$160.50 200.00+GST=\$214.0	00 105.00+GST≈\$112.35
835 Alberta Association of General Surgeons (AAGS) 315 Canadian Association of General Surgeons (CAGS)	*please specify day:	148	
465 Canadian Association of Paediatric Surgeons (CAPS)	**with letter from program direct	or or chairman of department	ĺ
480 Canadian Association of Thoracic Surgeons (CATS) 043 Canadian Association of Surgical Chairmen (CASC)		TOTAL REGISTRATION FEE:	s
825 Canadian Association of University Surgeons (CAUS) 512 Canadian Society of Colon and Rectal Surgeons		(Transfer to SECTION J)	
(CSCRS)			go to SECTION D
811 Canadian Society of Surgical Oncology (CSSO) 046 Canadian Undergraduate Surgical Education		Pre-registration Doadling	7
Committee (CUSEC) 040 James IV Association of Surgeons (James IV)	•	Pre-registration Deadline	: rriday, August 11, 2006
810 Trauma Association of Canada (TAC)			
J PAYMENT			
Forum Registration Fee: (see page 1)		Total - SECTION C \$	
Postgraduate Course Fee: (see page 2)		Total - SECTION D \$	
Breakfast with the Professor Fee: (see page 2) Self-Assessment Exam Fee: (see page 2)		Total - SECTION E \$	
CSF Dinner/CAPS Banquet Tickets: (see page 2)	17/1\ 17/4\/ 1\	Total - SECTION G \$ _ Total - SECTION H \$ _	
. •	s.17(1), 17(4)(e.1)	Total \$ [
Payment enclosed: Cash Cheque (payable to Ca	anadian Surgery Forum)	4 L	
		Your payment will appear on statement as a payment to the	Your credit card
Credit card number	Expiry date	- TRADE SHOW REGISTRATION	DN.
Cardholder signature	1111100	A GST Registration No - 106 04	7 777





Payments

Data table: RegData SADD REPORTS OF SEARCH # PREVIOUS & CSF2006 → LOG OUT

RECORD







ID	FIRSTNAME	LASTNAME	STATUS
1456	DIANE	GORUK	REGISTERED

INVOICEABLE ITEMS:

EDIT	DATE	QTY	DESCRIPTION	AMOUNT	DISCOUNT	TAX1	TAX2	SUBTOTAL
X	8/9/2006	1	Nurse **	150.00	0.00	6.0%	0.0%	159.00
	.1	<u> </u>	<u></u>		TOTAL			150.00
				TAX1	9.00			
					TAX2			0.00
				TO	OTAL FEES			159.00
				F	PAYMENTS			159.00
				BALAN	ICE (CDN\$)		•	\$0.00

PAYMENT HISTORY:

ID	DESC	AMOUNT	METHOD	AUTH#	NOTES	USERNAME	DATE/TIME	STATUS
227661	payment	\$159.00	CC	036596		Kevin Tomlinson	8/9/2006-11:56	ACCEPTED

ENTER NEW PAYMENT / CREDIT:

DESCRIPTION	AMOUNT	METHOD	NOTES/REFERENCE	CASHIER ID
	0.00	CC →		

APROCESS PAYMENT (NEXT (F 2) MAR

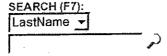
@ 1997 - 2006 Copyright - Exposoft Solutions Inc - Version 5.2.15 Best viewed with minimum Internet Explorer v5.5 in 1024x768 resolution (min).

dictSession(UserName): Canadian Surgery Staff gintUserID: 42 gintTableID: 42

Timer: 78







Payments

Data table: RegData * DATA O HELP SEARCH : A PREVIOUS & A ADD CSF2006 ▼ LOG OUT









ID	FIRSTNAME	LASTNAME	STATUS
1464	KATHY	LAMBERT	REGISTERED

INVOICEABLE ITEMS:

		DATE	QTY	DESCRIPTION	AMOUNT	DISCOUNT	TAX1	TAX2	SUBTOTAL
8/9/2006 1 Nurse **			150.00	 	-	0.0%			
`		.1				TOTAL			150.00
						TAX1			9.00
						TAX2			0.00
					. Т	OTAL FEES			159.00
					1	PAYMENTS			159.00
					BALAN	ICE (CDN\$)			\$0.00

PAYMENT HISTORY:

	ID	DESC	AMOUNT	METHOD	AUTH#	NOTES	USERNAME	DATE/TIME	STATUS
(#)	227658	payment	\$159.00	CC	006219		Kevin Tomlinson	8/9/2006-11:41	ACCEPTED

ENTER NEW PAYMENT / CREDIT:

DESCRIPTION	AMOUNT	METHOD	NOTES/REFERENCE	CASHIER ID
	0.00	CC -		

PROCESS PAYMENT / NEXT (F12) 4684 (8)

© 1997 - 2006 Copyright - Exposoft Solutions Inc - Version 5.2.15 Best viewed with minimum Internet Explorer v5.5 in 1024x768 resolution (min).

dictSession(UserName): Canadian Surgery Staff gintUserID: 42 gintTableID: 42 Timer: 94

FORM FEEDBACK



September 7-10 Calgary 2006

If you register by facsimile, please do not also mail your form.

Cardholder signature

Registration Form

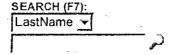
Canadian Surgery Forum Attn: Registration c/o Exposoft Solutions Inc. 2145 Meadowpine Blvd Mississauga, ON L5N 6R8 Facsimile: 1-888-745-8757

Telephone for information only: 613-260-4175

GST Registration No.: 106 842 727

r you register by facsimile, please do not all	o man your joining			
A BADGE SELECTION				
Dr. DMr. DMs	7	I AMBER T		Please indicate how you would like to receive your confirma- tion of registration:
Given Name <u>HATHY</u> LAMBERT Institution <u>RA</u> (as it will appear on badge) HL	EX HOSP)		☐ Facsimile ☐ Mail ☐ E-mail
Address RR#2 5/17E645 CU	mp.5.			The data provided could be disclosed for commercial
City ST. ALBERT.	Province/State	AB.		purposes or membership recruitment. Please check box if you do not wish to
Postal/Zin Code 78N1M9	Country	HNADA	<u>· </u>	have your name disclosed.
Postal/Zin Code $78N1m9$ Telephone $418-7732$ S.17(1), 17(4)(g)(i)		Emergency	Contact Information	
Facsimile	Segure WA	Control of the Control of the Control	Telephone ———	
L-snan				
B BADGE SELECTION	C FORUN	A REGISTRATI	ON FEES	
Please check one category:	Pleas	e one category:	0.52	One-day Fee*
Member Participating Society* Resident Non-Member Student	<u> </u>	Rec. by/on Aug. 11	On-Site	·
Enter the numbers of up to three Participating	☐ Member	350.00+GST=\$374.50	425.00+GST=\$454.73 550.00+GST=\$588.50	
Societies of which you are a member.	☐ Non-Member ☐ Resident**	450.00+GST=\$481.50 150.00+GST=\$160.50	200.00+GST=\$214.00	
Code #	Student**	150.00+G5T=\$160.50	200.00+GST=\$214.00	
Membership #	Nurse**	150.00+GST=\$160.50	200.00+GST=\$214.00	
Participating Societies:	*please specify day:			
835 Alberta Association of General Surgeons (AAGS) 315 Canadian Association of General Surgeons (CAGS)	*please specify day: *with letter from pro	ogram director or chairman o	f department	
465 Canadian Association of Paediatric Surgeons (CAPS)	With reach from pro		AL REGISTRATION FEE:	\$
480 Canadian Association of Thoracic Surgeons (CATS) 043 Canadian Association of Surgical Chairmen (CASC)			sfer to SECTION I)	•
825 Canadian Association of University Surgeons (CAUS) 512 Canadian Society of Colon and Rectal Surgeons	<u>L</u>			go to SECTION
(CSCRS) 811 Canadian Society of Surgical Oncology (CSSO)	,	Due was	detection Deadline	: Friday, August 11, 200
046 Canadian Undergraduate Surgical Education Committee (CUSEC)		rre-reş	stration Deadine	. Hiday, Adgust 11, 200
040 James IV Association of Surgeons (James IV) 810 Trauma Association of Canada (TAC)				
J PAYMENT.				
Forum Registration Fee: (see page 1)			I - SECTION C \$ I - SECTION D \$	
Postgraduate Course Fee: (see page 2)			I - SECTION E \$	
Breakfast with the Professor Fee: (see page 2)			1-SECTION G \$	
Self-Assessment Exam Fee: (see page 2) CSF Dinner/CAPS Banquet Tickets: (see page 2)	1)		I - SECTION H \$	
·	s.17(1), 17(4)(6	e.1) Tota	1 \$	
	o Canadian Surgery Foi	nım)	r payment will appear o	on your credit card
	American Express	TOU.	r payment will appear o ment as a payment to b	he CONFERENCE
Contractor (Fxpiry date		ne cuon proistrat	





Payments

SEARC	H 🔑 PREMOUS	ADD REPORTS	Y ADAIN	BOAR O HEEP	Data table: RegData
				2	LOG OUT











ID	FIRSTNAME	LASTNAME	STATUS
1462	ELAINE	-MCHUCH	REGISTERED
	Nowic	Sex No	50~1

INVOICEABLE ITEMS:

EDI	T	DATE	QTY	DESCRIPTION	AMOUNT	DISCOUNT	TAX1	TAX2	SUBTOTAL
Contract of the Contract of th	X	8/9/2006	1	Nurse **	105.00	0.00	6.0%	0.0%	111.30
			•			TOTAL			105.00
						TAX1			6.30
						TAX2			0.00
					• те	OTAL FEES			111.30
					I	PAYMENTS			111.30
					BALAN	ICE (CDN\$)			\$0.00

PAYMENT HISTORY:

	ID	DESC	AMOUNT	METHOD	AUTH#	NOTES	USERNAME	DATE/TIME	STATUS
E	227653	payment	\$111.30	CC	065715	·	Kevin Tomlinson	8/9/2006-11:23	ACCEPTED

ENTER NEW PAYMENT / CREDIT:

DESCRIPTION	AMOUNT	METHOD	NOTES/REFERENCE	CASHIER ID
	0.00	CC <u></u>		

PROCESS PAYMENT / NEXT (F12)

© 1997 - 2006 Copyright - Exposoft Solutions Inc - Version 5.2.15 Best viewed with minimum Internet Explorer v5.5 in 1024x768 resolution (min).

dictSession(UserName): Canadian Surgery Staff gintUserID: 42

gintTableID: 42 Timer: 109 FORM FEEDBACK

APPLICANT COPY Canadian Surgery R OFUM canadien de chirurgie Attri

September 7-10 Calgary 200

If you register by facsimile, please do not also mail your form.

BADGE SELECTION

Registration Form

Canadian Surgery Forum

Attn: Registration c/o Exposoft Solutions Inc. 2145 Meadowpine Blvd Mississauga, ON L5N 6R8

Facsimile: 1-888-745-8757

Telephone for information only: 613-260-4175

Given Name Digital (as it will appear on badge) Institution Regard Address City Postal/Zip Code Telephone (140) 464-1168 Facsimile	Province/State	Anders spital	y Contact Information	Please indicate how you would like to receive your confirmation of registration: Facsimile Mail E-mail The data provided could be disclosed for commercial purposes or membership recruitment. Please check box if you do not wish to have your name disclosed.
E-mail	Relationship: _	.~.	— Telephone: —	
Please check one category: Member Participating Society* Resident Non-Member Student Enter the numbers of up to three Participating Societies of which you are a member. Code #	Please Member Non-Member Resident** Student** Nurse** Nurse**	ne category: Rec. by/on Aug. 11 350.00+GST=\$374.50 450.00+GST=\$160.50 150.00+GST=\$160.50 150.00+GST=\$160.50 1	On-Site 425.00+GST=\$454.75 550.00+GST=\$588.50 200.00+GST=\$214.00 200.00+GST=\$214.00 L REGISTRATION FEE: \$ fer to SECTION J)	One-day Fee* 245.00+GST=\$262.15 315.00+GST=\$337.05 105.00+GST=\$112.35 105.00+GST=\$112.35
O46 Canadian Undergraduate Surgical Education Committee (CUSEC) O40 James IV Association of Surgeons (James IV) 810 Trauma Association of Canada (TAC)	-	Pre-regi	stration Deadline: F	riday, August 11, 2006
J PAYMENT				
Forum Registration Fee: (see page 1) Postgraduate Course Fee: (see page 2) Breakfast with the Professor Fee: (see page 2) Self-Assessment Exam Fee: (see page 2) CSF Dinner/CAPS Banquet Tickets: (see page 2) Payment enclosed: Cash Cheque (payable to Care	nadian Surgery Forum)	Total - Total - Total -	SECTION C \$ SECTION D \$ SECTION E \$	
□ VISA □ MasterCard □ Amer	ican Express	Your pa	yment will appear on you	ur credit card
Credit card number	Expiry date	stateme TRADE	nt as a payment to the CC SHOW REGISTRATION.	ONFERENCE
Cardholder signature		27 GST Reg	istration No.: 106 842 72	27



Accounting Services 10th Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J 3E4

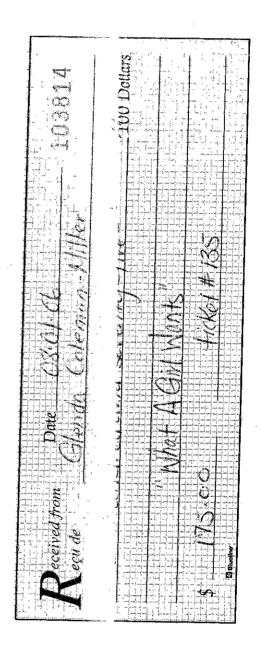
Payment Requisition

s.17(1), 17(4)(g)(i)

	to		-	77 (7(8)()	
I P	AYEE INFO	RMATION (Check one only)	☐ Vendor ☐ Patient ☑] Employee	
Invoic	e Date 1-Au	ug-06 (DD-MMM-YY)	Invoice Number 103814 REIM	IBURSE-017	14606
Vendo	r Number (o	or S.LN.)	Payee Name Glenda Coleman-Mille		
Addre	SS		s.17(1), 17(4)(g)(i)	City	
Provin	ce/State		Postal Code	Country	
II P	AYMENT DE	ETAILS			
Reaso	n for paymei	nt Re-imbursement for Lois H	ole Fundraiser - What a Girl Wants	PO#	-
ls this	a contract	payment?	s (Attach copy of contract if not previously for	warded) 🛭 No	
If this is	s a contract _l	payment, what is the contract dat	e?	Number	
Have g	oods/serv	rices been received? Ve	s, When?	□ No).
Are orig	ginal attachn	nents to be mailed with cheque?	(Note 2)		
III EX	PENSE CO	DES (IN ORACLE FINANCIAL	SYSTEM FORMAT) (Department	nts must provide Co	mplete Coding)
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account Expense e.g. 69500001 Sub-Total	GST if applicable	Total Payment
201	0002	71110101001	6950000 \$175.00		\$175.00
			Capital Health		
			RECEIVED		
			SEP 2 0 2006		
			AGCOUNTS		
			PAYABLE		
⊠ Can	adian	U.S. Other	TOTAL \$175.00		(T) \$175.00
V AU	THORIZATIO	ON			
confirm	n that the al	bove items have not been prev	iously paid and the expenses related o	only to Capital Hea	lth business.
Requisiti	oned by <i>(Pr</i>	rint name) Aileen Savage		Phone #	735-5272
	(S	Signature) Will L	wage	Date 13-	Sep-06
\pprove	by (Pi	rint name) Glenda Coleman-Mil	ller	Phone #	735-5271
	(S	ignature) Coles	ran - Prille-	Date /4	1-Sop-06
pproved	by (Pr	rint name) Joanna Pawlyskyn	7	Phone #	
	/ (S	ignature)	18 hat 06	Date	
UTHOR	ZATIONS S	SHOULD BE IN ACCORDANCE	WITH SIGNING AUTHORITY POLICY	NUMBER FINANCE	4.1
otes:	IZATIONS S		WITH SIGNING AUTHORITY POLICY N		4.1

All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing. Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week. Incomplete/improperly authorized payment requisitions will be returned without processing

2) 3) **4)**





Travel & Employee Expense Claim Form

(In Canadian Dollars)

c 17(1) 17(4)(a)(i)

			<u> </u>	5.17((1), 1/(1)(S/(1) F	
Name:	Glenda Cole	man-Miller	Employee Numbe	r:	Union Na	me:	
Position	ı: Senior Og	perating Officer		Department: RAH	- EXEC	·	
Busines	s Phone: 7	35-5271	Period From: July	to September 20	006		
		se attach receipts). Do no Complete details on the			ealth or rein	nbursed / reimburs	able by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account Non-Canadian Rate			Canadian \$ / if GS (including GST)	
201	0002	71110101001	62410000			\$121.90	
201	0002	71110101001	62410000			105.96	<i>55</i> 🗆
						*	
`							
			-Capital	Health:			
Less Cas	sh Advance						5 0
Total		-	V OCT I	6 2006		(T) \$227.00	
he inforn vill be use	nation on the	is form is collected under ss your claim.	section 4 of the Re	Oldhai Fealth Aut	horities (Mi	nisterial) Regulatio	on and
		the expenses listed above my behalf from Capital Ho			iness and h	ave not beën prev	iously
Employe	e Signature	- Dalen	an-Drus	Date:	: Septembe	г 29, 2006	
hereby ce	ertify that I h	nave reviewed the expense		n mileage is being	ı claimed.		
Approved		a Pawlysbyn	Title: V.P. & C.C	Title: V.P. & C.O.O.			Î
(Signature)		17h		0,0006		Date	
Approved (Print name)		/ 0	Title:			Phone #	
(Signature)						Date	
OTE:							

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPERSE CAME DE PARY

Recommended Coding

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses).
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

105-55

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km	
July 2006	Business Travel - Local				\$8.00		24	
Aug. 2006	Business Travel - Loca				51.50	15	128	
Sept. 2006	Business Travel - Loca				46.40		- 131 <i>°</i>	
							<u> </u>	
			· · · · · · · · · · · · · · · · · · ·				<u> </u>	
			· 					
		:						
i								
							Ì	
, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>						Total km	283 0 -43	
otals		Rate as outlined in Section 2 – Travel below @ Totals						

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Trave

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 340 kilometers; or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.



MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Program	Employee Name	********			Location	Payroll #	
			,	, -		 	

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month	Year
Aller	2006

Date	KM	Parking	Date	KM.	Parking	Date	KM	Parking	Date	KM	Park
1			9			17			25		
2	1		10			18			26		
3			11			19	8	8.00	27		
4			12			20			28		
5			13			21	16		29		
6	_		14			22			30		
7			15		·	23			31		
8			16	. *		24					· · ·

Declaration: I hereby certify that the mileage and parking charges listed above were incurred on Capital Health business and that the amount has not been previously claimed by me or on my behalf.

Impark Lot 002-256

EDMONTON, AB.
T #88731 5638 RT0001 Machine Serial #:000005071052 EXPIRY DATE AND TIME EXP 12:00pm JUL 19,2006 12:00pm LOT# 0002025 19,2006 MACH# 001 TIC# 00013277 TICKET# LOT# \$0008.00 00013277 00020256 JUL.19,2006 \$0008.00 MACH# 001 10:01am FOLLOW INSTRUCTIONS ON SIGNS POSTED Purchase Time Park 2 Hr. \$8.00 Questions/Comments? Call 780-420-1976



MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Program	Employee Name	Location	Payroll #
EXEC	alenda Coleman-Miller	RAH	
			s.17(1), 17(4)(g)(i)

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month	Year
Hegust	2006

Date	KM	Parking	Date	KM	Parking	Date	KM	Parking	Date	KM	Parking
1 -	16	4.50	9			17			25	10	
2			10			18			26		
3	16	4.50	11			19			27		
4			12			20			28		
5			13			21			29		
6			14			22			30	32	4.40
7			. 15	16	10.50	23			31	16	10.50
8			16	10	6.75	24					
			-			•	. ·•		Total	128	51.15

Declaration: I hereby certify that the mileage and parking charges listed above were incurred on Capital Health business and that the amount has not been previously claimed by me or on my behalf.



.1)

252528 255625 256628

> Jaily Rate Total Fee CASH FAID Cash Tender

888888

and assett

Best Copy Possible	ACCEPTABLE VILLOPANDS
Best Copy Possible	
•	UNIVERSITY OF ALBERTA HESPITAL 114 St. THANK YOU FOR PARKING
	HEALT TO US WELL.

THE SEC

RCD*14 31.354 08/30/06 09:43 08/30/06 07:03

jamenj more more

08/30/06 09:43 Out

90/31/06 11:09 LW 1 00/31/06 07:43 In 0 10:00 RM
THIND INNING

TH 55.851



MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

				······································
Program	Employee Name	_	Location	Payroll #
INCT	Mr. da	Colomo - Miller	1 RAH	
LNC	Ulkaa	Coleman-iller	7)1111	
1				
	\sim			s 17(1) 17(4)(a)(i)

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month.	Year
Sand	2000
L Sepi.	1000

Date	KM	Parking	Date.	KM	Parking	Date	КМ	Parking	Date	KM	Parking ·
1			9			17			25	32	19.50
2			10			18			26	20	4.50
3_			11	10	4.50	19			27	9.5	8,00
4			12			20			28		
5			13			21	14	5.40	29		
6			14			22			30		
7	16	4.50	15			23			31	<u> </u>	
8	16		16			24					•
						,		· · ·		1216	11/1/1/0

Total 1315 46.40

Declaration: I hereby certify that the mileage and parking charges listed above were incurred on Capital Health business and that the amount has not been previously claimed by me or on my behalf.

HRAG NO QU EGIS SIHT EC

Best Copy Possible

THE STATE OF THE S

Best Copy Possible

Best Copy Possible

WESTIN IN ST. **Best Copy Possible** TH 59/09/06 ***** 0124 084 888

Best Copy Possible

THANK HIS TO PARTAGE

7/11/06 17/14 ED 7 ME 3



Vomappellant Copy 18,22/06

*Travel & Employee Expense Claim Form**

(In Canadian Dollars) $s.17(1)$, $17(4)(g)(i)$							
Name:	Glenda Cole	man-Miller •	Employee Numbe	г:	Union Na	ne:	
Position	n: Senior Op	erating Officer - Patient Car	е [Department: RAH	- Executive		
Busines	s Phone: 7	35-5271	Period From: Oct	ober 18 to Octobe	er 22, 2006 -	HALIFAX 6 Confer	ence
		se attach receipts). Do no Complete details on the			alth or rein	nbursed / reimburs	able by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62414000			\$1,008.30	⊠
201	0002	71110101001	62414000			46.82	⊠
201	0002	71110101001	62414000			47.80	
				, which are a second	~		
			manufacture of the second of t	pitel-Health	- Cartan		
					Table Co. Table Co.		
Less Cash Advance NOV 0 2 2005							
Total				CCOUNTS	(T)	\$1,102.92	
vill be use	ed to proces	is form is collected under ss your claim.	section 4 of the Re	PAYABLE Pegional Health Aut		-	
i hereby claimed i	certify that t by me or on	the expenses listed above my behalf from Capital He	were incurred on (ealth or other organ	Capital Health bus	iness and l	nave not been prev	riously
Employe	e Signature	: OCuler	nan-Dr.	ulle Date	: October 3	0, 2006	
hereby co	ertify that I I	nave reviewed the expense	es and rate at which	h mileage is being	ı claimed.		
Approved		a Pawlyshyn	Title: C.O.C. &	V.P.	and the second	Phone # 735-410	1
(Signature)	7000	mi for Found 1	awlyshers			Date Detalle	
Approved (Print name		V	Title:		N. A.	Phone # /	
(Signature)				n die n]	Date	
OTE:							

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

FXARREKGANDEGOESY

Recommended Coding

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

≥ .

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
10/20/06	Taxi - Vancouver - Halifax 6				\$15.00		
10/22/06	Airport Parking - Halifax 6			/	32.80		
10/20/06	Meal - Halifax 6		37.50	//			
10/22/06	Meal - Halifax 6		9.32	J		· .	
10/22/06	Hotel - Halifax 6	1,008.30	V				
	,						
					`		
-							
							-
						<u> </u>	
				-	: 		· · · · · · · · · · · · · · · · · · ·
•							
				'		Total km	
			Rate	e as outlined i	n Section 2 – Trav	el below @	
Totals		\$1,008.30	\$46.82		\$47.80		

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch \$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2 Trave

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 340 kilometers; or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

Come back soon

Sheraton Vancouver Wall Centre Hotel 1088 Burrard Street Vancouver, British Columbia V6Z 2R9 Canada T 604 331 1000 sheratonvancouver.com

215.00

21.50

12.90

TRAVEL AMERIT/CHARGE TO

1067.28-

Glenda Coleman-Miller Buksa Associates

RT1458

RT1458

RT1458

VI

Róom 1458 215.00 No. pers. 1

Folio 244182 EX-A

Page 1

Arrive 18-OCT-06 20:09

Depart 22-OCT-06
Payment VI

SNATI2

21-OCT-06

21-OCT-06

21-OCT-06

22-OCT-06

DATE	REFERENCE	Description	08	en chedil
18-OCT-06	RT1458	Room Charge		215.00
18-OCT-06	RT1458	Room Tax		21.50
18-OCT-06	RT1458	Room GST	Non-Responsive	12.90
			Tron-responsive	<u> </u>
19-OCT-06	RT1458	Room Charge		215.00
1.9-OCT-06	RT1458	Room Tax		21.50
19-OCT-06	RT1458	Room GST	•	12.90
19-OCT-06	4641	Bottle Water	1-41	4.50
19-OCT-06	1792	000	ol 19:52 s.17(1), 17(4)(g	1.70
20-OCT-06	RT1458	Room Charge		215.00
20-OCT-06	RT1458	Room Tax		21.50
20-OCT-06	RT1458	Room GST [°]		12.90
20-OCT-06	1 BTL	Bottle Water		4.50
		•		

Total Charges 1067.28 * 10

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

Room Charge

Room Tax

Room GST

Visa

Thank you for choosing Sheraton Vancouver Wall Centre! We look forward to welcoming you back soon!

** continued on the next page **

I agree to remain personally liable for the payment of this account if the
corporation or other third party billed fails to pay part or all of these charge:

Signature

Glenda Coleman-Miller FOLIO 244182 18-OCT-06



Come back soon

Sheraton Vancouver Wall Centre Hotel 1088 Burrard Street Vancouver, British Columbia V6Z 2R9 Canada T 604 331 1000 sheratonvancouver.com

TRAVEL ADENT/CHARGE TO

Glenda Coleman-Miller Buksa Associates Room 1458 Rate 215.00 No. pers. 1

Folio 244182 EX-A

Page 2

Arrive 18-OCT-06 20:09

Depart 22-O
Payment VI

SNATI2

ない経路で

date reperence description

DEBIT CHEDIT

GST Summary for your stay:

Room Revenue GST 51.60
Food & Beverage GST 2:69
Phone/Fax/Copy Services GST 0.09
Other Revenue GST 0.52
Total GST for your stay: 54.90

Sheraton Vancouver Wall Centre GST Vendor # 105576383 RT0001

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

As a Starwood Preferred Guest von have earned approx 1477 Starpoints for this visit s.17(1), 17(4)(g)(i)

Glenda Coleman-Miller FOLIO 244182 18-OCT-06

Capital Health EDMONTON AREA

APPLICANT COPY

Patient Care Administration ROYAL ALEXANDRA HOSPITAL

FAX COVER SHEET Number of pages including cover: Tlme: Fax: o: CONFIDENTIAL Phone: (780) 735-5272 mm: Alleen Savage (780) 735-5273 **Executive Assistant** Email: asavage@cha.ab.ca **Patient Care Administration** Room 1108 - ATC Royal Alexandra Hospital 10240 Kingsway Edmonton, AB T5H 3V9 T PLEASE COMMENT AS REQUESTED ☐ FOR YOUR REVIEW ☐ URGENT **Nessage:**

The contents of this fax are CONFIDENTIAL and intended for use only by the Individual(s) Identified above. If the reader of this nessage is not the Individual, or the employee or egent responsible for delivering the message to the individual, please be aware that communication, distribution or copying of this document is STRICTLY PROHIBITED. If you have received this document in error, tlease notify me immediately by telephone. THANK YOU.

If there are any problems with this transmission, please call Aileen Savage @ 735-5272

Date Deg. 20 BURNABY, B.C. V5J 1E8 BONNY'S TAXI LTD. 5525 IMPERIAL ST. CASH RECEIPT 20 06

DATE 10/22/06

CHECK # 8211 TABLE # 31

ੂ P_Y From elephone: 604-435-6655 Manks for Calling "Bonny's Amount Paid Includes G.S.T. S Car No.

J	SEAT#	ł	!
RENNY: MILESTONE	SEAT# ITEMS ORDERED	ALL MENU : ANGELA114	
8,79	AMOUNT	ž k	

2	SEAT#
BENNY: MILESTONE	TIEMS ORDERED
8,79	AMOUNT

SUBTOTAL GST = 6% 0.53

9.32

TOTAL

9.32

GST SUBTOTAL 0 %

0.53

9.32

TOTAL DUE

G.S.T #13751 2901 RT003

THANK YOU FOR JOINING US AT MILESTONE'S WE SERVE BREAKFAST TILL 4PM EVERY DAY!

AIRPORT EMPLOYEE

COMPANY NAME:

PLEASE PAY YOUR SERVER

NION AIRPORTS

***** *****

Car park 0000001009 Phone. (780)890-8439 Fax. (780)890-8329

Receipt no. 0322/0784/00803 22.10.06

Length of stay: 3 Dy 21 Hr. 12 Min. 015100 pay parking ticket 32 18.10.06 17:31 - 22.10.06 14:43 32,80 \$

total amount

accepted total G.S.T. 6.00 6.00 % 32,80 \$

1,86 \$

Thank you for your patronage! ** Open 24 hours ** Please Come Again! ** Thank you **

MONK MEQUEENS (2)

Fresh Seafood & Oyster Ba

CHECK # 106637 DATE 10/20/06
TABLE # 70 TIME 10:13PM
************ DUPLICATE CHECK *********

MONKS : Kali 20

SEAT# ITEMS ORDERED

AMOUNT

Non-Responsive 1	DINNER CHOWDER THAT HOT DOT	0000NCIER- 6.50 29.00
Non-Responsive		9.00
	COFFEE	2.00
Non-Responsive	: 0.25	8.50
,	CONCIERGE	-7.00
	SUBTOTAL GST PST	55.00 3.30 1.75
		CO OF 4
		مستطلب ليلا

TOTAL 60-05 37-50

PROMOTIONS

TYPE AMOUNT

CONCIERSE -7.00

-7.00

TOTAL CHK	62.00
PROMO	-7.00
SUBTOTAL	55.00
GST	3.30
PST	1.75

TOTAL DUE 60.05

OF GUESTS

ĥ

Monks Dinner & Canuck Packages
Now on sale!
Only \$125.00 per person!
Course Dinner & Great Game Seats
Ask your server for more details
or visit our website

www.monkmcqueens.com



Travel & Employee Expense Claim Form

$\frac{1}{8.17(1)}$, $\frac{17(4)(g)(i)}{17(4)(g)(i)}$								
Name:	Glenda Cole	man-Miller	Employee Numbe	<u>r:</u>	Union Na	ame:		
Position	n: Senior Op	perating Officer		Department; Patient Care Administration				
Busines	s Phone: 7	35-5271	Period From: Oct	. 31 to November	4, 2006			
	xpenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by nother organization. Complete details on the other side of the form							
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	0002	71110101001	62414000			\$829.27	· 🗆	
201	0002	71110101001	62414000			60.15		
201	0002	71110101001	62414000	-		67.00		
201	0002	71110101001	62414000		and the same of th	57.20		
			age of the state o	Capital Heal				
					1			
Less Cas	sh Advance			I'M I B	Luca			
Total				1000	W.	\$1,013.62		
The inforn vill be use	nation on the	nis form is collected under ss your claim.	r section 4 of the Re	O.A.T.	O SAME TO SERVICE STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN	nisterial) Regulatio	on and	
		the expenses listed above my behalf from Capital H			iness and h	ave not been prev	iously	
Employe	e Signature	Seles	san-1	Date	nou	10/06)	
hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.								
Approved		a Pawlyshyn)	Title: V.P. & C.C	0.0.		Phone # 735-410	1	
(Signature)		M	`. ? 			Date 14 hm	6	
Approved (Print name)			Title:	•		Phone #		
(Signature)	· .			t		Date		
OTE:	lai		l mad warrat be arran.	autad by aviainal r	accinta es e	serves contified	hu tha	

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

347.64



EXPERSE CANTOE QUEST

Recommended Coding

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
10/31/06	Breakfast - Edmonton	٠.	\$5.16		-		
10/31/06	Taxi Fare - Ottawa		<i>y</i> .		V 32.00		
11/01/06	Dinner - Ottawa		J 22.99				
11/02/06	Dinner - Ottawa		√ 32.00		/		
11/04/06	Taxi Fare - Ottawa				35.00		
11/04/06	Airport Parking - Edmonton		,			57.20	
11/04/06	Hotel - Ottawa	829.27	· · · · · · · · · · · · · · · · · · ·		,		
			·			_	
	ACEN CONF.						
	OTTAWA						
-	10-31 to 11-4						
	2006						
		-	•				
			Rate	as outlined in	Section 2 – Trav	Total km el below @	
Totals		\$829.27	\$60.15		\$67.00	57.20	

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch Dinner \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2 Trave

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 340 kilometers; or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.



1 RIDEAU STREET OTTAWA, ON KIN 8S7 T 613 241 1414 F 613 562 7030 G.S.T. Registration #139445290 Room/Chambre : 0284
Folio # : 123061
Cashier/Cassier # : 308
Page # : 1 of 2

Group Name/Groupe 5th Annual Fall Invitational Conference

Association of Canadian Academic Healthcare Organ

Glenda Coleman-Miller Room 1108 10240 Kingsway Edmonton, AB T5H 3V9

Arrival/Arrivée : 10-31-06 Departure/Départ : 11-04-06

Date .	Description .	Additional Information/Supplémentaire	. Charges	Credits
10-31-06	Room Charge		179.00	
10-31-06	Room P.S.T. (5%)		8.95	
10-31-06	Room G.S.T. (6%)		10.74	
10-31-06	Destination Marketing Fee		5.07	
10-31-06	DMF - G.S.T. (6%)	·	0.30	
11-01-06	Internet	#284 :	14.79	
		Non-Responsive	24.94	
11-01-06	Room Charge		179.00	
11-01-06	Room P.S.T. (5%)		8.95	
11-01-06	Room G.S.T. (6%)		10.74	
11-01-06	Destination Marketing Fee		5.07	
11-01-06	DMF - G.S.T. (6%)		0.30	
		Non-Responsive	10.83	
11-02-06	Room Charge		179.00	
11-02-06	Room P.S.T. (5%)		8.95	•
11-02-06	Room G.S.T. (6%)		10.74 ·	
11-02-06	Destination Marketing Fee		5.07	
11-02-06	DMF - G.S.T. (6%)	·	0.30	
11-03-06	Room Charge		179.00	
11-03-06	Room P.S.T. (5%)		8.95	
11-03-06	Room G.S.T. (6%)		10.74	
11-03-06	Destination Marketing Fee		5.07	
11-03-06	DMF - G.S.T. (6%)		0.30	

Guest signature

Signature du client X _

For information or reservations, visit us at

www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au

www.fairmont.com ou téléphoner au Hôtels Fairmont de:

États-Unis ou Canada 1 800 441 1414

l agree that my liability for this bill is not waived and I agree to be hald personally liable in the event that the indicated person, company or association falls to pay for any part of or the full amount of these charges. Overdue balance subject to a surchange at the rate of 1.5% per month after one morth. (18.00% per annum.) I have accepted delivery of the Clobe and Mail. Had I rehused, I would have been eligible for a \$.50 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du réglement total de cettle note au cas ou la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont eyiets à un intérêt de 1,5% par mois après un mois. (18,00% par année) J'ai accept le li rivaison du journal The Globe and Mail. Si J'avisier refusé, j'aurais pu obtenir un crédit à mon compte de 0,50% par jour (du Lundà au Vendredi) et de 1,25% le Samedi. (Dans les hôtels participants.)



1 RIDEAU STREET OTTAWA, ON K1N 8S7 T 613 241 1414 F 613 562 7030 G.S.T. Registration #139445290

 Room/Chambre
 : 0284

 Folio #
 : 123061

 Cashier/Cassier #
 : 308

 Page #
 : 2 of 2

Group Name/Groupe 5th Annual Fall Invitational Conference

Association of Canadian Academic Healthcare Organ

Glenda Coleman-Miller Room 1108 10240 Kingsway Edmonton, AB T5H 3V9 Arrival/Arrivée : 10-31-06 Departure/Départ : 11-04-06

Date .	Description	ion Additional Information/Supplémentaire				Credits .
		Non-	Responsive		32.03	:
11-04-06	Visa			XX/XX		898.83
*****		s.17(1)	, 17(4)(e.1)			
٠	•	_	Total		898.83	898.83
			Balance Due/So	olde	0.00	······································
	GST Summary / Sommaire					

 Room/Chambre
 44.16

 F&B/Restauration
 1.86

 Other/Autres
 0.00

 Total
 46.02

829,27

Guest signature

Signature du client X

For information or reservations, visit us at

www.fairmont.com or call Fairmont Hotels & Resorts from:

United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de:

États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association falls to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (15.00% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas ou le compagnie, l'association au son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un inférêt de 1,5% par mois après un mois. (18,0% par année) Já accepte la livraison du journat The Globe and Mail. Si Javaiss refusé, j'aurais pu obtenir un crédit à mon compte de 0,50% par jour (du Lundi au Vendredi) et de 1,25% le Samedi. (Dans les hôtels participants.)

ON ALRONS

g. ...

T NUMBER: GS[#13751 2901R]DOO:

Please day your Server
Now HIRING, SEND RESIME
TO TZIEBAR]HWCARA. OM

3000 10·31

TRANS

#:

27650

Cline Ck

501.A6L. :

903 : 808

lable

MONTANAS FRONT PORCH EDMONTON, ALBERTA (780) 890-4463

51

s.17(1), 17(4)(g)(i)

LUXE BISTRO 47 YORK STREET PHONE 613-241-8805

THU NOVEMBER 2,2006 CHECK #235191-1 TABLE #8

Non-Responsive

\$8.00 \$16.00 \$16.00 \$74.00 \$73.00

Non-Responsive

\$73.00 FOOD P.S.T. \$3.92 LIQUOR P.S.T. \$2.40 G.S.T. \$4.38

THANK-YOU FOR
DINING AT LUXE BISTRO 32 FO
VISIT OUR WEBSITE
WWW.luxebistro.com
Time: 20:15 2 CUSTOMERS

Please Leave Us Your Business Cards for Upcoming Promotions

> YOU HAVE BEEN SERVED BY : NEIL 4

METROPOLITAIN BRASSERIE

700 sussex drive OTTAWA ONTARIO, KIN 1K4 Tel 613 562-1160

Sub-total: 58.99 GST: 3.54 PST:

Total Due: 67.97

LIQ PST:

22.99

To reserve your next group function, private dining event, or just a good time make sure to call Heather or Brenda at..........613 [57] [160]

.....JOIN US FOR HILL HOUR EVERY MONDAY-FRIDAY 4PM-7PM.....



Travel & Employee Expense Claim Form

(In Canadian Dollars) 17(1), 17(4)(g)(i)

Name:	Glenda Cole	man-Miller	Employee Number	r:	Union Na	nion Name:		
Position	: Senior Op	perating Officer	D	epartment: RAH	- Executive			
Busines	s Phone: 7	35-5271	Period From: Oct.	31 to November	4, 2006			
Expenses another o	s Paid (pleas organization	se attach receipts). Do not Complete details on the	include amounts pother side of the fo	oaid by Capital He rm	ealth or rein	nbursed / reimburs	able by	
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	0002	71110101001	61030000			\$300.00		
,		- DOI	WINTO O TO	The second of th				
		- CRUL	JIING & KEQUEST					
		——————————————————————————————————————	To: AIP					
	·		There i	vas a de	lan			
		☐ Handle ☐ Approve		ceury a				
Less Cas	h Advance	And	receip	of.				
Total		☐ Forward ☐ Return	From: Julie	n 5-5a	72	(M) \$300.00		
	nation on thi d to proces	is form 🔲 Keep or To	oss ith Me Date:	11/21/0	06	nisterial) Regulation	on and	
	ertify that t by me or on		and or other organ	ızatıon.		ave not been prev	iously	
Employee	Signature:	Dem		Date:	November	16, 2006		
hereby ce	rtify that I h	/ ave reviewed the expenses	s and rate at which	mileage is being	claimed.			
Approved (Print name)	By: Joanna	L Pawlystiy)	Title: C.O.O. & V	'.P.		Phone # 735-4101		
(Signature)		10				Date DO NOV 06		
Approved (Print name)	Ву	/ 0/	Title:			Phone #		
(Signature)	``	- temporary		1		Date		
OTE:		•	-	1				

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPERSEGRANTOFF

Recommended Coding

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002 .
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

		i .					
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
9/12/06	ACEN Registration - Ottawa			\$300.00			
						ñ	
	•						
		·. '					
						·	
	Ř [*] ,						
							<u> </u>
*							
		-					
							
		-					<u> </u>
						Total km	
			Rat	e as outlined in	Section 2 – Trave		
Totals				\$300.00			

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of Breakfast

Lunch

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

Dinner For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 340 kilometers; or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - 3. Daily requirements to utilize personal vehicle in the course of duties -- reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Travel advance may be requested provided travel expenses are likely to exceed \$500.



RECEIPT

Academy of Canadian Executive Nurses

99 Fifth Ave. Suite 10 Ottawa ON, K1S 5K4 Tel: 613 235-3033 Fax: 613 233-6158 www.acen.ca

TO Glenda Coleman-Miller
Capital Health - Royal Alex Hospital

QTY	DESCRIPTION	LINE TOTAL
1	ACEN ANNUAL EDUCATION DAY - "NURSING LEADERSHIFT"	\$ 300.00
	PAID	
	<u> </u>	
	TOTAL	\$300.00



Travel & Employee Expense Claim Form

			s.17((1), 17(4)(g)(i)			
Name:	Glenda Cole	man-Miller	Employee Num	ber:	Union Na	me:	
Position	ı: Senior Op	perating Officer	,	Department: RAH	- Exec		
Busines	s Phone: 7	35-5271	Period From: Ja	anuary 2007 to Mar	ch 2007	5	
Expenses another o	s Paid (pleas organization	se attach receipts). Do no . Complete details on the	ot include amount other side of the	s paid by Capital He	ealth or rein	nbursed / reimburs	able by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 6950000	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62410000			\$67.25	
201	0002	71110101001	62410000			117.82	⊠
	i		Gapi	21403117			
				EWED			
			AND	1 2 2007			
Less Cas	sh Advance		100				
Total				NUNTS YABLE		185.07	
he inforn	nation on the	is form is collected under ss your claim.	section 4 of the	Regional Health Aut	horities (Mi	nisterial) Regulatio	on and
		the expenses listed above my behalf from Capital H			iness and h	nave not been prev	iously
Employe	e Signature:	Acm		Date	: April 9, 20	07	
hereby ce	ertify that I h	nave reviewed the expense	es and rate at wh	ich mileage is being	ı claimed.		
Approved		a Pawl ysh yn	Title: V,P. & C	0.0.0.		Phone # 735-410	I

NOTE:

(Signature)

(Print name) (Signature)

Approved By:

Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.

Date

Date

Phone #

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.

Title:

- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPERISE CALAINT DEMARKS

Recommended Coding

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

	1		1	,			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
January 2007	Mileage & Parking				\$41.50		118
Feb. 2007	Mileage and Parking				14.50		. 76
March 2007	Mileage and Parking		,		11.25		80
					-		
	·						
							·

···							
							· · · · · · · · · · · · · · · · · · ·
							
							, , , , , , , , , , , , , , , , , , , ,
-		}					
•							
				-			,
						Total km	274
			Rate	e as outlined in	Section 2 - Trave	l below @	.43
otals					\$67.25		117.82

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2 Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 340 kilometers; or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Travel advance may be requested provided travel expenses are likely to exceed \$500.



Program

Employee Name

MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Location

Pavroll#

Total | //8

NOT		the employe enue Canada									
4		imentation ving to and fr									
	- ,						- 1141214				
	•					-				•	
	· ,	· · · · · · · · · · · · · · · · · · ·					1 .				
Month	anu	Tr A . I		Year	3007				٠		
*	anu	ry_			700_/						٠.
	<u> </u>		ļ		.	l I				Γ	
Date 1//30	KM >106	Parking 4.50	Date	KM	Parking	Date	KM	Parking	Date	KM	Parking
1		7.	9	1,	4,50	17	\mathcal{G}		25	10	4,50
2			10	10	4,30	18			26		
3			11	6		19			27		
4			12			20			28		
5			.13			21			29	16	300
6	·		14	,		22			30	16	1000
7		· · · .	15		·	23	16	.'	31		
8			16	10		24	16	1500			

Declaration: I hereby certify that the mileage and parking charges listed above were incurred on Capital Health business and that the amount has not been previously claimed by me or on my behalf.

DISPLAY THIS SIDE UP ON DASHBOARD APPLICANT COPY

* 15,00°1521000008:00 AM

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

s.17(1), 17(4)(e.1)



GST # R108102831

Tiktii (15342 Tatal Pato Tatal Fan Cash Tantar Charle Dan

98888 8888

11/30/06 17:39 But

Best Copy Possible

Payth 95035 91/25/07 07:51 91/25/07 07:51 11/11 64329 Daily Rato Total Feb Owall Philip Gash Tondor Chanse Due

In 01/25/07 09:13 Out

88988 8858 8858

Best Copy Possible

Best Copy Possible THANK AND LOS BUSCAVA TROUTEN TAY BY TROUTEN TAY BY TROUTEN TO BE WINCOMY

OLTONO IN INC.

OLTONO IN INC.

OLTONO IN INC.

OLTONO INC.

OLTONO INC.

OLTONO INC.

OLTONO INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
INC.

OLTONO
IN TW 1 14 2 TVM/3023 88888



MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Program	Employee Name	Location	Payroll #
EXEC	aleida Coleman Miller	BAH	
NOTE: 1) it is	the employee's responsibility to maintain adequate a	S.	17(1), 17(4)(g)(i)

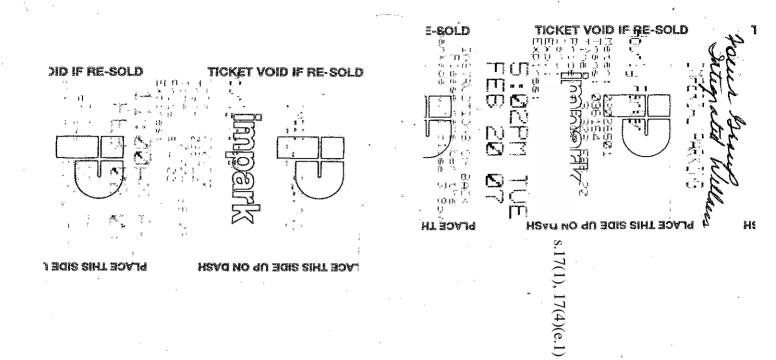
NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month	Year
February	2007
· · · · · · · · · · · · · · · · · · ·	

Date	KM .	Parking	Date	КМ	Parking	Date	KM	Parking	Date	KM	Parking
1	16		9			17			25		
2	6	4.00	10			18			26		
3		,	11			19		,	27		
4			12			20	22	600	28	10	
5			13	16	4.50	21			29		
6			14			22			30		
7			15	6		23			31		
8			16			24					
			•				, ·•		Total	710	14.50

Declaration: I hereby certify that the mileage and parking charges listed above were incurred on Capital Health business and that the amount has not been previously claimed by me or on my behalf.





MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Program	Employee Name		Location	Payroll #
FXD	Globada lal	oman-Miller	KAH	
10100	I GUNAN COL	eman- IIII ar		17(1) 17(4)(~)(;)
NOTE 1) It is the	emnlovee's responsibi	lity to maintain adequate rec		.17(1), 17(4)(g)(i) mileage claims to

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month	Year
March	2007

Date	KM	Parking	Date	км	Parking	Date	КМ	Parking	Date	KM.	Parking
1			9			17			25		
2		·	10			18			26		
3			11			19			27		
4			12			20	16		28		
5			13			21	32	6.75	29		
6			14	16	4.50	22			30		
7			15			23			31		
8	16		16			24				# 15 5 5	
		<u></u> -	3-,			•			Total	(2)	115

Declaration: I hereby certify that the mileage and parking charges listed above were incurred on Capital Health business and that the amount has not been previously claimed by me or on my behalf.

TANK ADD EOG EVEKTED REGELLVE TEV 64* DYLGEGILL OF ALSERIA



Travel & Employee Expense Claim Form

			(in Canadiar s.17(1), 17(4)(g)(i)		÷	
Name:	Glenda Cole	man-Miller	Employee Number	er:	Union Nar	ne:	······································
Position	n: Senior Op	erating Officer		Department: Exec			
Busines	s Phone: 7	35-5271.	Period From: Mag	y 15 to May 15, 20	007		
Expenses another o	s Paid (pleas rganization	se attach receipts). Do no . Complete details on the	ot include amounts other side of the fo	paid by Capital He	ealth or reim	bursed / reimburs	able by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	61030000		-	\$20.00	
				EZ E Capita	i Health EIVIED		
					H LOUTS	ACCIONANCE OF THE PROPERTY OF	
				PAY	ABLE	and the state of t	
Less Cas	sh Advance						
Total		-				\$20.00	
he inforn ill be use	nation on the	is form is collected under s your claim.	section 4 of the Re	egional Health Aut	horities (Mi	nisterial) Regulatio	on and
		he expenses listed above my behalf from Capital H			iness and h	ave not been prev	iously
Employee	Signature:	Kelem	2-00	eller Date	May 30, 20	07	
nereby ce	ertify that l	ave reviewed the expens	es and rate at whic	h mileage is being	claimed.		
Approved <i>Print name)</i>	I By: Joanna	Pawlyshyn	Title: V.P. & C.C	0.0.	No.	Phone # 735-410	1
Signature)	(100-	01200	(B)	Į,	Date	
Approved	lBy:		Title:	[Phone #	

NOTE:

(Signature)

Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.

Date

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPENSE CALINE DEMAILS

Recommended Coding

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm: \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
May 15, 2007	NACCHSE Power Breakfast Registration			\$20.00			
				-			
		<u> </u>				,	
					!		
						·	
·			•			-	
						Total km	
T 4 1			Rate		Section 2 - Trave	below@	
Totals				\$20.00			

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch Dinner \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

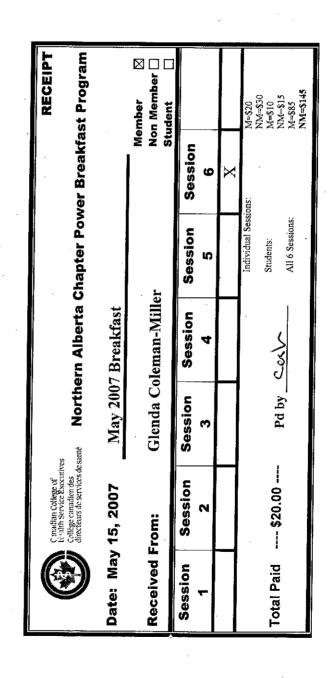
For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 340 kilometers: or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.





Name: Glenda C Position: Senior

Business Phone:

Expenses Paid (plea

another o	rganization	A POST OF A
Bal Unit e.g. 201	Location e.g. 9000	
201	0002	
201	0002	
		BANG.
		FUILD
		SALE
Less Cas	h Advance	CHAP S
Total		66

The information on the will be used to proce-

I hereby certify that claimed by me or on

Employee Signature

I hereby certify that I

Approved By: Jose (Print name)
(Signature)
Approved By: (Print name)

NOTE:

(Signature)

- Expense claim m approver. The app required supporti approval.
- GST amounts in
- Fully completed processed the fo
- For all employes
- For physicians. through the inter
- See page 2 of the
- Approved claim 107 Street, Edri.
- Out of province

APPLICANT COPY

ravel & Employee Expense Claim Form

(In Canadian Dollars) 7(1), 17(4)(g)(i)

Employee Number:	Union Name:	
Departmen	t: Exec	
Period From: May 23 to Ma	ny 25, 2007	

Do not include amounts paid by Capital Health or reimbursed / reimbursable by

ontre 0044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
	.62410000			\$258.00	
	62412000			849.01	
Amagar Amagar		and the second second second second			
		TEGE		- Language	
. (5 105)		IIN O 4	2007		
		ACCOUN	IT C		
	- I - I - I - I - I - I - I - I - I - I	PAYABI		-	
				\$1,107.01	

d under section 4 of the Regional Health Authorities (Ministerial) Regulation and

d above were incurred on Capital Health business and have not been previously apital Health or other organization.

	*	
~~~~	meller	Date: May 30, 2007

expenses and rate at which mileage is being claimed.

)	Title: V.P. & C.O.O.	Phone # 735-4101
	0, JUN 07	Date
1	Title:	Phone # 1080. cf
		Date (N7) 26-55

thorized and must be supported by original receipts or a copy as certified by the individual items that are not supported by original invoices or do not have all the ndicate approval without support. Unsupported claims over \$1,000 require Level 4

claims will be calculated by Accounts Payable. pense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be

n, expense reimbursements will be deposited to employee bank account. and those not paid through the payroll system, expense reimbursements will be mailed

im limits.

ild be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 -

vel Approval Form (CH 198) in advance authorized by a COO or VP

#### PLICANNTOFARY

#### **Recommended Coding**

- Local Travel Staff 2 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expens
- Staff Out of Province Travel 62414000 (all e-

Date	Particulars (Describe Purpose of Trip & Location)	Accomm
May 23 - 25, 2007	Vehicle Travel to/from Calgary for Healthy Mothers/Healthy Babies Conference	
May 23 - 25, 2007	Healthy Mothers/Healthy Babies Conference - Calgary	72、
		· · · · · ·
		-
	,	
		,
		· .
Totals		<b>\$72</b> 3.

#### **EXPENSE LIMITS**

#### **Meal Allowances**

When traveling on Capital Health business, the employ

Breakfast

\$8.50 (if the departure time is

Lunch

\$10.75 (if the departure time is

Dinner

\$19.20 (if the departure time is

For meal expenses that exceed the above amounts, the

Meal expenses must be supported by restaurant receip organizations whose representatives attended the lunc

#### 2. Travel

- Use of personal automobile From March 1, 2006, approved travel in a fiscal year (April 1 to March 31 otherwise).
- Business car insurance is reimbursable up to \$260
- Effective March 1, 2006, out of scope employees re requirements on a regular and continuing basis as
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return ca
  - 3. Daily requirements to utilize personal vehicle in :
- If union contract rate differs from \$0.43 then contra Includes all forms of transportation costs, including
- Driving to and from work is not considered business

- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

				1	
leals	Course Registration & Materials	Transportation \$	Other	Mileage km [,]	
		\$258.00		600	
12.07			113.58		
		,			
<u> </u>					
1 Page 1					
Ş.					
<u> </u>				· ·	
á Ka S					
<u> </u>		<u> </u>		-	
· 					
·					
9					
Rate					
\$12.07		\$258.00	113.58	\$1,107.01	

reimbursed at the Per Diem meal allowance of:

) return time is later than 7:30 a.m.)

e return time is later than 1:00 p.m.)

e return time is later than 6:30 p.m.)

may approve higher amounts, with receipts, provided these are

edit card receipt) and information on either the names of the individuals or eting.

ent at the general rate of \$0.43 per km for the first 15,000 kilometers of for each kilometer there after (except where collective agreement specifies

h receipts in accordance with Capital Health Policy. ovide a vehicle as a condition of employment and meeting the following an authorized manager.

20 one way; or

f duties - reimbursed at \$0.50 per kilometer.

be used.

ses for local travel.

cannot be claimed.

## Sheraton Suites Calgary EAU CLAIRE

255 BARCLAY PARADE SW CALGARY, ALBERTA T2P 5C2 PHONE (403) 266-7200 FAX (403) 266-1300

E Royal Alexander Hospital FOLIO 1
S 10240 Kingsway PAGE 22-MAY-07 20:05
T Edmonton, AB T5H 3B9 ARRIVE 25-MAY-07
0522AP DEPART MC 11:34
PAYMENT

DATE REFERENCE DESCRIPTION

22-MAY-07 RT817 Room Charge
22-MAY-07 RT817 DMF
22-MAY-07 RT817 Alberta Tourism Levy (4%)
22-MAY-07 RT817 GST (6%)

DATE	REFER	RENCE		CHIPTION	Olivijara, olicoita
22-MAY-07	RT817		Room Charge		219.00
22-MAY-07	RT817		<b>DMF</b>		2.19
22-MAY-07	RT817		Alberta Tourism	ι Levy (4%)	<u> </u>
22-MAY-07	RT817		GST (6%)		13.27
22-MAY-07	RT817		Valet Pkg		30.74
23-MAY-07	RT817		Room Charge		219.00
23-MAY-07	RT817		DMF.		2.19
23-MAY-07	RT817		Alberta Tourism	ι Levy (4%)	(8.85
23-MAY-07	RT817		GST (6%)		13.27
23-MAY-07	RT817		Valet Pkg		30.74
23-MAY-07	432A		In-room Interne	:t	14.79
			Non-	-Responsive	-24-69-
24-MAY-07	RT817		Room Charge		219.00
24-MAY-07	RT817		DMF		2.19
24-MAY-07	RT817		Alberta Tourism	Levy (4%)	85 <i>(8)</i>
24-MAY-07	RT817	*	GST (6%)		13.27
24-MAY-07	RT817		Valet Pkg		30.74
24-MAY-07	4801		Barclay's Resta	urant	12.07
				Non-Responsive	
25-MAY-07	MC		Master Card	1	974.4
	***For Aut	horizatio	n Purposes Only**	*	
			), 17(4)(e.1)		849.01
	Auth Date	Code	Authorized	·	8'
	22-MAY-07	005955	1182.60		
	•	Total-D	ue	0.00	

Total-Due

** continued on the next page **

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

SIGNATURE

For Reservations Call 1-888-784-8370

MRS Glenda Coleman-miller FOLIO 601789 22-MAY-07

ROOM 817 DEPART 25-MAY-07 AGENT CA

The Sheraton Suites Calgary Eau Claire is OWNED AND OPERATED BY EAU CLAIRE HOTEL OPERATING TRUST



#### Sheraton Suites Calgary

255 BARCLAY PARADE SW CALGARY, ALBERTA T2P 5C2 PHONE (403) 266-7200 FAX (403) 266-1300

· · · · · · · · · · · · · · · · · · ·		817				
	ROOM	219.00		T B A	j.	
GMRS Glenda Coleman-miller	RATE	1		A S		
II .	NO. PERS.	601789	A	ĖŅ		
ERoyal Alexander Hospital	FOLIO	2		L. '		
\$10240 Kingsway	PAGE	22-MAY-07	20:05	С Н_		
TEdmonton, AB T5H 3B9	ARRIVE	25-MAY-07		A T R O		
0522AP	DEPART	MC	11:34	Ğ		
<del>• • • • • • • • • • • • • • • • • • • </del>	PAYMENT			E	•	

DATE	REFEREN	GE .		DESCRIPTION		CHARG	S • CREDITS*
						•	
EXPENSE REP	ORT SUMMARY						
Date R	oom & Tax Fo	ood & Bev	Telephone	Other	Total	Payment	
22-MAY-07	241.12	0.00	0.00	32.93	274.05	0.00	
23-MAY-07	241.12	0.00	0.00	72.40	313.52	0.00	
24-MAY-07	241.12	112.85	0.00	32.93	386.90	0.00	- 1
25-MAY-07	0.00	0.00	0.00	0.00	0.00	974.47	849.01
Total	723.36	112.85	0.00	138.26	974.47	974.47-	07/

We would certainly appreciate any feedback that you may have. Please send to Ross Meredith at rmeredith@sheratonsuites.com.

**GST** Summary

GST	Room Revenue	39.81
GST	Food and Beverage	7.00
GST	Telephone	0.00
GST	Other Revenue	6.06
	Total GST	52.87

139445290 RT0021

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

SIGNATURE

For Reservations Call 1-888-784-8370

As a Starwood Preferred Guest you have earned at least 2 Starpoints for each \$1 US Dollar spent.

MRS Glenda Coleman-miller FOLIO 601789 22-MAY-07

ROOM 817 DEPART 25-MAY-07 AGENT

The Sheraton Suites Calgary Eau Claire is OWNED AND OPERATED BY EAU CLAIRE HOTEL OPERATING TRUST



# APPLICANT COPYLeinbierse 18 May 07

## Travel & Employee Expense Claim Form

(In Canadian Dollars) 17(4)(g)(i)

iL	1	L	a .!	Q,	
ľ	L	C	7	~	

Name: Glenda Coleman-Miller	Employee Number:	Union Name:	70000
Position: Senior Operating Officer	Department: E	xec	
Business Phone: 735-5271	Period From: June 25 to June 2	25, 2007	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62410000			\$213.98	
			698				
					-		
				The state of the s			
				ECEIVEL	The control of		
				UN 2 9 2007			
Less Cas	h Advance		Ø	<b>^</b>	i timbert destri		
Total				SCOUNT S	***************************************	\$213.98	$\boxtimes$

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Healt claimed by me or on my behalf from Capital Health or other organization.	th business and have not been previously
Employee Signature: Daleman - miller	<b>Date:</b> June 27, 2007

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Joanna Pawlyshyn (Print name)  Title: V.P. & C.O.O.	Phone # 735-4101
(Signature) 27 71.V07	Date
Approved By: (Print name)	Phone #
(Signature) NOTE:	Date

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

#### EXPENSIONALITY DETARLYS

#### **Recommended Coding**

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
May 18, 07	Recruitment Dinner, G. Coleman-Miler, G. Burnett, K. Lee S. 17(1), 1	7(4)(g)(j)	\$213.98	G HILLOTORS			
		7.7.6/17					
<del></del>							
							<u> </u>
·							
-							<u> </u>
				<u> </u>			
	<u> </u>					Total km	
			Rate	as outlined in	Section 2 – Trave	below @	
otals			\$213.98				

#### **EXPENSE LIMITS**

#### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Travel advance may be requested provided travel expenses are likely to exceed \$500.

I AGREE TO PAY THE ABOVE AMOUNT AS PER THE CARDHOLDER AGREEMENT	TOTAL 213.99	Subtotal: 193.98  TIP 20 00	Auth Code: 044851 Check: 4795 Table: 33/1 Server: 140 Steve R	May18'07 09:26FM VISA	RIC'S GRILL - DOWNTOWN Seafood, Steak and Chopho 10190 104 Street Edmonton, AB (780) 100	arrivationed discuss
				s.17(1), 17(4)(e.1)	s.17(1), 17(4)(g)(i)	=
Subtotal GST Amount Due 193	THE PERSON OF TH	SNOTAL UNIX UGV L SNOTAL VASIAN	中国大学	Best Copy Possible 140 Steve K  Thi 33/1 For 795 Gr	RIC'S GRILL - DOWNTOWN Seafood, Steak and Chophouse 10190 104 Street Edmonton, AB (780) 429-4333	1 1 1
183.00 10.98 <b>193.98</b>	\$1.00 \$1.00		33,00 4,00 6,00	SSible	INTOWN hophouse let	

# APPLICANT COPY Rembute 25 June 7



## **Travel & Employee Expense Claim Form**

	s.1	7(1), 17(4)(g)(1)	K - BMILET
Name: Glenda Coleman-Miller	Employee Numb	per:	Union Name:
Position: Senior Operating Officer		Department: Exe	С
Business Phone: 735-5271	Period From: June 25 to June 25,		2007

(In Canadian Dollars)

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62410000			\$1,585.66	$\boxtimes$
			696000				
				Papital Health	F.		
			a l		The Kal Cleaners		
.;				7M Z 9 Z007	15-44-77 (a.g.)	. `	
Less Cas	ess Cash Advance  ACCOUNTS PAYABLE						
Total				15 TO	entre de la companya	\$1,585.66	$\boxtimes$

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.				
Employee Signature: Seleman - Miller	Date: June 27, 2007			

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Joanna (Print name)	Pawlyshyn Title: V.P. & C.O.O.	Phone # 735-4101
(Signature)	LONALLE SONALLE	Date
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

17. .

#### EXAMPLE CANNIDE QUEST

#### **Recommended Coding**

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
June 25/07	Retirement Dinner for Maria Devlin		\$1,585.66				
	Joanna Pawlyshyn, Glenda Coleman-Miller, Lois Stefaniuk, Dr. Gramlich, Dr. Bailey, W. Morgan-Eckley, V. Glassman, S. Rees, K. Lee, G. Aguillon, M.Armstrong, R. bremer, S. Young, G. Burnett, C. Toner, W. Westwood; R. Darda		·				
	-						·
					•		
					,		
					·		
				N.			
							<del></del>
							· · · · · · · · · · · · · · · · · · ·
						Total km	
		<del></del>		as outlined in	Section 2 – Trave	el below @	
Totals	ŀ		\$1,585.66				

#### **EXPENSE LIMITS**

#### **Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or

HARDWARE GRILL GRACE
9698 JASPER AVENUE
EDMONTON

AB. 17(1), 17(4)(g)(i)

CARD NUMBER 8969 MASTERCARD CARD TYPE 20:29:21 2007/06/25 DATE/TIME 508538997-001-104-016 RECEIPT NUMBER PURCHASE \$1,585.66 **AMOUNT** \$0.00 TIP \$1,585.66 TOTAL AMOUNT

01 APPROVED - 027 AUTH, # 025903 THANK YOU

CARDHOLDER COPY

iss have gold. Theke based Assume Edwardson, Alberta (1811) 4 3 tokes

Miles in the second second	6/25/2007
ing the first of the second of	€:18 PM
	10004
Best Copy Possible	
Carline William	RRY (A)
bar dala thir ban har	9.50
William of the fill of any	Fi.00
Entropy of the second	13.11 (H)
Co. 116	- 1
Marke tires that could be	i ai
English States were the	1 1/11
gast Menti A 3 compas (10 seps inc)	.4.06
CARRELL AND	5.84,46
Set Man A , compe (# (b) 100)	11.75
G. F. H. differential of the first	4.4 (0)
A COMPANIE BYITE	17.180
Seb Total	$\mathcal{Q}(0, t)$
6ST Tax	h.73
lotat	l ibb, an
Grations 18 14	7.40. 13
lelat	Pair, bh

Bright barren ein fin ift fieten ibrit

War A War a Till



## Travel & Employee Expense Claim Form

(In Canadian Pollary)(g)(i)

Name:	Glenda Cole	man Miller	Employee No.	- h	1		
				Union Na	me:	<del> </del>	
			i	Department: Exec			
Busines	s Phone: 7	735-5271	Period From:	June 28/07 <b>to</b> June 2	28/07		
Expenses another o	s Paid (plea rganization	se attach receipts). Do no . Complete details on the	ot include amour other side of th	nts paid by Capital He e form	ealth or rein	nbursed / reimburs	sable by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 6950000	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	61030000			\$2,862.00	×
-							
			Commission of the Control of the Con				
			l R		Washington,		
Less Cas	h Advance	- <u></u>	12.00	UL 2 0 2007			
Total			. in	COUNTS		\$2,862.00	$\boxtimes$
he inform vill be use	ation on th d to proces	is form is collected under s your claim.	section 4 of the	Regional Health Aut	horities (Mi	nisterial) Regulatio	on and
i hereby o claimed b	ertify that t y me or on	he expenses listed above my behalf from Capital He	were incurred o	n Capital Health bus ganization.	iness and h	ave not been prev	iously
Employee	Signature:	Cile	na- 7	Dilla Date:	July	6/07	
hereby ce	rtify that I h	ave reviewed the expense	es and rate at wh	nich mileage is being	claimed.		
Approved Print name)	By: Joanna	n Pawlyshyn	Title: V.P. &	C.O.O.		Phone # 735-4101	· · · · · · · · · · · · · · · · · · ·
Signature)				17 JULY 07		Date	
Approved Print name)	Ву:		Title:	IR		Phone #	
Signature)						Date \	

#### NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- · See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

## EXPERIL GANT DE PARY

#### Recommended Coding

- Local Travel Staff 624
- Staff Local Travel Taker
- Staff Travel UNA 6241
- Staff Provincial Travel
- Staff Out of Province That

00

2410001

02

12000 (all expenses) .

- 62414000 (all expenses)

Catering - 69600000

Meals - 62410000

Mileage - 62410000

Course Registration & Materials - 61030000

Date	Particulars (De- Purpose of Trip & t	e ition)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
June 28/07	Registration for for for the Halifax 7 C Ottawa - October registrations paid for Glenda Coleman-Micard - posted on Jacobs	aπ ice in All credit	-	v	\$2,862.00			
<del> </del>	*							
						· .		<u> </u>
		\$ 1.5 K						
	-							
							<u> </u>	
		197						
	2						· · · · · · · · · · · · · · · · · · ·	
		- S						
		2						
		Å.						
		For Sign				,		
		\$						
l		# [*]		<u></u>			Total km	
				Rate	as outlined in	Section 2 - Travel		
otals					\$2,862.00			

#### **EXPENSE LIMITS**

#### Meal Allowances

When traveling on Capital Hea Breakfast \$8.50 Lunch \$10.7

Dinner \$19.2

For meal expenses that excee

reasonable.

Meal expenses must be suppoorganizations whose represent

#### Travel

- Use of personal automobilapproved travel in a fiscal otherwise).
- Business car insurance is .
- Effective March 1, 2006, on requirements on a regular
  - 1. Monthly travel in exces :
  - 2. Monthly expense equiv
  - 3. Daily requirements to u.i.
- If union contract rate differ
- Includes all forms of transc

iness, the employee may be reimbursed at the Per Diem meal allowance of:

leparture time is earlier or the return time is later than 7:30 a.m.)

departure time is earlier or the return time is later than 1:00 p.m.)

departure time is earlier or the return time is later than 6:30 p.m.)

bove amounts, the supervisor may approve higher amounts, with receipts, provided these are

restaurant receipt (not just credit card receipt) and information on either the names of the individuals or attended the lunch/dinner meeting.

n March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of oril 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies

sable up to \$260 per year with receipts in accordance with Capital Health Policy.

ppe employees required to provide a vehicle as a condition of employment and meeting the following itinuing basis as approved by an authorized manager.

kilometers; or

four (4) return cab fares at \$20 one way, or

sonal vehicle in the course of duties - reimbursed at \$0.50 per kilometer.

0.43 then contract rate must be used.

costs, including taxis and buses for local travel.

## Laraque (Savage), Aileen

From:

Tara West [halifax@BUKSA.com]

Sent:

Tuesday, July 03, 2007 3:09 PM

To:

Laraque (Savage), Aileen

Subject:

Halifax 7 Symposium - Confirmation and Receipt

Follow Up Flag: Follow up

Flag Status:

Blue

Attachments:

ATT3034783.txt



**Confirmation and Receipt** re Safety Symposium 003 RT 0001

4/18/07

ALCOHOL MAN THE CONTRACT OF TH
thcare Safety Symposium at the Westin Ottawa (1
• mposium
mposium
Fee Owing \$ 715.50 \$ 0.00
\$ 715.50 \$ 0.00
Y. S.
)983 Edm."
) ot have been available.

Room Type	Check In	. Check Out
Deluxe - 1 Guest	10/10/2007	10/14/2007
Rate per night	\$255.00	•
Number of Beds/Special Requirements	1 bed	
Confirmation Number	230291	

This room rate is not included in your registration fees. Your room has been guaranteed using the credit card information provided on the online registration form. The hotel will finalize your bill when you check out. If you need to make any changes to this information please email <a href="mailto:halifax@buksa.com">halifax@buksa.com</a>.

"Swiss Cheese" Lecture

Yes, I will attend the lecture

For details including session descriptions and start times, please refer to www.buksa.com/halifax.

Your nametag will appear as shown here including First Name, Last Name, Organization, City and Province:

If you require changes to this information please notify us by email at <a href="mailto:halifax@buksa.com">halifax@buksa.com</a>. Please mention "Halifax 7" in the subject of your email.

HALIFAX The Connection Health care

Glenda Coleman-Miller Capital Health EDMONTON, AB

We look forward to seeing you in Ottawa!

Yours Sincerely, Sean Jones

Halifax 7: The Canadian Healthcare Safety Symposium BUKSA Conference Management and Program Development Suite 307, 10328 - 81 Avenue NW, EDMONTON, AB T6E 1X2 Phone: (780) 436-0983 x229 Fax: (780) 437-5984 Email: halifax@buksa.com/halifax

### Laraque (Savage), Aileen

From:

Tara West [halifax@BUKSA.com]

Sent:

Thursday, June 28, 2007 5:19 PM

To:

Laraque (Savage), Aileen

Subject: *

Halifax 7 Symposium - Confirmation and Receipt

Follow Up Flag: Follow up

Flag Status:

Blue

Attachments:

ATT2766362.txt



### **Confirmation and Receipt** The Canadian Healthcare Safety Symposium GST # 86867 4003 RT 0001

Ms. Wendy Morgan-Eckley Director, Royal Alexandra Hospital</P> Capital Health Room 5227-2, ATC Royal Alexandra Hospital **EDMONTON AB T5H 3V9** 

Dear Ms. Morgan-Eckley,

Thank you for registering for Halifax 7: The Canadian Healthcare Safety Symposium at the Westin Ottawa (11 Colonel By Drive). Below is your registration information:

Halifax 7: The Canadian Healthcare Safety Symposium

Details	Status	Fee	Owing
Early Bird Registration	Paid	\$ 715.50	\$ 0.00

TOTAL	\$ 715.50	\$ 0,00

Payment and Receipt Details

Cheque No.

Name on Card | Glenda Coleman-Miller

Card Number

s.17(1), 17(4)(e.1)

Expiry Date Receipt No.

253.00

Receipt Date Receipt Total

6/28/2007 \$ 715.50

If you paid by credit card your statement will read "BUKSA Assoc. (780) 436-0983 Edm."

The Westin Ottawa - Accommodation Booking

Please read carefully as your room preferences may not have been available.

Room Type	Check In	Check Out
Deluxe - 1 Guest	10/10/2007	10/14/2007
	'	

Rate per night	\$255.00	
Number of Beds/Special Requirements	1 bed	
Confirmation Number	230294	

This room rate is not included in your registration fees. Your room has been guaranteed using the credit card information provided on the online registration form. The hotel will finalize your bill when you check out. If you need to make any changes to this information please email <a href="mailto:halifax@buksa.com">halifax@buksa.com</a>.

"Swiss Cheese" L ecture

Yes, I will attend the lecture

For details including session descriptions and start times, please refer to www.buksa.com/halifax.

Your nametag will appear as shown here including First Name, Last Name, Organization, City and Province:

If you require changes to this information please notify us by email at <a href="mailto:halifax@buksa.com">halifax@buksa.com</a>. Please mention "Halifax 7" in the subject of your email.

HALIFAX The Conscion Healthcare

Wendy Morgan-Eckley Capital Health EDMONTON, AB

We look forward to seeing you in Ottawa!

Yours Sincerely, Sean Jones

Halifax 7: The Canadian Healthcare Safety Symposium
BUKSA Conference Management and Program Development
Suite 307, 10328 - 81 Avenue NW, EDMONTON, AB T6E 1X2
Phone: (780) 436-0983 x229 Fax: (780) 437-5984 Email: halifax@buksa.com
www.buksa.com/halifax

### Laraque (Savage), Aileen

From:

Tara West [halifax@BUKSA.com]

Sent:

Tuesday, July 03, 2007 3:09 PM

To:

Laraque (Savage), Aileen

Subject:

Halifax 7 Symposium - Confirmation and Receipt

Follow Up Flag: Follow up

Flag Status:

Blue

Attachments:

ATT3034795.txt



### **Confirmation and Receipt** The Canadian Healthcare Safety Symposium GST # 86867 4003 RT 0001

Ms. Carmel Toner Acting Director, Royal Alexandra Hospital</P> Capital Health Room 2427, ATC Royal Alexandra Hospital **EDMONTON AB T5H 3V9** 

Dear Ms. Toner,

Thank you for registering for Halifax 7: The Canadian Healthcare Safety Symposium at the Westin Ottawa (11 Colonel By Drive). Below is your registration information:

Halifax 7: The Canadian Healthcare Safety Symposium

Details	Status	Fee	Owing
Early Bird Registration	Paid	\$ 715.50	\$ 0.00

TOTAL		\$ 715.50	\$ 0.00

Payment and Receipt Details

Cheque No.

Name on Card Glenda Coleman-Miller

Card Number

s.17(1), 17(4)(e.1)

**Expiry Date** Receipt No.

258.00

Receipt Date Receipt Total

6/29/2007 \$ 715.50

If you paid by credit card your st atement will read "BUKSA Assoc. (780) 436-0983 Edm."

The Westin Ottawa - Accommodation Booking

Please read carefully as your room preferences may not have been available.

Room Type	 Check In	Check Out	

Deluxe - 1 Guest	10/10/2007	10/14/2007	1
Rate per night	\$255.00		
Number of Beds/Special Requirements	1 bed		
Confirmation Number	230292		

This room rate is not included in your registration fees. Your room has been guaranteed using the credit card information provided on the online registration form. The hotel will finalize your bill when you check out. If you need to make any changes to this information please email <a href="mailto:halifax@buksa.com">halifax@buksa.com</a>.

"Swiss Cheese" Lecture

Yes, I will attend the lecture

For details including session descriptions and start times, please refer to www.buksa.com/halifax.

Your nametag will appear as shown here including First Name, Last Name, Organization, City and Province:

If you require changes to this information please notify us by email at <a href="mailto:halifax@buksa.com">halifax@buksa.com</a>. Please mention "Halifax 7" in the subject of your email.

HALIFAX The Constitution Healthcare

Carmel Toner Capital Health EDMONTON, AB

We look forward to seeing you in Ottawa!

Yours Sincerely, Sean Jones

> Halifax 7: The Canadian Healthcare Safety Symposium BUKSA Conference Management and Program Development Suite 307, 10328 - 81 Avenue NW, EDMONTON, AB T6E 1X2 Phone: (780) 436-0983 x229 Fax: (780) 437-5984 Email: halifax@buksa.com www.buksa.com/halifax

## Laraque (Savage), Aileen

From:

Tara West [halifax@BUKSA.com]

Sent:

Tuesday, July 03, 2007 3:09 PM

To:

Laraque (Savage), Aileen

Subject:

Halifax 7 Symposium - Confirmation and Receipt

Follow Up Flag: Follow up

Flag Status:

Blue

Attachments:

ATT3034776.txt



### Confirmation and Receipt The Canadian Healthcare Safety Symposium GST # 86867 4003 RT 0001

Ms. Valerie Glassman. Program Manager, Royal Alexandra Hospital Capital Health Room 4228-1, ATC Royal Alexandra Hospital **EDMONTON AB T5H 3V9** 

Dear Ms. Glassman,

Thank you for registering for Halifax 7: The Canadian Healthcare Safety Symposium at the Westin Ottawa (11 Colonel By Drive). Below is your registration information:

Halifax 7: The Canadian Healthcare Safety Symposium

Details	Status	Fee	Owing
Early Bird Registration	Paid	\$ 715.50	\$ 0.00

TOTAL		· · · · · · · · · · · · · · · · · · ·	
JIOIAL	•	\$ 715.50	\$ 0.00
		Ψ 7 10.00j	\$ U.UU

Payment and Receipt Details Cheque No.

Name on Card Glenda Coleman-Miller

Card Number Expiry Date

s.17(1), 17(4)(e.1)

Receipt No. ZU1.00 Receipt Date 6/29/2007 Receipt Total \$ 715.50

If you paid by credit car d your statement will read "BUKSA Assoc. (780) 436-0983 Edm."

The Westin Ottawa - Accommodation Booking

Please read carefully as your room preferences may not have been available.

Room Type	Check In	Check Out< /P>
Deluxe - 1 Guest	10/10/2007	10/14/2007
Rate per night	\$255.00	

Number of Beds/Special Requirements	1 bed	6	Sec.
Confirmation Number	230293		

This room rate is not included in your registration fees. Your room has been guaranteed using the credit card information provided on the online registration form. The hotel will finalize your bill when you check out. If you need to make any changes to this information please email <a href="https://halfax.gour.need">halfax.gour.need</a>.

"Swiss Cheese" Le cture

Yes, I will attend the lecture

For details including session descriptions and start times, please refer to www.buksa.com/halifax.

Your nametag will appear as shown here including First Name, Last Name, Organization, City and Province:

If you require changes to this information please notify us by email at <a href="mailto:halifax@buksa.com">halifax@buksa.com</a>. Please mention "Halifax 7" in the subject of your email.



Valerie Glassman Capital Health EDMONTON, AB

We look forward to seeing you in Ottawa!

Yours Sincerely, Sean Jones

Halifax 7: The Canadian Healthcare Safety Symposium
BUKSA Conference Management and Program Development
Suite 307, 10328 - 81 Avenue NW, EDMONTON, AB T6E 1X2
Phone: (780) 436-0983 x229 Fax: (780) 437-5984 Email: halifax@buksa.com
www.buksa.com/halifax



## Travel & Employee Expense Claim Form

	11001111		(In Canadia	an Dollars) S.17(1	), 17(4)(g	(i)	
Name:	Glenda Cole	man-Miller	Employee Numb	per:	Union Na	ıme:	<u></u>
Position	ı: Senior Op	perating Officer		Department: Exec	utive		
Busines	s Phone: 7	35-5271	Period From: Ju	aly 9, 2007 <b>to</b> July 9	, 2007		,
Expenses another o	s Paid (plea organization	se attach receipts). Do not . Complete details on the c	include amount	s paid by Capital He	ealth or rei	mbursed / reimburs	able by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	711101001	62410000			\$88.97	
		71110101001		C. Maria	di		
				the state of the s			
				L E U EMI		·	
			SEMENSE OF SERVICES OF SERVICES				
							. 🗆
Less Cas	sh Advance						
Total						\$88.97	
he inforn vill be use	nation on the	is form is collected under s s your claim.	section 4 of the F	Regional Health Aut	horities (M	inisterial) Regulatio	on and
l hereby o claimed b	certify that to by me or on	the expenses listed above we my behalf from Capital Hea	vere incurred on alth or other orga	Capital Health bus anization.	iness and	have not been prev	iously
Employe	e Signature	Celema	- Me	le Date	: July 9, 20	07	
hereby ce	ertify that I h	nave reviewed the expenses	s and rate at whi	ch mileage is being	claimed.		
Approved (Print name)		a Pawlyshyn	Title: V.P. & C	.0.0.		Phone # 735-410	1
(Signature)		(A)	, ,	Dukan		Date	

#### NOTE:

Approved By:

(Print name) (Signature)

Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
approver. The approver must initial individual items that are not supported by original invoices or do not have all the
required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
approval.

Phone #

Date

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.

Title:

- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- · Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

#### EAPERLECANN DECARY

#### Recommended Coding

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Wileage 62410000
- Course Registration & Materials 61030000

Particulars (Describe	_		Course			<u> </u>
Purpose of Trip & Location)	Accomm. \$	Meals	Registration & Materials	Transportation \$	Other	Mileage km
Farewell Luncheon for Dr. Faught - Lois Stefaniuk, Glenda Coleman-Miller, Dr. Dickout		\$88.97	_			
						-
						-
	Ę					
					Total km	
	¢00.07	Kate	as outlined in	Section 2 – Travel	below @	
	Farewell Luncheon for Dr. Faught - Lois Stefaniuk, Glenda Coleman-Miller, Dr.	Purpose of Trip & Location)  Farewell Luncheon for Dr. Faught - Lois Stefaniuk, Glenda Colernan-Miller, Dr. Dickout	Purpose of Trip & Location)  Farewell Luncheon for Dr. Faught - Lois Stefaniuk, Glenda Colernan-Miller, Dr. Dickout  S88.97	Purpose of Trip & Location)  Farewell Luncheon for Dr. Faught - Lois Stefaniuk, Glenda Coleman-Miller, Dr. Dickout  Registration & Materials  Registration & Materials  Registration & Materials	Purpose of Trip & Location)  Farewell Luncheon for Dr. Faught - Lois Stefaniuk, Glenda Coleman-Miller, Dr. Dickout  Registration & Materials  \$88.97  Registration & Materials   Purpose of Trip & Location)  Farewell Luncheon for Dr. Faught - Lois Stefaniuk, Glenda Coleman-Miller, Dr. Dickout  Salan Sala	

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- . Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way, or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- · Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

CHARACTERS REST 10257 - 105 STREET EDMONTON, AB. T5J 1E3 780-421-4100 GST# 89206-4429 Jul09'07 01:14PM Date: Card Type: M/C Acct #: s.17(1), 17(4)(e.1) Exp Date: Auth Code: 005495 Check: 1385 Table: 14/1 110 SNOW S Server: GLENDA COLEMAN-MILLER 78.97 Subtotal: GRATUITY, Customer Copy **

CHARACTERS REST 10257 - 105 Street EDMONTON, AB. T5J 1E3 (780) 421-4100 GST# 89206-4429

#### 110 SNOW S

Tbl 14/1 Chk 1385 Jul09'07 12:10F	Gst 4
1 CUP OF SOUP 2 SOUP OF DAY @ 6.00 1 ROMAINE SALAD	4.00 12.00
1 SALAD GREENS 1 REUBIN SANDWICH	7.00 6.00 15.00
1 SEARD SALMON 3 COFFEE @ 2.75 1 CAPPUCCINO	18.00 8.25 4.25
Subtotal GST	74.50 4.47
01:06 Amount Du <b>78</b>	.97

WELCOME TO CHARACTERS! & HAVE A GREAT DAY!!



## Travel & Employee Expense Claim Form

(In Canadian Dollars) s.17(1), 17(4)(g)(i)

				' S.17(1)	, 1/(4)(g)(	1) **	
Name:	Glenda Cole	man-Miller	Employee Numb	er:	Union Nar	ne:	
Position	: Senior Op	perating Officer		Department: RAH	- Exec		
Busines	s Phone: 7	35-5271	Period From: Ap	ril 2007 <b>to</b> June 2	007		e
Expenses another of	s Paid (pleas organization	se attach receipts). Do no . Complete details on the	t include amounts	paid by Capital He	ealth or reim	bursed / reimburs	able by
Bal Unit e.g. 201	· ·	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62410000			\$120.83	×
201	0002	71110101001	62410000			54.95	⊠
	-						
·						,	
				Capita	I-lealth	**************************************	
				A HECE	VED		
Less Cas	sh Advance			JUL 2	6 2007	A Company of the Comp	
Total		`		ACCO	UNTS	\$175.78	
he inform	nation on the	is form is collected under s your claim.	section 4 of the R		A STATE OF THE PARTY OF THE PAR	nisterial) Regulation	on and
l hereby o	ertify that to y me or on	he expenses listed above my behalf from Capital He	were incurred on ealth or other orga	Capital Health bus nization.	iness and h	ave not been prev	iousiy
Employee	Signature:	Kom		Date	: July 19 20	07	
hereby ce	ertify that I h	ave reviewed the expense	es and rate at whic	ch mileage is being	ı claimed.	\	
Approved (Print name)		a Pawlyshym	Title: V.P. & C.	0.0.	()	Phone # 735-410	1
(Signature)		AT Y	20 700	107 /	B	Date \	
Approved			Title:	76		Phone #	

#### NOTE:

(Signature)

Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
approver. The approver must initial individual items that are not supported by original invoices or do not have all the
required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
approval.

Date

- · GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- · Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

#### EAPERSECANT GEORY

#### Recommended Coding

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
April 2007	Mileage & Parking				\$50.95		111
May 2007	Mileage and Parking						104
June 2007	Mileage and Parking				4.00		66
							,
				-			
			<u>1</u> .				
						Total km	281
			Rat	e as outlined in	Section 2 - Trave	below @	.43
<b>Fotals</b>				1	\$54.95	j	\$120.83

#### **EXPENSE LIMITS**

#### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch Dinner \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.



## MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Program FXC	Employee Name  Oleholo (Olo the	n. Miller	Location RAH	Payroll #
NOTE: 1	It is the employee's responsibility to	maintain adequate rec	orde to substantiate	s.17(1), 17(4)(g)(i)

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month -	Year
and	2007
The same of the sa	1000

Date	КМ	Parking	Date	км	Parking	Date	KM	Parking	Date	КМ	Parking
1 -			9			17	16	4.05	25		
2			10		2400)	18			26		
3	16	6.00	11			19		,	27	,	
4			12	16	450	20			28		
5	16	700	13			21			29		
6			14			22			30		
7			15			23	16	5.40	31		
8			16	16	300	24	<u> </u>		, , <u>, 5.</u> , , 3. 2		[ a a d



## MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Program	Employee Name	Location	Pavroll #
EXEC	Glenda Coleman-Miller	RAH	F AVION #

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month	Year (300)
Hay	

	<u> </u>	<del></del>		<u> </u>	T	7	<del></del>			·- _F	
Date	KM	Parking	Date	KM	Parking	Date	KM	Parking	Date	КМ	Parking
1		,	9			17			25		
2	,		10	del		18			26		
3	6		11			19			27		
4	6		12			20			28	16	
5			13			21			29		
6			14	<u>[Q</u>		22			30		
7	1,		15	16		23			31		
8	14		16	6		24					
		• .				• • •		•	Total	104	

# Capital Health

## **APPLICANT COPY**

# MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Program	Empleyed		ت ه
1	Employee Name	Location	Payroll #
INIT	1 Mande Colone Mailland	DALL	
<u>aw</u>	1911/94 GOLOMAN-INIUV	KHH	
•			<u> </u>

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month	Year
L Dune	3007

Date	KM	Parking	Date	KM	Parking	Date	KM	Parking	Date	KM	Parking
1			9			17			25		
2			10		·	18			26		
3			11	0		19			27		
4			12	16	4.00	20			28	0	
5	i		13			21	<u> </u>		29	16	
6			14	32		22	·		30	<i>f</i> - i	
7	· ·		15			23			31		
8			16		·. · ·	24				· · · · · · · · · · · · · · · · · · ·	
		. `					<del></del>		Total	66	4.00

ANT COPY

Kt# 072410

Daily Rate Total Fee CASH PAID Cash Tender Charge Due

L# 1 A# 3 Txn# 71147 In 04/05/07 15:26 Out

**Best Copy Possible** 

**Best Copy Possible** 

BEKLY OF

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

DISPLAY THIS SIDE UP ON DASHBOARD

5462494866257 M

NON TRANSFERABLE

EXPIRATION TIME

CREDIT CARD NUMBER

RECEIPT

GST#R108102831

L# K108102831

(1.9)(4)\(\(\frac{1}{1}\)\(\frac{1}{1}\).e.

CKEDIL CVKI

## ARREICANT COPY

NON LEVINZEEKVETE



CKEDIT CARD NUMBER

DISPLAY THIS SIDE UP ON DASHBOARD

CSL# KI08107831

A 1104320



CKEDIT CARD NUMBER

DELYCH KECEIŁL ŁKOW LICKEL

DISPLAY THIS SIDE UP ON DASHBOARD





## Travel & Employee Expense Claim Form

	(In Canadian Dollars) S.17(1), 17(4)(g)(i)										
Name: (	Glenda Cole	man-Miller	Employee Number		Union Nan	ne:					
Position	: Senior Op	erating Officer	<u> </u>	epartment: Exec	_						
Busines	s Phone: 7	35-5271	Period From: Octo	ober 23/07 to Octo	ober 23/07	-					
		se attack receipts). Do no . Complete details on the			alth or reim	bursed / reimburs	able by				
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included				
201	0002	71110101001	69500000			\$2,400.84	⊠				
			(2300	0000							
		1									
	7										
			The same of the sa	Capital Health CELVED		······································					
				CT 3 0 200/							
Less Cas	sh Advance			CCOUNTS							
Total			The same of the sa	PAVABLE	The state of the s	\$2,400.84					
will be use	ed to proces	is form is collected under ss your claim.				,	1				
		the expenses listed above my behalf from Capital Ho			iness and n	ave not been prev	lously				
Employe	e Signature	Selen	en-m	Lled Date:	: October 24	, 2007	Ī				
hereby ce	ertify that I i	nave reviewed the expense	es and rate at which	n mileage is being	claimed.						
Approved		a Pawlyshyn	Title: V.P. & C.C	0.0.		Phone # 735-410	1				
(Signature)		AN	76	0007		Date					
Approved		<i>]"                                    </i>	Title:	1B	N. Committee	Phone #					
(Signature)	مست			10	1.	Date	İ				

#### NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- · Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

## EXPERSEGANT GEORIS

#### Recommended Coding

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Oct. 23/07	farewell Dinner for Gail Aguillon - 22 staff in attendance		\$2,400.84				
	- RAN Spertin	2 Connel					
· · · · · · · · · · · · · · · · · · ·							
<del></del>						· · · · · · · · · · · · · · · · · · ·	
						· · · · · · · · · · · · · · · · · · ·	
							· · · · · · · · · · · · · · · · · · ·
							<u>.</u>
					·		
	-						
			· · · · · · · · · · · · · · · · · · ·				.,
		1	l.			Total km	
			Rate	as outlined in	Section 2 - Trave		
Totals			2400.84				

#### **EXPENSE LIMITS**

#### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

Dinner

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

	SIGNATURE ** Customer Copy **	Subtotal: 2375.84  GRATUITY 35.70  TOTAL 2400.84	Check: 4014 Check: 102/1 Table: 102/1 Server: 113 spare s Server: G COLEMAN MILLER	Date: Oct23'07 09:17PM Card Type: VISA Card #: Acct #: Exp Date: 080830	L 10257 - 105 STREET EDMONTON, AB. EDMONTON, AB. T5J 1E3 T5J 1E3 780-421-4100 780-421-4429	Den alguellar men
		·		s.17(1), 17(4)(e.1)		
WELCOME TO CHARACTERS! & HAVE A GREAT DAY!!	Subtotal 1916.00 Service Chrg 344.88 SST 114.96 GST 2375.84	₹ 75 75	00	22 @ 66.00 SET MENU \$66 1452.00 1 1GL.gnarley dude 14.00 2 @ 8.50 1GL.FACELLI FUME 17.00	113 spare s Tbl 102/1 Chk 4014 Gst 22 Oct23'07 07:43PM	CHARACTERS REST 10257 ~ 105 Street EDMONTON, AB. T5J 1E3 (780) 421-4100 GST# 89206-4429



## Travel & Employee Expense Claim Form

(In Canadian Dollars)

			s.17(1	1), 17(4)(g)(i)			
Name:	Glenda Cole	eman-Miller	Employee Numbe	<u></u>	Union Nan	ne:	
Position	: Senior Op	perating Officer		Department: Exec			
Busines	s Phone: 7	35-5271	Period From: Oct	ober 3 to October	4 th , 2007		
Expenses another o	Paid (plea rganization	se attach receipts). Do not . Complete details on the c	include amounts other side of the fo	paid by Capital He orm	ealth or reim	bursed / reimburs	able by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62312000			\$154.43	×
201	0002	71110101001	6232000			258.00	$\boxtimes$
				2 Colorona de Constante de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Colorona de Col			
		5.60	INT	Capital He	alth / = ra		
		HOG.	217		1017		
			0 / 1	ăccour			
Less Cas	sh Advance	(		PAYAB	E		
Total					(44)	\$412.43	
vill be use	ed to proces	his form is collected under ses your claim.  the expenses listed above my behalf from Capital Her	were incurred on (	Capital Health bus			
Employee	e Signature	Delen	~an - 77	kller Date	Ulop	N 10/07	7
hereby ce	ertify that I !	nave reviewed the expense	s and rate at which	mileage is being	ı claimed.	, , , , , , , , , , , , , , , , , , ,	
Approved		a Pawlyshym	Title: V.P. & C.C	0.0.		Phone # 735-410°	1
(Signature)		Alpr	1	19207		Date	
Approved (Print name)			Title:			Phone #	
(Signature)						Date	

#### NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 --107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

#### EARPRISE CANNITOE CORY

#### **Recommended Coding**

- Local Travei Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
October 3rd	ACEN Meeting - Calary						600
October 3rd	ACEN Meeting - Calary	154.43					
			, , , , , , , , , , , , , , , , , , , ,				
	·					Total km	600
	•		Ra	te as outlined in	n Section 2 – Trave	el below @	0
Totals		\$154.43					\$258.00

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.



135 Southland Drive S.E. Calgary, Alberta T2J 5X5

Phone: (403) 278-5059 Fax: (403) 225-5834

Toli Free Reservations 1-(877) 278-5050 Email: info@deltacalgarysouth.com Web address: www.deltacalgarysouth.com

Room

0805

G.S.T. NO. 895126332 RT

ACENTURALLY Calgary

Folio#

Cashier #

162

Page #

1 of 1

**Capital Health** 

Glenda Coleman-Miller Royal Alexandra Hospital **Edmonton, AB T5H 3V9** 

CA

Arrival

10-03-07

Departure

10-04-07

*	139.00 1.39 8.42 5.62		# 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	Room C DMF Room G	10-03-07 10-03-07 10-03-07	
**************************************	8.42	; ; ; ;	2 : : : : : : : : : : : : : : : : : : :	SST			
1			:	SST	Room G	0-03-07	
:	5.62		;			0000	
			: .	Levy	Tourism	10-03-07	
0.0	154.43	Total	1		<del>-   </del>		
	154.43	Balance Due	i i		1		
1		j.		G.S.T. Summary			
. 1	d.				1		
* *	,		:		<u> </u>		
		·		0.00		Total	
		1 6 1 		8.42 0.00 0.00 0.00		Room F&B Other	

**Guest Signature X** 

I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.75 (Mon-Fri) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

E.&OE.



## Travel & Employee Expense Claim Form

Name: Glenda Coleman-Miller  Position: Senior Operating Officer  Business Phone: 735-5271  Period From: July 2007 to October 2007  Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed (reimbursed)	
Position: Senior Operating Officer  Business Phone: 735-5271  Period From: July 2007 to October 2007  Expenses Paid (please attach receipts). Do not include amounts paid by Capital Market.	
Business Phone: 735-5271 Period From: July 2007 to October 2007  Expenses Paid (please attach receipts). Do not include amounts paid by Capital Hardy	
Expenses Paid (please attach receipts). Do not include amounts poid by Conited the Ideal	
another organization. Complete details on the other side of the form	ble by
Bal Unit e.g. 201 E.g. 71135050044 Functional Centre e.g. 69500001 Non-Canadian Currency Rate Canadian \$ (including GST)	✓ if GST included
201 0002 71110101001 62310000 \$64.25	<b>⊠</b>
201 0002 71110101001 62310000 94.17	
201 0002 71110101001 69500007 24.33	⊠
Capital Health	
Less Cash Advance	
Total DEC 0 4 2007 \$182.75	
he information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation ill be used to process your claim.	
hereby certify that the expenses listed above were incurred on Capital Health business and have not been previo claimed by me or on my behalf from Capital Health or other organization.	usly
Employee Signature: Date: November 15, 2007	
ereby certify that I have reviewed the expenses and rate at which mileage is being claimed.	
Approved By: Joanna Pawlyshyn  Title: V.P. & C.O.O.  Phone # 735-4101	
Signature) Date	<del></del>
pproved By:  tritt name)  Title:  Phone #	· · · · · · · · · · · · · · · · · · ·
ignature) Date	
TE:  Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by	

- approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

## APPISICANT GORYS

#### Recommended Coding

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

			1		1		T
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage kn
July 2007	Mileage & Parking				\$6.00		34
Aug. 2007	Mileage and Parking				4.00		38
Sept. 2007	Mileage and Parking				27.50		77
Oct. 2007	Mileage and Parking				26.75		70
July 8,2007	Gift for D. Paulson - Committee Work					24.33	
					•		
		,					
			. <u></u> .				
					""' · · · · · · · · · · · · · · · · · ·		
	·						
			-			Total km	219
			Rat	e as outlined in	Section 2 - Trave	el below @	.43
Totals					\$64.25	24.33	\$94.17

#### **EXPENSE LIMITS**

#### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7.30 a.m.)

Lunch

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.) For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or

organizations whose representatives attended the lunch/dinner meeting.

#### Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager,
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Travel advance may be requested provided travel expenses are likely to exceed \$500.

8/9/2007 1.1 Trans:7451

insac i rdy '

Edmi

TYPE: PURCHAS:

ACCT: CHEQUIN

CARD NUMBER: DATE/TIME: 0// 8/09 REFERENCE #: 6 :0459 AUTHOR. #: 003 32

00 APPROVED - TANK Y

3cei**6** 3 635

AB

s.17(1), 17(4)(e.1)

11 )15170 S



# MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Program	Employee Name		Is a second	· · · · · · · · · · · · · · · · · · ·
TIVE		0:41	Location	Payroll #
EXL	Glenda (Oleman-	Miller	RAH	
		, , , , , , , , , , , , , , , , , , , ,	7	

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

	<u> </u>	
Month	Year	
JULY	2007	

Date	км	Parking	Date	KM	Parking	Date	КМ	Parking	Date	KM	Parking
1			9			17			25		i arking
2	٠.		10			18	12		26		
3	· · · · · · · · · · · · · · · · · · ·		11			19			27		
4			12	16		20	6	6.00	28		
5			13			21	<del></del>		29		
6			14		·	22			30		
7			15			23			31		
8			16	<u> </u>		24				···	

.

Total



# MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

D	T=					
Program	Employee Name		, i	Location	Payroll #	
LVIT	10101010	1 2/2	1h 11	DAL	•	
LAMEL	Gunaa	CUUMAN-	1111 (lV)	KMH		
		<u> </u>				

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month	Year
Hugust	2007

Date	KM	Parking	Date	KM	Parking	Date	км	Parking	Date	KM	Parking
1			9			17			25		
2	16		10		·	18			26		
3			11			19			27		
4			12			20	·	,	28		
5	<del> · · · · · · · · · · · · · · · · · · </del>		13			21			29		
6			14	· · · · · · · · · · · · · · · · · · ·		22			30		
7			15	16		23	6	400	31		
8			16			24					

Total 38 400





# MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

<u> </u>	12				<u> </u>
Program	Employee Name		1	Location	Payroll #
EXEC	Glenda	Coleman	-Muller	RAH	

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month	Year
Dent.	2007
	1001

Date	KM	Parking	Date	КM	Parking	Date	КМ	Parking	Date	KM	Parking
1			9			17	CAB	30.00	25		
2			10			18	16		26		
3			11		·	19	7	7.50	27		
4			12			20	16		28		-
5	······································		13	16		21	16		29		
6			14	Q		22	•		30		
7			15			23	·		31		
8	-		16			24					

Total 77 27.50

ver a a a e a a	(780) 462-3456
ielen en ene	10135 – 31 Avenue Edmonton, Alberta T6N 1C2
i	GST# 100403070
Date: 17 00 - 07	
Driver: MATEN	Car#:
From:	To:





# APPLICANT COPY MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Program	Employee Name			<u>.</u>
TVE	Color la Color	n 11	Location	Payroll #
RNC	Glenda Wilman-	Miller	KAH	
			1 11 11	<u>.</u>

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

J. R. A	
Month	Year
$I \rightarrow \mathcal{A} \mathcal{A} \mathcal{D} \mathcal{D} \mathcal{A} \mathcal{A} \mathcal{D} \mathcal{D} \mathcal{A} \mathcal{A} \mathcal{D} \mathcal{D} \mathcal{A} \mathcal{A} \mathcal{D} \mathcal{D} \mathcal{A} \mathcal{A} \mathcal{D} \mathcal{D} \mathcal{A} \mathcal{A} \mathcal{D} \mathcal{D} \mathcal{D} \mathcal{D} \mathcal{D} \mathcal{D} \mathcal{D} \mathcal{D} D$	$1 \rightarrow 0000$
<u> </u>	

Date	KM	Parking	Date	KM	Parking	Date	KM	Parking	D-4-	Tiese	
1			9					rarking	Date	KM	Par
			9			17			25		1/3
2	<u> </u>		10			18			26		
3			11			19	(0				
4			12				<del></del>		27		ļ
			12	· <del>- · · - ·</del>	-	20			28		
5			13	<u> </u>		21			29	:	
6	····		14			22				110	
7			15				110	000	30	10	
			15			23	14	0	31	10	
8	·		16			24	10	375			

Total 70 26.75

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION TIME

3.75 15210000 04:42 PM

UNIVERSITY OF

1095342

NON TRANSFERABLE

Menteralip awards DETACH RECEIPT FROM TICKET DATE ISSUED TIME ISSUED AMOUNT PAID

s.17(1), 17(4)(e.1)

ALBERTA 1095342 RECEIPT GST # R108102831

Name Amount Pd: Licence Prdv. Make

10135 – 31 Avenue Edmonton, Alberta T6N 1C2 (780) 462-3456

# Laraque (Savage), Aileen

From:

Barlow, Kathy

Sent:

Friday, November 30, 2007 2:04 PM

To:

Laraque (Savage), Aileen

Subject:

COLÉMAN MILLER, GLENDA

Follow Up Flag:

Follow up

Flag Status:

Red

Hi Aileen,

Just to keep you informed that I cannot process Glenda's expense of 182.75 because she is claiming 64.25 for parking and we have no receipts attached, As per policy we should have these receipts. Thanks

# Kathy Barlow Capital Health

Capital Health Accounts Payable Phone: 780-735-0474 Fax: 780-735-0508

Johnson

Capital Health
RECEIVED

DEC 0 4 2007

ACCOUNTS
PAYABLE



# Perky APPLICANT COPY

# **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

		<u> </u>						
Name:	Glenda Cole	man-Miller	Employee Numb	oer	Union Na	Union Name:		
Position	n: Senior Op	perating Officer		Department: RA	H - Exec		·	
Busines	s Phone: 7	35-5271	Period From: July 2007 to October 2007					
Expenses another c	s Paid (pleas organization	se attach receipts). Do no . Complete details on the	ot include amount	s paid by Capital F form	lealth or rein	nbursed / reimburs	able by	
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (ineluding GST)	✓ if GST included	
201	0002	71110101001	62310000	they Sa	1 south	\$64.25	<u>N</u>	
201	0002	71110101001	62310000	was ye	1 A 1	94.17		
201	0002	71110101001	69500007			24.33	⊠	
					i			
ş					PEVE			
Less Ca	sh Advance				17:20	11 (17 (18 (18 (18 (18 (18 (18 (18 (18 (18 (18	· 🗆	
Total				į. A	CODUNT	⇒ \$182.75		
vill be use	ed to proces	nis form is collected under ss your claim. the expenses listed above my behalf from Capital H	were incurred or	n Capital Health bu				
Employe	e Signature	: Am	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	Dat	Novembe	r 15, 2007		
hereby co	ertify that I I	have reviewed the expens	es and rate at whi	ch mileage is beir	ng claimed.	,		
Approved		a Pawlyshyn	Title: V.P. & C	0.0.0.		Phone # 735-410	1	
(Signature)		1	2-1	Nº 437		Date		
Approved			Title:			Phone #		
(Signature)					ļ	Date		

#### NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be
  processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- · See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- · Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

# FAPRILICANTE PAPY

#### Recommended Coding

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
July 2007	Mileage & Parking				\$6.00		34
Aug. 2007	Mileage and Parking				4.00		38
Sept. 2007	Mileage and Parking				27.50		77
Oct. 2007	Mileage and Parking				26.75		70
July 8,2007	Gift for D. Paulson - Committee Work				,	24.33	
			·				
							<u> </u>
MIN							
2							
	,						
					-		
<u></u>	-						
						· · · · · · · · · · · · · · · · · · ·	
		uinana.	f				
						Total km	219
			Ra	te as outlined i	n Section 2 – Trave	l below @	.43
Totals				T	\$64.25	24.33	\$94.17

#### **EXPENSE LIMITS**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch Dinner \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Travel advance may be requested provided travel expenses are likely to exceed \$500.

## Barlow, Kathy

From:

Barlow, Kathy

Sent:

Friday, November 30, 2007 2:04 PM

To: Subject: Laraque (Savage), Aileen COLÉMAN MILLÉR, GLENDA

Hi Aileen,

Just to keep you informed that I cannot process Glenda's expense of 182.75 because she is claiming 64.25 for parking and we have no receipts attached. As per policy we should have these receipts. Thanks

# Kathy Barlow

Capital Health Accounts Payable Phone: 780-735-0474 Fax: 780-735-0508

8/9/2007 1:08:15 PM Card &

Trans:7451

======Transaction Receipt Purdy's Store 635

Kingsway Edmonton, AB

TYPE: PURCHASE

ACCT: CHEQUING

\$ 24.33

CARD NUMBER:

s.17(1), 17(4)(e.1)

DATE/TIME: 07/08/09 13:15:11

REFERENCE #: 66104594 0010015170 S

AUTHOR. #: 003382

00 APPROVED - THANK YOU 001



# Travel & Employee Expense Claim Form

(In Canadian Dollars) s.17(1), 17(4)(g)(i)

			. 1		9' S.17(1)	, 1/(4)(g)(	(1)		
Name:	Name: Glenda Coleman-Miller Employee Number: Union Name:								
Position	Position: Senior Operating Officer Department: RAH - Executive								
Busines	s Phone: 7	35-5271	Period From: No	ov. 28t	h to Decemb	er 6, 2007			
	Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form								
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001			Rate	Canadian \$ (including GST)	✓ if GST included	
201	9000 DEC	71110101001	02312000	73	14		\$713.69	⊠	
201	0002	71110101001	62312000		Cer	itol Hoalih	189.00		
201	0002	71110101001	41030000		MEC		44.50	$\boxtimes$	
	÷				JAN	0 3 2008	- 100		
	-				AGC	QUNTS	* FT (CEEP) TITLE		
							+		
Less Ca	sh Advance								
Total	Total \$947.19							⊠	
The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.  1 hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously									
		my behalf from Capital H				mess and n	ave not been pre	riousiy	
Employe	Employee Signature: Date: December 11, 2007								

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Joanna Pawlyshyn (Print name)	Title: V.P. and C.O.O.		Phone # 735-4101
(Signature)	02 JAN 08	1	Date
Approved By:	Title:	5	Phone #
(Signature)		,	Date

#### NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- · Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

#### EXPERSECIANITECTARY

#### **Recommended Coding**

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Nov. 28	Taxi to Edmonton International - ACEN Conference				\$50.00		
Nov. 28	Taxi - Airport Offawa to Hofel - ACEN				29.00		
Nov. 28 - Dec. 1/07	Hotel - Ottawa - ACEN Conference	713.69					
Dec. 1/07	Taxi - Hotel in Ottawa to Airport - ACEN				30.00		
Dec. 1/07	Airport to hotel in Philadelphia (Wharton Course)				30.00		
Dec. 3/07	Printer Charges for Meeting Prep Material					44.50	
Dec. 6/07	Taxi - Edm. International to home				50.00		
		<u> </u>					
·			<del></del> .				
		,					
						Total km	
	>		Rat	te as outlined in	n Section 2 – Trave		
Totals		\$713.69			\$189.00	44.50	

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch Dinner \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of
  approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies
  otherwise).
- · Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.



OTTAWA HOTEL

#### THE PLACE TO MEET.

Crowne Plaza Ottawa 101 rue Lyon St.

Ottawa, Ontario Canada K1R 5T9

tel (613) 237-3600 fax (613) 237-2351 www.crowneplaza.ca

Glenda Colman-Miller

s.17(1), 17(4)(g)(i)

A/R #:

Group / Groupe:

Invoice #:

Foliio #:

269732

Reference #:

Page #:

1 of 2

Cashier / Caissier:

1407

Arrival / Arrivée : Departure / Départ :

Room / Chambre

11-28-07 12-01-07

2007

www.crowneottawa.ca

Date	Description		Charges / Débits	Credits / Crédits
11-28-07	In Room Dining Dinner #2007 : CHECK #	5025	21.12	;
11-28-07	Accommodation		209.95	
11-28-07	Room PST Tax 5%	2 7 . 70	(10.50)	P.
11-28-07	Room GST Tax 6%		12.60	
11-28-07	Room DMF Fee	,	5.94	
11-28-07	GST on DMF		0.36	
11-29-07	Accommodation	<del></del>	209.95	
11-29-07	Room PST Tax 5%		10.50	
11-29-07	Room GST Tax 6%	· · · · · · · · · · · · · · · · · ·	12.60	
11-29-07	Room DMF Fee		5.94	- * * *
11-29-07	GST on DMF		0.36	
11-30-07	In Room Dining Dinner #2007 : CHECK #8	5124	20.12	
11-30-07	Accommodation		169.95	
11-30-07	Room PST Tax 5%		8.50	
11-30-07	Room GST Tax 6%		10.20	
11-30-07	Room DMF Fee	,	4.81	
11-30-07	GST on DMF		0.29	
11-30-07	Visa	s.17(1), 17(4)(e	2.1)	713.69



OTTAWA HOTEL

#### THE PLACE TO MEET.

Crowne Plaza Ottawa

101 rue Lyon St.

Ottawa, Ontario Canada K1R 5T9

tel (613) 237-3600 fax (613) 237-2351 www.crowneplaza.ca

Glenda Colman-Miller

s.17(1), 17(4)(g)(i)

A/R #:

Group / Groupe:

Invoice #:

Foliio #:

269732

Reference #:

Room / Chambre

2007

Page #:

2 of 2

Arrival / Arrivée :

11-28-07

Cashier / Caissier:

1407

Departure / Départ :

12-01-07

www.crowneottawa.ca

Date Description						Charges / Débits	Credits / Credits		
					_	To	otal	713.69	713.69
•						Balar	nce	0.00	
Room GST Ta	GST Tax 6% F	-	Room PST Tax	·	GST on DMF			Room DMF Fe	
35.40	1.88	0.00	32,01	0.00	1.01	0.00	0.00	16.69	0.00

GST # 886827930

Signature:			
Signature:			
	 <del></del>	 	

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association falls to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Date: 12/03/07

Time: 13:13

Location: 0073 2 hilton penn

GLENDA COLEMAN-MILLER

APPLICANT COPY printing off documents for con_penn telesoferesel se mid year burdget preparation

Minutes Charged: 10

Total: \$4.90

Laser Printer

Price Per Page: \$0.99

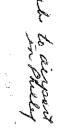
Pages Printed: 40

Total: \$39.60

Total Charges: \$44.50

Thank you for using Cybershell Kiosk (949)707-0399 a divi





*		
	Amount/Montant: PGF  From/De: QIRPSF	IPT/REÇU 28   1 200 27
		Driver/Chauffel Colds
	PRESTIG	(780) 462-44
	Date: Dec 6-1	7Amount:50,00
	From: 5.17(1), 17(4)(	To:_ $g(i)$
P	RESTUGE BABS	(780) 462-4444 10135 - 31 Avenue Edmonton, Alberta T6N 1C2 GST# 100403070
Driv		Amount: 50,00  Car #: 99-
$s.17(1), 17(4)(g)(i)_{Fron}$		x /timpon)

BLUELINE	Job# RECEIPT FE	Property of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	7
Amount SO	Date /	Dec	07_
To Aupar	1 3		E
Cab No. 467	Driver H	14	<del></del>
G.S.T. Included in meter fare	VISA	MaterCard. (AMERICA)	Diners Club



# Travel & Employee Expense Claim Form

(In Canadian Dollars) s.17(1), 17(4)(g)(i)

Name: Glenda Coleman-Miller	Employee Number:	Union Name:
Position: Senior Operating Officer	Department:	RAH - Exec
Business Phone: 735-5271	Period From: November 2007	to January 2008

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62310000			\$85.00	×
201	0002	71110101001	62310000			95.46	×
				Capi	al Hanta	istru.	
					d Hoalt		
				PEB 2	8 2008	Ė	
Less Cas	h Advance			ACCO	UNTS	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR	
Total						\$180.46	

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred claimed by me or on my behalf from Capital Health or other o	lth business and have not been previously
Employee Signature:	Date: Feb. 26, 2008

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Joanna Pawlyshyn (Print name)	Title: V.P. & C.O.O.	Phone # 735-4101
(Signature)	- 363d08\	Date
Approved By: (Print name)	Title:	Phone #
(Signature)		Date
NOTE:		

NOIE

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be
  processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

#### EXPERSEC DANT DETAILS

#### **Recommended Coding**

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Nov. 07	Mileage & Parking				\$41.00		102
Dec. 07	Mileage and Parking				15:60		54
Jan. 08	Mileage and Parking			Date	28.40		66
				0	3000	38	
					<b>→</b>		:
· ·							
			<del></del>				
					3411		
· ·							
_ <del></del>							
					85.00		
	<u> </u>			<u> </u>		Total km	222
· ·			Rat	te as outlined ir	Section 2 - Trave	l below @	.43
Totals					\$85.00		\$95.46

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- · Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.



# MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Danis	Te :				<u> </u>	
Program	Employee Name	<i>[</i> 1	-	Location	Payroll #	
DVDI	1/1/0:00	/ n/	ha all	0.01	7 1	
INC	- GIRNAK	Coleman-	11/1/1/10/	I KHH		
		- autioni-	TI CITUE!			

s.17(1), 17(4)(g)(i)

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month 1	Year
1 Klailan Di	
$1 \times 10000000000000000000000000000000000$	1 2000
1 / NOVE 1100 1 C	
	·

Date	КМ	Parking	Date	КМ	Parking	Date	KM	Parking	Date	KM	Parking
1			9	16	200	17			25		
2	Re	1200	10			18			26		
3			11			19			27		
4	-		12		:	20	16	2.75	28		
5	14	2.75	13	14	4.00	21	16-	1000	29		
6			14			22			30		
7			15	6	7.50	23			31		
8			16			24					





NON TRANSFERABLE

LBERTA

# LAY THIS SIDE UP ON DASHBOARD

AMOUNT PAIL

ALBERTA 1060911

DATE ISSUED

DETACH RECEIPT FROM TICKET

STILL STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE EXPIRATION TIME

CREDIT CARD NUMBER

10000000

NON TRANSFERABLE

DISPLAY THIS SIDE UP ON DASHBOARD

**EXPIRATION TIME** 

DATE ISSUED TIME ISSUED

CREDIT CARD NUMBER

DETACH RECEIPT FROM TICKET

EXPIRATION DATE

THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S

NON TRANSFERABLE

ALBERTA 844361 

ALBERTA 844361

GST#R108102831

RECEIPT

+

ALBERTA 1060911 RECEIPT GST # R108102831

DATE ISSUED TIME ISSUED DETACH RECEIPT FROM TICKET

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

CREDIT CARD NUMBER

ALBERTA 1076137

í

NON TRANSFERABLE

ALBERTA 1076137

GST # R108102831

RECEIPT

129



# MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Program	Employee Name	Location	Payroll #
EXEC	Glenda Coleman -	Miller. RAH	

s.17(1), 17(4)(g)(i)

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month	Year
December	2007

Date	KM	Parking	Date	KM	Parking	Date	KM	Parking	Date	KM	Parking
1	·		9			17	16	3.55	25		
2			10			18			26		
3		•	11			19			27		
4			12	16	2.00	20			28		
5	· · · · · · · · · · · · · · · · · · ·		13			21			29		
6			14	0	6.00	22			30		
7	16	400	15			23			31		
8			16			24					

Total 54 15.60

NON LEVINZEERVETE





AR LA ARANAKAT ÓÐ

DISPLAY THIS SIDE UP ON DASHBOARD

NON LKVNZŁEKVBTE

**KECEILL** 

CREDIT CARD NUMBER

_IE8108102831_

C2L # K108105831 708672

DELYCH KECEBL EKOW LICKEL

CKEDII CYKD NOWBEK

DELYCH KECEILL EKOW LICKEL

DISPLAY THIS SIDE UP ON DASHBOARD

C2L# K108107831

ALBERITA OF 1086731

(1.9)(4)(1), 17(4)(e.1)

MANUOMA AMOUNT PAID

DVLE IZZNED LIME IZZNED

NON LEVNZEEKVETE

1673801

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET



HEAC 1891 PLACE THE SIDE UP 1891 PAINT SOAL

Head no quedis siht e

# Capital Health

# APPLICANT COPY MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

	•		<u>-:</u>
Program	Employee Name	Location	Payroll #
EXEC	Glenda Coleman-Miller	RAH	

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month	700 V
U	

Date	КМ	Parking	Date	KM	Parking	Date	KM	Parking	Date	KM	Parking
1			9			17			25		
2			10			18	6	1000	26		
3			11	6	2.00	19			27		
4			12			20			28		
5			13			21			29		
6	·		14	16	6.75	22			30		
7			15	Co		23			31		
8	14	4.25	16	16	5.40	24					

28.38+ 24.15 = 50.53

24.15



DELYCH KECEILL EKOW LICKEL

DISPLAY THIS SIDE UP ON DASHBOARD

NON IKYNSEEKVBI'E

C2L # KI08105831

8.17(1), 17(4)(e.1)

C2L # KI08105831

RECEILL

992682

DISPLAY THIS SIDE UP ON DASHBOARD

CST# R108102831

RECEILL

DETACH RECEIPT FROM TICKET



DISPLAY THIS SIDE UP ON DASHBOARD

DISPLAY THIS SIDE UP ON DASHBOARD EXPIRATIONTIME

AMOUNT PAID

202000055W

NON TRANSFERABLE

ALBERTA

CREDIT CARD NUMBER

RECEIPT GST#R108102831_ 739331 DATE ISSUED TIME ISSUED DETACH RECEIPT FROM TICKET

134



# Travel & Employee Expense Claim Form

			(In Canadian	Dollars) $s.17(1)$	), $17(4)(g)$	(i)	
Name:	Glenda Cole	man-Miller	Employee Numbe	r;	Union Nam	ie:	9
Position	: Senior Op	erating Officer	C	epartment: Execu	ıtive		
Busines	s Phone: 7	35-5271	Period From: June	e 9/08 <b>to</b> June 9/0	8		
Expenses	s Paid (pleas	se attach receipts). Do no . Complete details on the	t include amounts   other side of the fo	oaid by Capital He	aith or reim	bursed / reimburs	able by
Bal Unit e.g. 201	ı -	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	711401001	62410000			\$156.76	
		211101010	d /				
Less Cas	sh Advance		/	<u> </u>			
Total						\$156.76	
will be use	ed to proces	nis form is collected under ss your claim. the expenses listed above my behalf from Capital H	were incurred on 0	Capital Health bus	·		
Employe	e Signature	: Bleen	m - 7	Date:	June 20, 2	800	
hereby co	ertify that l	have reviewed the expens	es and rate at whic	h mileage is being	claimed.		
Approved		a Pawlyshyn	Title: V.P. & C.0	O.O. Caracacacacacacacacacacacacacacacacacaca		Phone # 735-410	1
(Signature)		15/2	1029	July 08		Date	
Approved (Print name	d By:		Title:	<u> </u>		Phone #	
(Signature)	·-			547.53		Date	
IOTE:			TORY	Ot his more all			

#### NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

# APPLICANT COPY EXPENSE CLAIM DETAILS

#### Recommended Coding

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration	Transportation \$	Other	Mileage km
•	Dinner with Foundation Board			& Materials			
Јипе 20/08	Member Member		\$156.76				· <del>Lau.</del> .
							·
_							
	· · · · · · · · · · · · · · · · · · ·						
				441	0 # 0 T	Total km	<u> </u>
				as outlined in	n Section 2 – Trave	ei below @	
Totals			\$156.76				

#### **EXPENSE LIMITS**

#### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following
  requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### 3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

# Royal Mayfair Golf Club

Chit Details	ajad salam sajan sajan dahib salah tampi ti -
Member Gov Ser IN C1	Copy Possible
	ers: 4 (1), 17(4)(g)(i)
Date, Jun 1978 In	me: 7:44pm
Peaches a sileaf Peaches & Butterleaf Peaches & Butterleaf Peaches & Butterleaf 3 Smoked Salmon & Brie 8oz Thompson Burger 2 Moore's Crk Chard Gl 2 Fab Pinot Grigio Gls 2 Mirassou P Noir Gls	9.75 17.50
Sub-Total: GST # 119322980	130.25 6.51
omit Total:	\$136.76
Gratuity:	2,00
Total:	156.76
ATTENDERS: DAVE SHEARD LOIS STEEPEN JOANNA VANLYS GLENDA COLEM DO YOU Hula? Hawaiian Luau July 11th	an - MILLER

End of Chit

s.17(1), 17(4)(e.1)

19:51:00 06-05-2008 C Acet # Card Type VI Name ( JLETIAN - MILLER/GLENDA -A0000000031010

Trace # 580007 FS2261293702

Inv. # 143

RRN 001381007 Auth 017916

P. Auth Purchase

Tip Total

Customer copy



# ployee Expense Claim Form

Canadian Dollars) s.17(1), 17(4)(g)(i)

e Number:	Union Name:	
Department:	RAH - Exec	
rom: May 2008 to Aug	just 2008	_

Expenses Paid (please attach receipts another organization. Complete detail

Name: Glenda Coleman-Miller

Position: Senior Operating Officer

Business Phone: 735-5271

another c	organization	. Complete detail
Bal Unit e.g. 201	Location e.g. 9000	Functional © e.g. 7113505
201	0002	71110101001
201	0002	71110101001
		· · · · · · · · · · · · · · · · · · ·
Less Cas	h Advance	-
Total	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

amounts paid by Capital Health or reimbursed / reimbursable by

ount 9500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
<u>00</u>			\$180.60	Ø
00			174.15	
				$\boxtimes$
9: :: :: :: ::				
다. 	A Section	* *	\$354.75	

of the Regional Health Authorities (Ministerial) Regulation and

I hereby certify that the expenses lister claimed by me or on my behalf from ©

The information on this form is collectwill be used to process your claim.

**Employee Signature:** 

claimed by me or on my behalf from C

I hereby certify that I have reviewed the

Approved By: Joanna Par (Print name)	wyshyn
(Signature)	M
Approved By: (Print name)	0
(Signature)	

#### NOTE:

- Expense claim must be properly and approver. The approver must initial required supporting documents to a approval.
- GST amounts included in the expens
- Fully completed Travel & Employee processed the following week.
- For all employees on the payroll syst
- For physicians, contracted employes through the internal mail system.
- See page 2 of this form for expense
- Approved claim form with receipts sin 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a T

rred on Capital Health business and have not been previously her organization.

Date: (lug 39/08

e at which mileage is being claimed.

Phone # 735-4101
Date
Phone #
Date

be supported by original receipts or a copy as certified by the at are not supported by original invoices or do not have all the vithout support. Unsupported claims over \$1,000 require Level 4

lated by Accounts Payable.

received in Accounting Services by Thursday, 4:00 p.m. will be

sements will be deposited to employee bank account.

hrough the payroll system, expense reimbursements will be mailed

ints Payable (Capital Health Centre, North Tower - 10th Fl., 10030 -

(CH 198) in advance authorized by a COO or VP

# EMPENSICA NITH GEORYS

## **Recommended Coding**

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

<u> </u>							
Date	Particulars (Describe Purpose of Trip & Location)	Accomm.\$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
May 2008	Mileage & Parking				\$49.05	_	124
June 2008	Mileage and Parking				36.10	<u>                                     </u>	
July 2008	Mileage and Parking				16.00		86
August 2008	Mileage & Parking				79.45		18 177
							<u> </u>
						· · ·	
-							
<u> </u>			·			Total km	. 405
otals			Rate	as outlined in	Section 2 - Trave	l below @	.43
- Caio					\$180.60		\$174.15

#### **EXPENSE LIMITS**

#### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Dinner

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.) For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or

organizations whose representatives attended the lunch/dinner meeting.

- Use of personal automobile -- From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise)
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.



# MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Program	Employee Name	1.	
i Togram	Comproyee Wallie	Location	Payroll #
FXFC	Glenda Coleman-Miller	ROH	
	Tara Country Times	1 1/11/11	
			<del></del>

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month	Year
mu	2008

Date	KM	Parking	Date	KM	Parking	Date	KM	Parking	Date	KM	Parking
1			9			17			25		
2			10			18			26		
3			11			19		,	27		
4			12	1:6	5.80	20			28		
5			13	4	200	21	14	5.00	29	14	7.25
6			14	6	500	22	16	7.25	30		
7	16	5.00	15	16	305	23		,	31		
8	16	8.70	16			24					

Total 124 49.05

**IE8**7

RECEIPT

CKEDIT CARD NUMBER

AON TRANSFERABLE

HEAC NO GU BOIR SIHT EDALG

DISPLAY THIS SIDE UP ON DASHBOARD

IE8.

RECEIPT



DELYCH KECEILL EKOW

s.17(1), 17(4)(e.1)

DATE ISSUED TIME ISSUED

DETACH RECEIPT FROM

NON LEVINZEEUVETE

9**5:90**0000060<del>1</del>7 02**:**8

DISPLAY THIS SIDE UP ON DASHBOARD

KECEILL



(1.<del>9</del>)(4)(1), 17(4)(e.1)

CKEDLL CYKD MOMBEK

AMOUNT PAID

DELYCH KECEILL EKOM

NON LEVNSEEEVBLE

2°80 7403000002:24

8260880

DISPLAY THIS SIDE UP ON DASHBOARD

KECEIbL

CREDIT CARD MUNBER

NON IKUNZEEKVETE

1889960

WH 24:110000604700°S

DISPLAY THIS SIDE UP ON DASHBOARD

C21 # K108107831

OF AT A DATA A DATA A DATA

KECEILL

∠099960 **∀** 

DELYCH KECEIЬL EKOM LICKEL

(1.9)(4)71.(1)71.8

CKEDIL CYKD NIWBEK

DETACH RECEIPT FROM TICKET

NON LEVINZEEEVETE

W \$1:70 000060+7 SZ'2

4099960

DISPLAY THIS SIDE UP ON DASHBOARD

[ IE8Z01801H # LS9

RECEIPT

CKEDIL CVKD MOWBEK

8701880

NON IKYNSEEKYBTE

1212960

DISPLAY THIS SIDE UP ON DASHBOARD

CST # R108102831

RECEIPT

F, F, T, A 0967171

DELYCH KECEILL EKOW LICKEL



(1.9)(4)(1), 17(4)(e.1)

CREDIT CARD NUMBER

DELYCH KECEILL EKOM LICKEL

NON LEVINZEERVETE

Md tG:20000060t7. 97."/

EXPIRATION DATE

DISPLAY THIS SIDE UP ON DASHBOARD

DISPLAY FACE UP ON DASH

IMPARK LOT 002-200 EDMONTON, AB. 780-420-1976 GST #88731 5638 RT0001 Machine Serial #:000005071052

EXPIRY DATE AND TIME

EXP 01:55pm MAY 14,2008

TICKET# 00087892 LOT# 00020256

CC \$0005.00 Visa MACH# 0: FOLLOW INSTRUCTIONS UN SIGNS POSTE

1 Hour \$5.00

Pay from your cell phone 423-1922 Location 9804 goto www.lmparkWireless.com

s.17(1), 17(4)(e.1)



# MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

			···	
Program	Employee Name	Location	Payroil #	
EXEC	Glenda Coleman-Miller	RAH		

s.17(1), 17(4)(g)(i)

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month	Year
Time	3008
June	1 0008

Date	КМ	Parking	Date	КМ	Parking	Date	KM	Parking	Date	KM	Par
. 1			9			17:			25	16	10
2	16	4.35	10			18			26		
3			11			19	16	5.00	27		
4			12	16	1.25	20			28		
5			13			21	, .		29	: 	_
6			14			22			30		
7			15			23	16	4.35	31		<u> </u>
8			16			24	0	5.00			

(1.9)(4)(1), 17(4)(6.1)

DETACH RECEIPT FROM TICKET

**7/6196** 

WE 05:20 000006072 52't

SPLAY THIS SIDE UP ON DASHBOARD

CST# R108102831

RECEILL

(1.9)(4)(1), 17(4)(e.1)

CKEDIT CARD NUMBER

DELYCH KECEILL EKOW LICKET

NON IRANSFERABLE

WH #9:90000060#7 97'2

DISPLAY THIS SIDE UP ON DASHBOARD

CST# R108102831_

925128

(1.9)(4)71,(1)71.8

CKEDIT CARD NUMBER

AMOUNT PAID

DELYCH KECEILL EKOM LICKEL

NON LKYNSEEKYBTE

4°22 540300000 10:54 HW

DISPLAY THIS SIDE UP ON DASHBOARD

C21# KI08102831

RECEILL

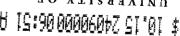
997178

CREDIT CARD NUMBER S.1 7(1), 17(4)(e.1)

LIME ISSUED

DELVCH BECEIFT FROM TICKET

NON IKYNSEEKYBIE



DISPLAY THIS SIDE UP ON DASHBOARD

C21# K108102831

RECEIPT .

NON TRANSFERABLE

131918

ALBERTY ONLVERSITY OF



131918

ALBERSITY OF



WU 32:60000060+7 AA'C

CKEDIL CYKD NUMBEK

GIAT TNUOMA

TIME ISSUED

WE EZZOED

DETACH RECEIPT FROM TICKET

EXPIRATION TIME

EXPIRATION DATE

DISPLAY THIS SIDE UP ON DASHBOARD

E

17(1), 17(4)(e.1



# MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

I b				
Program	Employee Name		Location	Payroll #
				rayion#
LVLP	1/ 1/0- 10/010-	mille /	DAL	1
ILNE	Glenda Coleman	1-14/1/10/	I KHN	
	30.001	· · · · · · · · · · · · · · · · · · ·		

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

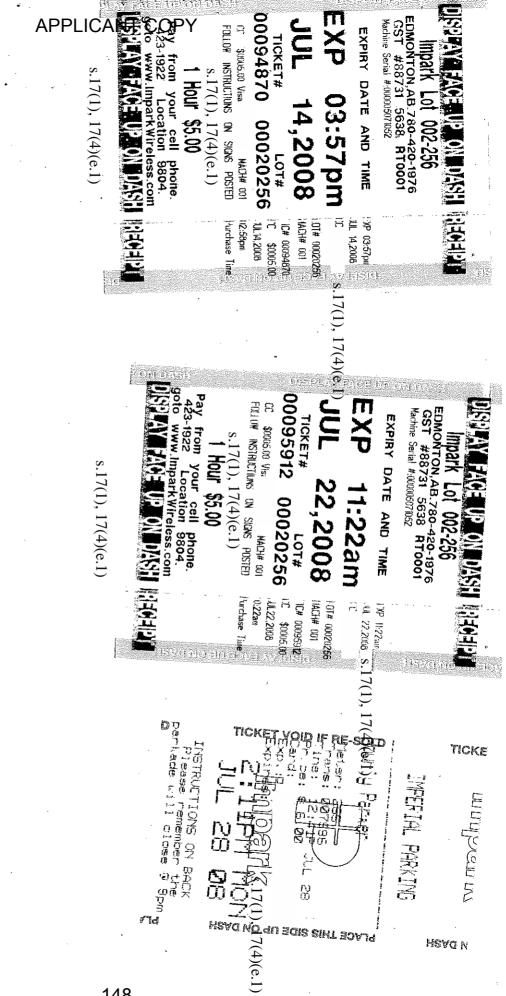
2) Driving to and from work is not considered business travel and must not be claimed.

Month		Year
July o	5008	3008
7 1	-	

Date	.KM	Parking	Date	KM	Parking	Date	КМ	Parking	Date	КМ	Parking
1			9			17			25		
2			10			18			26		
3			11			19		,	27		
4	-		12			20			28	9	6.00
5		,	13	····		21			29	,	
6			14	0	500	22	6	5.00	30		
7			15	·		23		,	31		
8			16			24				-1	

Declaration: I hereby certify that the mileage and parking charges listed above were incurred on Capital Health business and that the amount has not been previously claimed by me or on my behalf.

Total /8 /60





# MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Program	Employee Name		Location	Payroll #	
EXEC	Glenda	Coleman-Miller	RAH		

s.17(1), 17(4)(g)(i)

Total

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month	Year
Maust	2008

Date	KM	Parking	Date	км	Parking	Date	KM	Parking	Date	КМ	Parking
1 -			9			17			25	22	9 35(2)
2			10			18			26	16	435
3			11			19		,	27	16	435
4			12			20	16	8.70	28		
5	16		13	16	11.60	21	21	500	29		1
6	16	435	14	16	4.35	22			30		
7	16	1305	15			23			31	-	
8	6	1435	16			24				V+2	r (-)

Declaration: I hereby certify that the mileage and parking charges listed above were incurred on Capital Health business and that the amount has not been previously claimed by me or on my behalf.

ないなていきひで *Leible* 

**APPLICANT CO** 

A INANSMERARI F

(1.9)(4)(1), 17(4)(e.1)

CREDIT CARD NUMBER

DETACH RECEIPT FROM TICKET

EXPIRATION DATE

**GIAST TNUOMA** 

DISPLAY THIS SIDE UP ON DASHBOARD

70 00000C0+2 08

2950765

RECEIPT

99970362

NON TRANSFERABLE

**JUKTINK** 

CHARGES ARE FOR THE USE OF THE PARKUG SPACE OULY. WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO THE THE THE THE THE THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE T

GIA9 TNUOMA

EXPIRATION TIME

EXPRATION DATE

ORACAHSAG NO AU EIDE SIHT YAJASIG

(1.9)(4)(1), 17(4)(e.1)

CREDIT CARD NUMBER

DETACH RECEIPT FROM TICKET

CST# R108102831

KECEILL

(1.9)(4)(1), 17(4)(6.1)

CKEDIL CVKD NUMBEK

AMOUNT PAID

JUNE ISSUED

DELYCH KECEILL EKOW LICKEL

NON IKVNSEEKVBTE

**II** \$

DISPLAY THIS SIDE UP ON DASHBOARD

FOLLOW INSTRUCTIONS

ON SIGNS POSTED

MACH# 001

C# 00097859 IT# 00020256

EXPIRY DATE AND TIME

s.17(1), 17(4)(e.1)

ki jei

150

EST#RI08102831

(1.9)(4)(1), 17(4)(6.1)

ALAE HELENT CONTROLL OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA

CREDIT CARD NUMBER

NON IKVÄSKEKVBIE



WU GG:20000060+7 GC"+

MAT TNUOMA

EXPIRATION DATE EXPIRATION TIME

DISPLAY THIS SIDE UP ON DASHBOARD

CST#R108102831_

KECEILL



(1.5)(4)(1), 17(4)(e.1)

CKEDIL CYKD NOWBEK

DELYCH KECEILL EKOW LICKEL

DELYCH KECEIŁI EKOW LICKEL

NON IKYNZEEKYBTE



WH 75:2000006072 SO 'SI \$

EXPIRATIONTIME

EXPIRATION DATE

NON IKANSFERABLE

DISPLAY THIS SIDE UP ON DASHBOARD

C2L#KI08105831

RECEIPT



(1.9)(4)(1), 17(4)(e.1)

CKEDIL CVKD NUMBEK

GIAT TAUOMA

DETACH RECEIPT FROM TICKET

Uau con amus

DATE ISSUED

67:20 000006072 SC 14

EXPIRATION TIME

DISFLAY THIS SIDE UP ON DASHBOARD

C21#R108102831

KECEILL



(1.9)(4)71,(1)71.8

TO STATE CALL OF MUMBER

DELYCH BECEILL EBOW LICKET

ATHVHIE.



MA 18:70 000000042 88.4

EXPIRATION TIME

TYLIKYLION DYLE

DISPLAY THIS SIDE UP ON DASHBOARD



77480862

RECEIPT

dBKTINK...

29508474

NON TRANSFERABLE

CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY
CARRIED TO FIRE THEFT OR COLLISION
OF WITHOUR BE RESPONSIBLE FOR LOSS OR DANAGE TO
TAKE TO THE THE PARKING SPACE ONLY
OF THE PARKING SPACE ONLY
OF THE PARKING SPACE ONLY

(1.9)(4)(1), 17(4)(e.1)

CREDIT CARD MINIBER

**GIAS TNUONA** 

DETACH RECEIPT FROM TICKET

**UNATINUOMA** 

EXPIRATION TIME

EXPIRATION DATE

DISPLAY THIS SIDE UP ON DASHBOARD

7148036Z

RECEIPT



78096Z

AON TRANSFERABLE

CHARGES ARE FOR THE USE OF THE PARKING SPACE OULX WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO TIMITED TO FIRE, THEFT OR COLLISION

(1.9)(4)(1), 17(4)(e.1)

CHEDIL CARD NUMBER

**GIAS TNUOMA** 

7#6990000 AN

TIAG NOITARIAXE

DRADBHSAG NO AU 3GIS SIHT YAJASIG

NON LKVNSEEKVBTE

BEK

CST#R108102831_

RECEILL

UNIVERSITY OF

DETACH RECEIPT FROM TICKET



(1.9)(4)71,(1)71.8

CREDIT CARD NUMBER

αιλη ΤΝυοιλ

22 5409000005:53

EXPIRATION TIME

EXMIKATION DATE

DISPLAY THIS SIDE UP ON DASHBOARD

DELYCH KECEIŁL ŁKOW LICKEL



# APPLICANT COPY Payment Requisition

Accounting Services 10th Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J 3E4

	V . V .							•				
1. Required fields are		PAYEE IN	FORMATIC	N (Check	one only) [	Vendor	☐ Patient		<del></del>	<del></del> _		
Invoice date, Invoice number Vendor name.	Invoid	ce Date O	ctober 15,	2008	Invoice Num	ber		PO#	· · · · · · · · · · · · · · · · · · ·			
2. Address is required if there	Vend	or Name (	Glenda Col	eman-Mil	ler	s.17(1	), 17(4)(g)	(i)endor Numbe	·r			
is no invoice. 3. In all cases if	Addre	ess						City	-			
a P.O. was used it must be noted		Province/State			Postal Code	Postal Code C		Country		:		
4. Complete entire section.	II P	AYMENT	DETAILS	Reason	for payment:	or payment: Reimbursement of expenses - dinner with keynote speakers						
5. CMS contract number is provided by	for Sp	eaking of	Women's		onference (O		····					
CCO.	Is this	a P.O. or	contract pay	ment?	] Yes ⊠ No	)				*		
exemption numbers are assigned by Accounting	CMS o	If this purchase requires a contract and CMS contract number, please contact C Office (CCO)				you do not have a CMS (Contract Management Number			ent Syst	em) Contract		
Services 7. For invoices with a purchase	KN Ye	s describe	(staff exp	enses)		· 📙	No, exemptio		/ "			
order, only invoice total is required.	(items	Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)  Yes,  No Explain Below										
	Explan	Explanation:										
	Are ori	ginal attacl	nments to b	e mailed v	with cheque?	(Note 2)		s 🔲 No				
8. All fields are required if there	III EX											
is no purchase order:	Bal Unit   Location   Functional Centre e.g. 201   e.g. 9000   e.g. 71135050044		Acc		Expense Sub-Total	GST if applicable		Total Payment				
9 All codes must be Oracle codes	201	0002	7155	8000206	120 <del>2400</del>		\$424.8	Sometime of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	weich maci is specified	\$424.85		
- do not use Vax or Tandem codes				<del></del>	6950 0000				ene gra	1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1 TOWN 1		
10 Check with Business			·					107 2 9 2M	18			
Support for available codes.								AGGQUNI TATABLE	8	A CONTRACTOR		
	Current Can	cy (select o								out.		
11. This section		THORIZAT	U.S.	Othe	<u> </u>	OTAL	\$424.85			\$424.85		
is required for all payments.	l confirm	n that the	above iten	ns have n	ot been prev	iously pai	d, the expens	ses relate only	to Capi	tal Health		
12 Approver should not be			rmation po of name) De		n this form is fson	(Signature	( / //	e.	Phon	# <b>735-577</b> 9		
requisitioner unless no other person is		ecutive Se							Date	Oct. 15, 2008		
avallable	Approved	by (Print n	ame) Joan	na Pawiy	shyn	(Signature		Dy Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Con		# 735-4101		
confirms that this payment	Title: VP	& COO				Signing	uthorny Level #	45 4008	Date			
has not already been made.	Approved by (Print name)				(Signature)			Phone #				
W	Title:	NU D DE	N ACCOR	24110511	# <b>T</b> !! 6:61:11	Signing Authority Level # NING AUTHORITY POLICY NUMBER FINA			Date			
FOR DETAILS	ארט פאכ	OULD BE	N ACCURI	DANCE W	TH SIGNING	AUTHOR	HITY POLICY	NUMBER FINA	NCE 4.	I – SEE PAGE 2		
<ol> <li>All employee</li> <li>All cheques a</li> <li>Fully complete</li> </ol>	nd attachm ed paymen	ents will be i t requisitions	mailed out by received in A	Accounting scounting 9	yee Expense Cla Services. Cheq Services by MON ill be returned v	ues will NOT	m will be proce	eturned to departme ssed that week	ents for m	ailing.		

NO

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians Agencies or Non Hospital Surgical Facilities

Contracted

Level 2 Level 3 Level 4 Level 5 Level 6 Level 7	rity Levels  1 Board  2 President  3 Executive Vice President  4 COO, VP, CIO, CPO  5 SOO, Regional Direct  6 Director or equivalent  7 Manager or equivalent  8 Coordinator, Supervis				
Level 9	Business Support Dire	ors/Assistant Directors		à e	10.00
	-1	Decision/transaction	Autho	<b>2</b> -5 a	Limits
A				<b>.</b> 1000	(Cdn \$)
	val for invoice paymen			euru.	
6(c)	Payments for consulting	and other service agreements under contract	• Lev		None
			• Leve	ERRY	1,000,000
			• Lev		500,000
			• Lev		250,000
			<del></del>	HILL.	
			• Lev⊕	Web A	100,000
0/0			• Leve	<b>FE</b>	50,000
6(f)	<ul> <li>Items not requiring purch</li> <li>Cell Phone/Pager n</li> </ul>	e order or contract	• Lev		None
	<ul> <li>Cell Friorie/Pager if</li> <li>Catering/Events – if</li> </ul>	thly charges ding short term space rental and related items e.g.	• Lev		100,000
	cleaning, set up, an	oung short term space rental and related items e.g.	• Leve	· · · · · · · · · · · · · · · · · · ·	20,000
	Office water, coffee		• Leve		10,000
	Hotel accommodatics	and car rentals			
	<ul> <li>Petty cash reimburs</li> </ul>	ents	• Lev⊎		5,000
4	Subscriptions, journ :	periodicals	• Leve		1,000
	<ul> <li>Course registration is registration, telecons</li> </ul>	s for Educational training, Seminars, web access noing charges	:		÷.
	<ul> <li>Employee &amp; Volunte</li> </ul>	mileage & expenses			
	<ul> <li>Permits &amp; license fea</li> </ul>	title searches, credit checks		· 图1660 13672	
	<ul> <li>Memberships, librar.</li> </ul>	oks, preprinted educational materials			
'	Freight charges, cou	fees			
•	Postage meter refills				
	<ul><li>Print, radio, televisio</li><li>Physician mileage &amp;</li></ul>	r internet advertising		1964	
· ·	Utilities—see section	· penses			
ì	Honorariums	or signing authority levels			
	Sponsorships				
	Decorations and flow	3			1
•	<ul> <li>Authorized staff apprinters)</li> </ul>	ation gifts under \$200 (excluding-cash/near cash			
•	Temporary staffing the	igh staffing agencies		A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	
•	Emergency items an :	ther reimbursements for personal property"			
•	Accounts Receivable:	ling refunds, as per approval levels described in			
	Section H – Financin	nd Investing/Patient Trust payments		100	İ
•	Offsite file storage, lc	miths, waste removal and shredding			
•	Emergency vehicle n	ntenance /towing for Capital Health vehicles			
	Language Interpretat	services		A STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF S	
•	Internet, super-net are a network  Clinical Interpretation				
•	rates are being utilize:	es e.g. ECG, EEG, etc where approved regional	N. 41		
•		naintenance under \$1,000	No other pa		lowed



# Travel & Employee Expense Claim Form

¢			(III Gariaulari	s.17(	1), 17(4)(g)	(i) •			
Name:	Glenda Cole	man-Miller	Employee Numbe	<u>r:</u>	Union Na	me:			
Position	ı: Senior Op	perating Officer		Department: Exe	ecutive		-		
Busines	s Phone: 7	35-5271	Period From: October 3 to October 3, 2008						
Expenses another o	s Paid (pleas organization	se attach receipts). Do not . Complete details on the	include amounts _l other side of the fo	paid by Capital l	Health or rein	nbursed / reimburs	able by		
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadiar Currency	Rate	Canadian \$ (including GST)	✓ if GST included		
201	0002	71558000206	1202400			\$424.85			
						·			
		·							
	,								
Less Cas	sh Advance								
Total			-			\$424.85			
vill be use	ed to proces 	is form is collected under s is your claim. the expenses listed above in my behalf from Capital He	were incurred on C	Capital Health bi		,			
Employee	e Signature:	Kin		Da	te: October 14	4 th , 2008			
hereby ce	ertify that I h	nave reviewed the expense	s and rate at which	n mileage is bei	ng claimed.				
Approved (Print name)		a Pawlyshyn	Title: V.P. & C.C	).O.		Phone # 735-4101			
(Signature)					_	Date			
Approved ( <i>Print name</i> )			Title:			Phone #			
(Signature)						Date			
OTE:		<del></del>							

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

### EXPENSEC MANITOR TAIRS

### Recommended Coding 6

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Oct. 3/08	Dinner with SOWH Presenters		\$424.85				
				,			
					,		
	·						
				,			
						Total km	
			Rate	as outlined in	Section 2 - Trave	l below @	
lotals			\$424.85				

### **EXPENSE LIMITS**

### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

### 2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

### Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

	` 3	•
APPLICAN1	ΓÇOF	PΥ
÷	Gst 4	26.00 32.00 33.00 126.00 38.00 357.00 17.85
CHARACTERS REST 10257 - 105 Street EDMONTON, AB. T5J 153 (760) 421-4100 GST# 89206-4429 146 LEFEBVRE	Tbl 11/1 Chk 3119 Octo3'08 OB:13PM	2 CRAB CAKE @ 13.00 2 @ 16.00 SEAFOOD PLATTER 3 @ 11.00 BABY OCTOPUS 1 MIXED GREENS 3 SEA BASS @ 42.00 1 LANB TRIO 2 @ 47.00 4.MONDAVI CHARD SUBTOTAL GST 09:09 Amount Du 374 WELCOME TO CHARACTERS! & HAVE A GREAT DAV!!
CHARACTERS REST 10257 - 105 STREET EDMONTON, AB. 75 1 E3 21-4100 GST# 89206-4429		Subtotal: 374.850 A. Spanner Code: 086947 A. Spanner Code: 3119 April 11/1 Spanner Company Company Company Company Company Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Code: 10 A. Spanner Cod



# APPLICANT COPY Payment Requisition

Accounting Services 10th Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J 3E4

See Land											
1. Required fields are	I P	AYEE INF	ORMATION (Chec	k one only)	] Vendor	☐ Patien	t				
Invoice date, Invoice number, Vendor name.	Invoice	e Date Se	ptember 24, 2008	Invoice Numb	er		PO#				
2. Address is required if there	Vendo	r Name G	ilenda Coleman-M	iller (Employee	#	•	Vendor Number	er			
is no invoice.  3. In all cases if	Addres	ss		s.17(1	), 17(4)	(g)(i)	) City				
a P.O. was used it must be noted	Provin	ce/State		Postal Code	Country						
4. Complete entire section.	II P	AYMENT I	DETAILS Reaso	n for payment:	Reimburs	ement of m	eal costs for Sp	peaking of Women's H	lealth		
5. CMS contract number is	Confe	rence Plai	ning Committee i	neetings (Se	pt.09 ·	+ Sept.1	1/08) -Par	ticipants: chairs (Donnay S	terah		
provided by CCO 6. The	Is this	a P.O. or c	ontract payment?	☐ Yes ⊠ No			- 0		arre)		
exemption numbers are assigned by Accounting		ontract nu	equires a contract a mber, please conta			CMS (Co	ontract Managerr	Dept nent System) Contract MSWY Voluntees S (FI)	`		
Services 7. For invoices	If <u>not</u> a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2  ☑ Yes describe 6(f) catering ☐ No, exemption #										
with a purchase order, only invoice total is required	Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)  Yes,  No Explain Below										
	Explana	Explanation:									
e e e e e e e e e e e e e e e e e e e	Are orig	ginal attach	ments to be mailed	with cheque?	(Note 2)	Y	′es ⊠ No	<b>,</b>			
8. All fields are required if there	III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)										
is no purchase	Bal Unit   Location   Functional Centre   Acc   e.g. 201   e.g. 9000   e.g. 71135050044   e.g. 65			ount 100001	Expense Sub-Total	GST if applic	cable Total Paymer	nt			
9 All codes must be Oracle codes - do not use Vax	201	0002	7155800020	6 6241	000	\$410.	.00	\$41	10.00		
or Tandem codes			-	1/2	300	00	Condi		<del></del>		
10. Check with Business				100		<b>a</b>		7000			
Support for available codes.	Current	cy (select	one)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AGGGU	a second			
	⊠ Can	··	J U.S. ☐ Ott	ner T	OTAL	\$410.		1 (20)	10.00		
11. This section is required for all	IV AU	THORIZA	TION		l				7		
payments. 12. Approver			above items have ormation provided					y to Capital Health			
should not be requisitioner	Requisition	oned by(Pri	nt name) Desiree O	lafson	(Signatur	e) (	efr	Phone # 735-5779			
unless no other person is available.			ecretary, RAH Adr			Z/	9	Date Sept. 24/08			
13. Approver			name) Joanna Paw RAH and Lab Serv	·	(Signatur	77/	1 100	Phone # 735-4101			
this payment has not already		by (Print			Signing Authority Level #4 1996 (Signature)			Date Phone #			
been made:								Date			
AUTHORIZATI FOR DETAILS	ONS SH	OULD BE	IN ACCORDANCE	WITH SIGNING	AUTHO	RITY POLIC	Y NUMBER FIN	ANCE 4.1 – SEE PAG	E 2		
Notes: I) All employee 2) All cheques a 3) Fully complet	ınd attachn ed paymer	nents will be nt requisition	ted on the Travel & Em mailed out by Account s received in Accounting	ing Services. Cheq g Services by MON	ues will NO¹ IDAY, 4:00	p.m. will be pr	d returned to departs	ments for mailing.			
l) Incomplete/i	mproperly	authorized	payment requisitions	will be returned \	victiout proc	cessing					

158

Guidance for Approval of Invoice Pay Note: Refer to CAD if payment is forther or Non Hospital Surgical Facilities

## Authority Levels Level 1 Board

Level 2 President

Level 3 Executive Vice President, Fi

Level 4 COO, VP, CIO, CPO, CLO, ...

Level 5 SOO, Regional Director, Sec.

Level 6 Director or equivalent

Level 7 Manager or equivalent

Level 8 Coordinator, Supervisor or 6

Level 9 Business Support Directors/

# Approval for invoice payments

6(c) Payments for consulting an

### 6(f) Items not requiring purchas

- Cell phone/pager mont
- Catering/Events inclucie cleaning, set-up, and s
- · Office water, coffee an
- Hotel accommodations
- Petty cash reimbursem
- Subscriptions, journals
- Course registration fee registration, teleconfer
- Permits & license fees,
- · Memberships, library b
- Freight charges, courie
- Postage meter refills
- Print, radio, television (
- Physician mileage & ex
- Honorariums
- Sponsorships
- Decorations and flower
- Authorized staff apprec
- Temporary staffing thro
   Emergency items and
- Accounts Receivable b
- Financing and Invest
- Offsite file storage, lock
- Emergency vehicle ma
- Language Interpretatio
- Internet, super-net and
- Clinical Interpretation F being utilized
- Emergency equipment.
- Gasoline purchases for
- Statutory expenditures
- Utilities, heating, water,
- Employee, Volunteer a signing levels
- Capital Health credit c⁻
- Minor items similar in n Accounting Services

– Excerpt from Delegations of Signing Authorities CAD 4.4.1

Equipment, Information Systems, Physicians or Community Contracted Agencies

Administration and CFO puivalent approved by Level 3) r or equivalent

rectors transaction	Authority Level	Limits (Cdn \$)
vice agreements <u>under contract</u>	Level 2, Level 3	None
	Level 3 <u>and</u> Level 4	\$1,000,000
	Level 4	\$ 500,000
현 	Level 5	\$ 250,000
	Level 6	\$ 100,000
	Level 7	\$ 50,000
ontract	Level 2, Level 3	None
3	Level 4 with Level 3	\$ 100,000
term space rental and related items e.g. equipment rental	Level 4	\$ 20,000
ipplies	Level 5	\$ 10,000
ntals	Level 6	\$ 5,000
is	Level 7	\$ 1,000
nes, credit checks inted educational materials idvertising		
under \$200 (excluding-cash/near cash items) g agencies ursements for personal property ls, as per approval levels described in Section H Trust payments ste removal and shredding owing for Capital Health vehicles		
vices for CH employees to access CH network CG, EEG, etc. where approved regional rates are maintenance alth vehicles on 7 for signing levels \$ & sewer – see section 8 for signing levels n, mileage & expenses – see section 9 for	No other payments without PO's will be allowed	contracts or

 s - see section 10 for approval levels ones listed, as approved by the Director



## Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: (	Glenda Cole	man-Miller	Employee Numbe	r:	Union Na	me:	
Position	: Senior Op	perating Officer		Department: Exec	utive		
Busines	s Phone: 7	35-5271	Period From: Sep	tember 9 to Septe	ember 11, 2	008	
Expenses another o	Paid (pleas	se attach receipts). Do not . Complete details on the o	include amounts ther side of the fo	paid by Capital He orm	alth or rein	nbursed / reimburs	able by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	00 <i>0</i> 2	7155800000b	62410000			\$410.00	⊠
_		(Speaking of woman) Hearth conf. Acct.)					
		HELLIT CONT Acct)					
,					•		
		•					
					" . "		
Less Cas	sh Advance						
Total						\$410.00	$\boxtimes$
I hereby o	ed to proces	the expenses listed above voices the behalf from Capital Heat	vere incurred on (	Capital Health bus		nave not been prev	
hereby ce	ertify that I I	have reviewed the expenses	s and rate at whic	h mileage is being	claimed.		
Approved			Title:			Phone #	-
(Signature)						Date	
Approved (Print name)	i By:		Title:		_	Phone #	
(Signature)						Date	

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

## EXAPPRECIANTED EXPENSE

### **Recommended Coding**

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Sept. 2008	Pizza Dinner for SOWH Volunteers - 9/9 and 9/11/08		\$410.00				
	-					- <del></del>	
						<u> </u>	
				-			
							2.00
						Total km	
			Rate	as outlined in	n Section 2 – Trave		
Totals			\$410.00	·			

### **EXPENSE LIMITS**

### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch \$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch Dinner \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

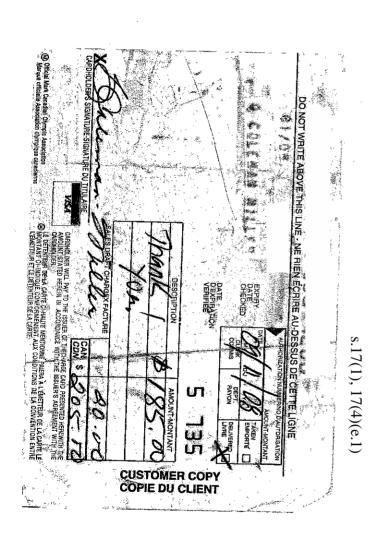
Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

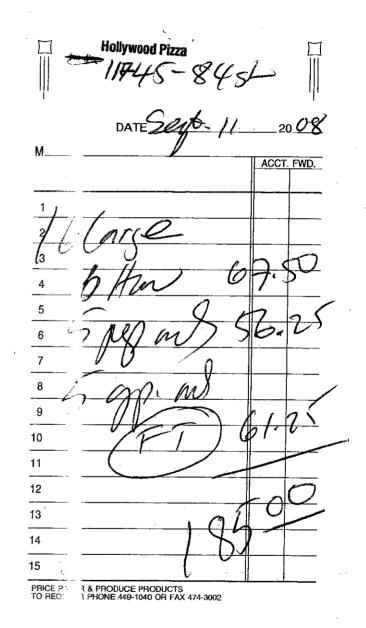
### 2. Travel

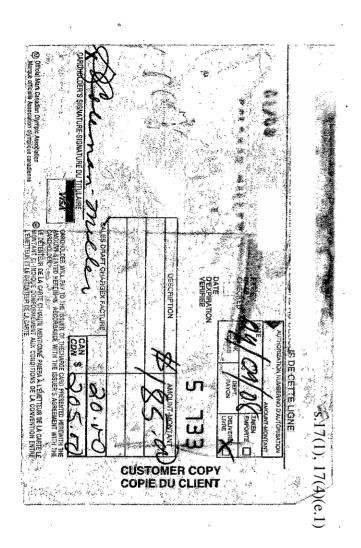
- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way, or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

### 3. Advance

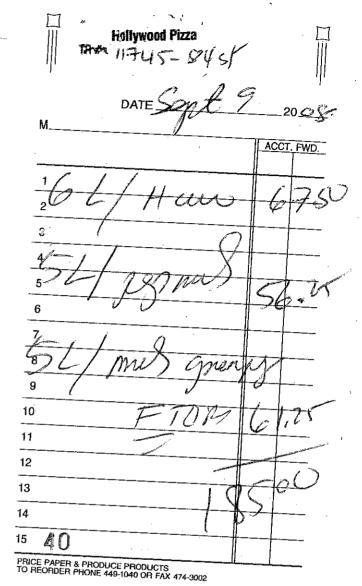
Travel advance may be requested provided travel expenses are likely to exceed \$500.







) 9 8



67.50 67.50 67.50 67.50 67.50 67.50 67.50



# **Travel & Employee Expense Claim Form**

	9 310242	•	(In Canadian	Dollars) s.17(1),	17(4)(g)(	i)	
Name:	Gienda Cole	man-Miller	Employee Numbe		Union Na		
Position	ı: Vice Pres	ident		epartment: Site A	\dministratio	on	
Busines	s Phone: 4	07-8009	Period From: Mar	ch 2009		to June 2009	
Expenses reimburs:	s Paid (pleas able by ano	se attach receipts). Do not ther organization. Comple	include amounts   te details on the ot	paid by Alberta He her side of the for	ealth Servic	es or reimbursed /	,
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0001	71110101008	62400004			\$20.00	
201	0001	71110101008	62412000			655.12	
201	0001	71110101008	62412000			168.24	
					No. of the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and		
		· ·		Alberta Health Accounts Pa	is is		
				Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro	onna i		
Less Cas	sh Advance					ſ	
Total				The hartest w	See Rev	\$843.36	
vill be use	ed to proces certify that t	is form is collected under se your claim.  The expenses listed above by me or on my behalf from	were incurred on A	Alberta Health Serv	vices busin	ess and have not l	
Employee	e Signature:	Rilen	an- 77	Welles Date:	Jun	26/09	
hereby ce	ertify that I h	nave reviewed the expense		¥			
Approved	By: Deb G	ordon	Title: Senior V.P	., Major Tertiary Ho	ospitals	Phone # 780-407-	2761
(Signature)		AL				Date	-09
Approved (Print name)			Title:			Phone #	
(Signature)				·		Date	
OTE.							

### NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

### **Recommended Coding**

- 61530030 Workshop Fees & Materials
- 61520020 Academic Course Fees & Materials
- 61540040 Conference Fees & Materials
- 62300000 Meals
- 62320000 Staff Local Travel Client Related
- 62310000 Staff Local Travel Non-Client Related
- 62320000 Staff Local Travel Taxi Client Related
- 62310000 Staff Local Travel Taxi Non-Client Related
- 62320000 Staff Travel UNA Client Related
- 62310000 Staff Travel UNA Non-Client Related
- 62312000 Staff Provincial Travel Non-Client Related
- 62314000 Staff Out of Province Travel Non-Client Related
- Catering 69600000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
3/13/09	CCHSE Power Breakfast			\$20.00	4		
5/1/09	Site Visit - Foothills (Calgary				10.00		600
5/15/09	IRSM Tour - MCH				7.00		15
6/9/09	Stollery Foundation Annual Board Mtg	-			15.00		10
6/10/09	Edm. Clinic Operations				4.50		
6/15/09	ACAC Symposium - Calgary			·			600
6/18/09	Senior Leadership - Calgary	168.24		ì			
		163.3	)				
		4.9	ING				
				<u> </u>		Total km	1225
			Rat	e as outlined in	Section 2 – Travel	below @	
Totals	fotals         \$168.24         \$20.00         \$36.50			\$618.62			

### **EXPENSE LIMITS**

### **Meal Allowances**

When traveling on Alberta Health Services business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.) For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

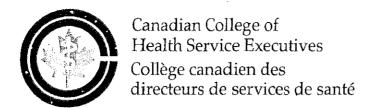
reasonable. Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

### Travel

- Use of personal automobile From August 1, 2008, reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year [April 1 to March 31] (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$500 per year with receipts in accordance with Alberta Health Services Policy.
- Effective August 1, 2008, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.52 per kilometer.
- If union contract rate differs from \$0.505 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

### Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.



# CANADIAN COLLEGE OF HEALTH SERVICE EXECUTIVES NORTHERN ALBERTA CHAPTER

### **INVOICE**

March 13, 2009

Glenda Coleman-Millar VP Stollery Children's Hospital 8440 - 112 Street Edmonton, AB T6G 2B7

Canadian College of Health Services Executives – Power Breakfast – April 7, 2009		\$20.00
		\$0.00
	GST	\$0.00
	Courier	\$0.00
	TOTAL	\$20.00

# Please make cheque payable to:

Northern Alberta Chapter, CCHSE

*Please have the persons name added to the Cheque so that we can track who to credit for the payment.

# Please send cheque prior to the event to:

Holly Dahl, Admin. Assistant c\o 10R10 Edmonton General Hospital Chronic Disease Management 11111 Jasper Avenue Edmonton AB T5K 0L4

Phone: (780) 413-7748

	•		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	11,10
			the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	
		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	0977	
	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	<u></u>	<del></del>	
2000	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		DATE 2 0 0 9 0 3 / 3	
	CLENDA D COLEMAN-MILLER		DATE 2 0 0 7 0 5 7	
ſ	4 - 4	17/1//		
	s.1/(.	1), $17(4)(g)(i)$		
		- 11-11	roler 1 \$50.00	
	<b>A</b>	1 holle	A USE	
g	PAY TO THE Northern C	alberta Ch	100 DOLLARS Socurity features included Delays on back	
1 22 1	ANY TO THE		7 100 DOLL III Delais di Dollais	
Jasper National Bark, Alberta	ORDER OF			
ark		404		
ું કું .	ROYAL BANK OF CAN MAGRATH HEIGHTS BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MAGRATH BRANK MA	ADA	المستركب المستركب المستركب المستركب المستركب المستركب المسترك المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المستركب المس	
Ę.	ROYAL HEIGHTS BRAN		1. nan-Milles	<b>E</b>
. Z	14155 - 23RD AVE TER OG	100	I man	
<u> </u>	MAGRATH HEIGHTS BRANN 14155 - 23RD AVE. 14155 - 23RD AVE. EDMONTON, AB TER OG	Lyn		
Jas	RBG.			
	MEMO			

s.17(1), 17(4)(e.1)



CA

**AB HEALTH SERVICES** 

Glenda Coleman-Miller Royal Afexander Hospital Edmonton, AB T5H 3V9

# **APPLICANT COPY**

135 Southland Drive S.E. Calgary, Alberta T2J 5X5

Phone: (403) 278-5050 Fax: (403) 225-5834

Toll Free Reservations 1 (877) 278-5050

Email: info@deltacalgarysouth.com

Web address: www.deltacalgarysouth.com

Room : 0144

Folio # : 85070

Invoice #

Cashier # 241
Page # 1 of 1

Group Name

AB HEALTH SERVICES

Arrival

06-17-09

Departure

06-18-09

¥	÷ V S	,	er a	\$
	Description	Additional Information	Charges	Credits
06-17-09	A Tower Banquet Wine	Event ID 568283/BB ID 494203/Wine Service 506759585780 AB HEALTH SERVICES #9046=>Coleman-Miller Glenda #0144	28-00	123 Haville (4211a)
06-17-09	Room Charge		154.00	The state of the state of the
06-17-09	DMF		1.54	* Seattleff To A. Kelser*
06-17-09	Room GST	s.17(1), 17(4)(e.1)	7.78	VACAMERICAN III
06-17-09	Tourism Levy	5.17(1), 17(4)(6.1)	6.22	MANUAL MILANON
06-18-09	Visa	XX/XX	- max 20-00-0	195.54
<del></del>		Total	195.54	195.54
		Balance Due	0.00	
G.S.T. St Room F&B Other Total	mmary 7.78 0.00 0.00 0.00		#168.8	14
·	Guest Signature X	163.3	32	man ele hassa de constitución consistención al constitución constitución al constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constitución constit
	I have accepted delivery of TI \$.75 (Mon-Fri) and \$1	ne Globe and Mail. Had I refused, I would h i.50 (Sat.) credit to my account. (At particip	ave been eligible for a pating hotels.)	va i djelije - počija-del izini ki jeko
			September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September Septem	- Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Cont
		damana da da da da da da da da da da da da da		Ermin Turk Turk Turk Turk Turk Turk Turk Turk
				. 6
				11. 4
		All a contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract	Annual delication of the second	**************************************
			2	Those path shows
			As a straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight of the straight	And the different
	·	-		2
				i and in the
				in model of the state of the state of
				America States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and American States and America

Regardless of charge instructions, I acknowledge the above as personal indebtedness.

E. & OE.

**APPLICAN** 



37808125

**RECEIPT** 

37808125 TIMILED LO EIJE' LHEEL ON CONTISION C'AB OB CONLIEALE' HOME/GEB CAVIRED' MICHTOING BOL MOL ME MIT NOL BE BESLONGIBITE LOB FORZO OB DYMYGE LO CHARGEE VARE EOB LHE RZE' OL LHE FARKING SAVCE ONTX

100TR \$23094188 #T20

(1.9)(4)\(\(1\)\(1\).

CREDIT CARD NUMBER

AINA TNUONA

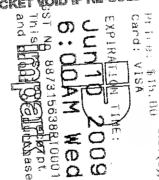
DETACH RECEIPT FROM TICKET

**GIAS TNUOMA** 

EXPIRATION TIME

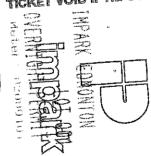
EXPIRATION DATE

DISPLAY THIS SIDE UP ON DASHBOADD



head no qu sair siht soa

ticket void if re-sol



ACE THIS SIDE UP ON DASH

C21#KI08102831

KECEILL

NON TRANSFERABLE



6407641



CKEDIT CARD NUMBER

AMOUNT PAID

DETACH RECEIPT FROM TICKET

DISPLAY THIS SIDE UP ON DASHBOARD



## Travel & Employee Expense Claim Form

			(In Canadian	Dollass. 17(1), 17	f(4)(g)(i)		
Name:	Glenda Cole	man-Miller	Employee Numbe	<u>r:</u>	Union Na	me:	
Position	: Vice Pres	ident		Department: Site	Administratio	n	
Busines	s Phone: 4	07-8009	Period From: July	2009	to	September 2009	
		se attach receipts). Do no ther organization. Comple				es or reimbursed /	
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0001	71110101008	62400004			\$224.58	$\boxtimes$
201	0001	71110101008	62412000			95.00	
				The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	liberta Healt	1 Services	
					***	Anan	
Less Cas	sh Advance			S. The stage inches	138.1 6 6	2000	
Total					HECE	¥ \$ \$ \$ \$ 19.58	
vill be use	ed to proces	is form is collected under s your claim.					
previous	y claimed b	the expenses listed above by me or on my behalf fron	were incurred on A n Alberta Health Se	Alberta Health Ser rvices or other or	vices busin ganization.	ess and have not l	been
Employee	e Signature:	DCelema.	- 1 Dil	lu Date	:()(+0)	bet 1310	9
hereby ce	ertify that I h	/ nave reviewed the expense	es and rate at which	n mileage is being	g claimed.	7	
Approved (Print name)	By: Deb G	ordon	Title: Senior V.P	., Major Tertiary H	ospitals	Phone # 780-407-	-2761
(Signature)	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	PELSE.				Date OCT 13/0	沂
Approved (Print name)			Title:	itle: Phone #			
(Signature)	-					Date	
OTE:							

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

# APPLICANT COPY EXPENSE CLAIM DETAILS

### Recommended Ceding

- 61530030 Workshop Fees & Materials
- 61520020 Academic Course Fees & Materials
- 61540040 Conference Fees & Materials
- 62300000 Meals
- 62320000 Staff Local Travel Client Related
- 62310000 Staff Local Travel Non-Client Related
- 62320000 Staff Local Travel Taxi Client Related
- 62310000 Staff Local Travel Taxi Non-Client Related
- 62320000 Staff Travel UNA Client Related
- 62310000 Staff Travel UNA Non-Client Related
- 62312000 Staff Provincial Travel Non-Client Related
- 62314000 Staff Out of Province Travel -- Non-Client Related
- Catering 69600000

	-						
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
7/10/09	Parking - Acute care Capital Plannling				\$10.00		
7/8/09	Parking - U of A ECN Animation				8.00		
9/24/09	Cab Fare - Airport Edm SVP/VP Mtg.				52.00	*	
9/25/09	Cab Fare - Airport Calg SVP/VP Mtg	0.00			25.00		
9/25/09	Hotel - SVP/VP Mtg - Calgary	224.58					
·							
•							<del></del>
			·	<u> </u>			
				+			<u> </u>
							,
<del> </del>							
			<u>.</u>				'
•						Total km	
•			Rat	te as outlined in	Section 2 - Trave	l below @	
Totals		\$224.58			\$95.00		

### **EXPENSE LIMITS**

### 1. Meal Allowances

When traveling on Alberta Health Services business, the employee may be reimbursed at the Per Diem meal allowance of

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individual

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

### 2. Travel

- Use of personal automobile From August 1, 2008, reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year [April 1 to March 31] (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$500 per year with receipts in accordance with Alberta Health Services Policy.
- Effective August 1, 2008, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.52 per kilometer.
- If union contract rate differs from \$0.505 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

### Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.



Room

849

Folio No.

20

Cashier No. Page No.

1 of 1

2001 Airport Road N.E. Calgary, AB T2E 6Z8 Telephone: (403) 291-2600 Fax: (403) 250-6121

Glenda Colemanmiller

Arrival

09-24-09

Departure

09-25-09

Date	Descript	tion	Addit	ional Information		Charges	Credits
09-24-09	<u> </u>	<del></del>			Non-Responsive	72.31-hot	claim
09-24-09	Room Ch	narge			1	204.00	
09-24-09	Room De	estination Market in	ıg F€			2.04	
09-24-09	Room To	urism Levy			•	8.24	
09-24-09 Room		ST				10.30	
	·			Total		296.89	0.00
				Balance Due		296.89	
GST Su	ımmary	GST Redemption 846543619	n#:		(	224.58	
Room	-		10.30				
F&B			3.06				
Other			0.00				
Total			13.36				

Guest Signature X_____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges.

168201801# #T85

WECERLA.
VIRE



(1.9)(1), (1)(4)(6.1) L bizzing

TIME ISSUED

DATE ISSUED

DELVCH KECEIŁL ŁKOW LICKEL

NON IKYNZEEKYBTE

//687GL

ALBERTA OF



MA 62:50000001212100,8 \$

EXPIRATION TIME

EXPIRATION DATE

DISPLAY THIS SIDE UP ON DASHBOARD

PLACE FACE UP ON DASH
Impark Lot 256
Expiration Date/Time
EXP 10:57AM
JUL 10, 2009
Purchase Date/Time: 06:57am Jul 10, 2009
Total Paid: \$10.00
Payment Type: Card Month #: 006723
S/N #: 10006440038
Setting: Lot 256
Expiration Date/Time: 06:57am Jul 10, 2009
Purchase Date/Time: 06:57am Jul 10, 2009
Purchase Date/Time: 06:57am Jul 10, 2009
Purchase Date/Time: 06:57am Jul 10, 2009
Purchase Date/Time: 06:57am Jul 10, 2009
Purchase Date/Time: 06:57am Jul 10, 2009
Purchase Date/Time: 06:57am Jul 10, 2009
Purchase Date/Time: 06:57am Jul 10, 2009
Purchase Date/Time: 06:57am Jul 10, 2009
Purchase Date/Time: 06:57am Jul 10, 2009
Purchase Date/Time: 06:57am Jul 10, 2009
Purchase Date/Time: 06:57am Jul 10, 2009
Total Date: \$10.00
Payment Type: Card Month #: 006723
Setting: Lot 256

Expiration Date/Time: 06:57am Jul 10, 2009
Total Date: \$10.00
Payment Type: Card Month #: 006723
Setting: Lot 256



## Travel & Employee Expense Claim Form

(In Canadian Dollars)

s 17(1) 17(4)(g)(i)

<del></del>				5.1	/(1), 1/( <del>1</del> )	(8)(1)		
Name:	Glenda Cole	man-Miller	Employee Numb	per:	Union Na	me:		
Position	: Vice Pres	ident		Department: Adn				
Busines	s Phone: 7	80-407-8009	Period From: O	ctober/09	to	May /10		
		se attach receipts). Do no ther organization. Compl				es or reimbursed /	1	
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	0001	71110101008	62310000			\$127.50		
		``.						
		• • • • • • • • • • • • • • • • • • • •		41 <b>.6</b> 0	a riedin Suis			
Less Cas	sh Advance			- Asset	vodo Payen	9 i		
Total				i in A	<del>T 7 7 2010</del>	127.50		
l hereby	ed to proces certify that t	is form is collected under as your claim. the expenses listed above by me or on my behalf fro	e were incurred on	Regional Health Ai	ervices busir	inisterial) Regulation		
Employe	e Signature	Bem	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	Dat	e: M	ry 18/10	)	
hereby ce	ertify that I I	/ nave reviewed the expens	ses and rate at whi	ch mileage is beir	ıg claimed.			
Approved	d By: Deb G	ordon	Title: SVP, Ma	ajor Tertiary Hospita	als	Phone # 7 - 6	761,	
(Signature)		X6 X				Phone # 7 - 6  Date May	36/10	
Approved			Title:			Phone #		
(Signature)				B		Date		
IOTE:				~_	• · · · •		· · · · · · · · · · · · · · · · · · ·	
Expen	se claim mu	ist be properly authorized	d and must be sup	ported by original	receipts or a	a copy as certified	by the	

- approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North TAPECE VE 0030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or NAY 2 1 2010

MAJOR TERTIARY HOSPITALS

### **Recommended Coding**

- 61530030 Workshop Fees & Materials
- 61520020 Academic Course Fees & Materials •
- 61540040 Conference Fees & Materials
- 62300000 Meals
- 62320000 Staff Local Travel Client Related
- 62310000 Staff Local Travel Non-Client Related
- 62320000 Staff Local Travel Taxi Client Related
- 62310000 Staff Local Travel Taxi Non-Client Related
- 62320000 Staff Travel UNA Client Related
- 62310000 Staff Travel UNA Non-Client Related
- 62312000 Staff Provincial Travel Non-Client Related
- 62314000 Staff Out of Province Travel Non-Client Related
- Catering 69600000

			•				l
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Oct. 6/09	Parking				\$15.00		
Oct. 7/09	Parking				8.00		
Oct. 28/10	Parking				4.00		
Dec. 8/10	Parking			_	20.00		
Dec. 16/10	Parking			,	18.00		
Jan 8/10	Parking				19.00		
Mar. 18/10	Parking				9.00		
Apr 8/10	Taxi		-		17.00	•	
Apr 28/10	Parking				6.00		
Apr. 30/10	Parking				6.00		
May 12/10	Parking				5.50	·	
						·	
						Total km	
			Rat	e as outlined in	1 Section 2 – Trave	el below @	
Totals					127.50		

### **EXPENSE LIMITS**

### **Meal Allowances**

When traveling on Alberta Health Services business, the employee may be reimbursed at the Per Diem meal allowance of.

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch Dinner \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.) For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or

organizations whose representatives attended the lunch/dinner meeting.

### 2. Travel

- Use of personal automobile From August 1, 2008, reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year [April 1 to March 31] (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$500 per year with receipts in accordance with Alberta Health Services Policy.
- Effective August 1, 2008, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers: or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.52 per kilometer.
- If union contract rate differs from \$0.505 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

### Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

### GST# R128599776

### Edmonton Airports

Can- Edmonton Tax CodeCA5%

POF 2nd Fl 08/12/09 19:19 Receipt 068823

Short-term parking tkt

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old - No. 092418

Old -

(Tax)

\$20.00

Total \$20.00

Payment Received Cash \$20.00

Sub Total \$19.05 Tax 0.95

LEAVE AR BLASC ANTE SIDE BY EXPIRATION TIME FX2/BATION DATE

AMOUNT PAID

Alberta Health Services CHARGES ARE FOR USE OF PARKING SPACE ONLY ALBERTA
HEALTH SPRVICES ENDEAVOLIES TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.

Alberta Health Services

NON TRANSFERABLE

490013

DETACH RECEIPT FROM TICKET

DATE ISSUÈD TIME ISSUED

AMOUNT PAID

CREDIT CARD NUMBER

Alberta Health Services

Alberta Health Services

**RECEIPT 490013** 



### LEAVE ON DASH - THIS SIDE UP

EXPIRATION TIME

AMOUNT PAID

232700000 RAH 09:05

Alberta Health Services
CHARGES ARE FOR USE OF PARKING SPACE ONLY ALBERTA
HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY
OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.

Alberta Health

NON TRANSFERABLE

490277

**DETACH RECEIPT FROM TICKET** 

TIME ISSUED AMOUNT PAID DATE ISSUED

CREDIT CARD NUMBER

Alberta Health Services

Alberta Health

**RECEIPT** 490277



### DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATION TIME

AMOUNTPAID

15120000007:57



NON TRANSFERABLE

1839969

DETACH RECEIPT FROM TICKET

AMOUNT PAID

DATE ISSUED TIME ISSUED

CREDIT CARD NUMBER

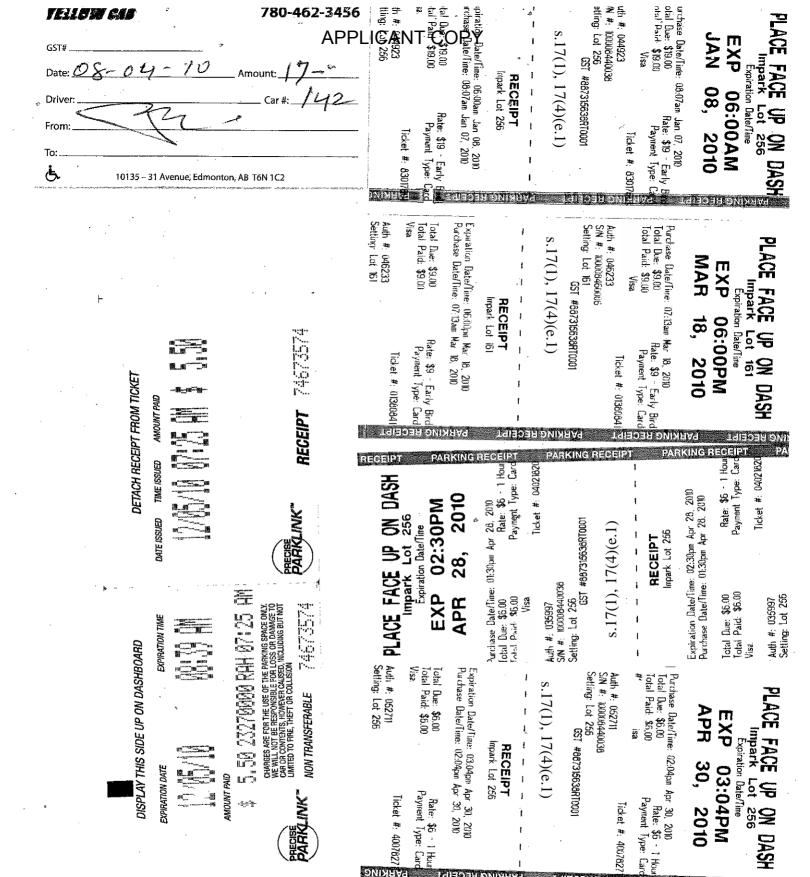
s.17(1), 17(4)(e.1)



GST # R108102831 RECEIPT

1839969







# Travel & Employee Expense Claim Form

JUL 0 8 2010 MAJOR TERTIARY HOSPITALS

(In Canadian Dollars) s.17(1), 17(4)(g)(i)

Name: Glenda Coleman-Miller			Employee Numbe	<u> </u>	Union Nar	Union Name:			
Position: Vice President Department: Site Administration									
Business Phone: 780-407-8009			Period From: June 7 to Ju			15, 2010			
Expenses Paid (please attach receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on the other side of the form									
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadia Currency	Rate	Canadian \$ (including GST)	✓ if GST included		
201	0001	72110101008	6231400			\$1,037.08			
201	0001	2110101001	6231200			209.00			
					ACCUPATION AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P				
				: Alesa		e sans			
	·				Fayable				
Less Cash Advance									
Total \$1,246.08									
The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.  I hereby certify that the expenses listed above were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.									
I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.									
Approved By: Deb Gordon (Print name)			Title: Senior Vice President			Phone # 407-2761			
(Signature)							Date Of JUL-10		
Approved By: (Print name)			Title:			Phone #			
(Signature)				Date					
NOTE:				مناهد ما المساهد		a carry as sortified	hu tha		

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

## Recommended Coding

- 61530030 Workshop Fees & Materials
- 61520020 Academic Course Fees & Materials
- 61540040 Conference Fees & Materials
- 62300000 Meals
- 62320000 Staff Local Travel Client Related
- 62310000 Staff Local Travel Non-Client Related
- 62320000 Staff Local Travel Taxi Client Related
- 62310000 Staff Local Travel Taxi Non-Client Related
- 62320000 Staff Travel UNA Client Related
- 62310000 Staff Travel UNA Non-Client Related
- 62312000 Staff Provincial Travel Non-Client Relati
- 62314000 Staff Out of Province Travel Non-Client Related

Catering - 69600000

•			Catering - 69600000				
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileag∞
6/13 - 6/15	Taxi Fares, LEAN Conf. and				\$209.00	· <u></u>	
6/13/10	Calgary meeting Accommodation for LEAN Conf - Florida	794.87					·
6/15/10	Accommodation, Calgary Child Health and VP Mtg.	242.21				<u> </u>	
							+
<u></u>						·	
<u></u>							
							<u></u>
				<u> </u>	,		
						Total km	
			R	ate as outlined	in Section 2 – Trav		
Totals		\$1,037.08			\$209.00		

## **EXPENSE LIMITS**

When traveling on Alberta Health Services business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individua organizations whose representatives attended the lunch/dinner meeting.

### Travel

- Use of personal automobile From August 1, 2008, reimbursement at the general rate of \$0.505 per km for approved travel in a fisc [April 1 to March 31] (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$500 per year with receipts in accordance with Alberta Health Services Policy.
- Effective August 1, 2008, out of scope employees required to provide a vehicle as a condition of employment and meeting the follow requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.52 per kilometer.
- If union contract rate differs from \$0.505 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

### Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.



Hyatt Regency Orlando International Airport

9300 Airport Boulevard Orlando, FL. 32827 Tel: (407) 825-1234 Fax: (407) 856-1672

## INFORMATION INVOICE

Payee Glenda Coleman-Miller

8440 112th St Unive Hospital

Edmonton AB T6G 2B7

Canada

Membership

Bonus Code

Confirmation No. 4024993401

**Group Name** 

Lean Enterprise June 1020 Healthcare MTG

Room No. 6135

Arrival 06-07-10

Departure 06-13-10

Departure
Page No.

1 of 2

Folio

Invoice

Date	Description		Charges Credit
	- Para Maria		Non-Responsive 91.68
06-07-10			109.00
06-07-10	Group Room	·	7.09
06-07-10	Sales Tax		6.54
06-07-10	Occupancy Tax	12:40 Room# 6135 :	9.95
06-08-10	Guest Room Internet	12.40 NOONIII 0100 .	4.00
06-08-10	Bottled Water		109.00
06-08-10	Group Room		7.09
06-08-10	Sales Tax		6.54
06-08-10	Occupancy Tax		4.00
06-09-10	Bottled Water	Room# 6135 : CHECK# 8492	31.19
06-09-10	- In Room Dining Dinner Food	R0011# 6155 : 61 1261() 6 162	109.00
06-09-10	Group Room		7.09
06-09-10	Sales Tax		6.54
06-09-10	Occupancy Tax	16:43 Room# 6135 :	9.95
06-10-10	Guest Room Internet	16:43 Room# 6133 .	Non-Responsiv 79.66
06-10-10			Non-Responsive 16.05
06-10-10			109.00
06-10-10	Group Room		7.09
06-10-10	Sales Tax		6.54
06-10-10	Occupancy Tax		50.47
06-11-10			Non-Responsive 109.00
06-11-10	Group Room		7.09
06-11-10	Sales Tax		6.54
06-11-10	Occupancy Tax		109.00
06-12-10	Group Room		7.09
06-12-10	Sales Tax		6.54
06-12-10	Occupancy Tax		



Room

725

Folio No.

Cashier No.

11

Page No.

1 of 1

2001 Airport Road N.E. Calgary, AB T2E 6Z8 Telephone: (403) 291-2600 Fax: (403) 250-6121

**AB HEALTH SERVICES** 

Glenda Coleman-Miller

**Royal Alexander Hospital** 

Room 1108, ATC, 10240 Kingsway

Edmonton, AB T5H 3V9

Arrival

06-14-10

Departure

06-15-10

Date	Description	Additional Information	Charges	Credits
	Telephone Local Call	Room	1.25	
06-14-10	·		0.06	
06-14-10	Telephone GST		219.00	
06-14-10	Room Charge	in a Fa	2.19	
06-14-10	Room Destination Market	ing Fe	8.85	
06-14-10	Room Tourism Levy		11.06	
06-14-10	Room GST		11.00	
	·	Total	242.41	0.00
		Ralance Due	242.41	

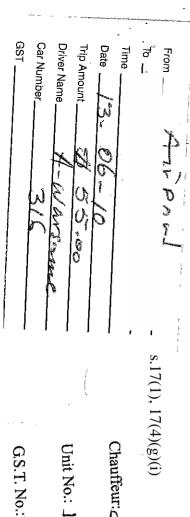
Balance Due

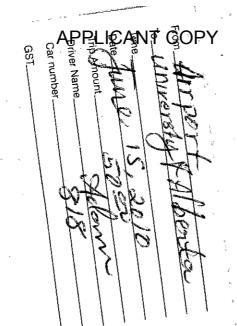
**GST Summary** 

GST Redemption#: 846543619

Room	11.06
F&B	0.00
Other	0.06
Total	11.12

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges:





Car#

Driver

GST Included #

_Amount_

Visit our counter at the Calgary International Aisport international arrival door.

for all your transportation needs.

ASSOCIATED CAB

Air Canada International Arrival Wester

ASSOCIATED CAB

Driver # 5925 Car # 984
<i>To</i> :
From:
Date: June 15 / CAMOUNT: 40 DE
851# 852 9 OCOS

Date: Jun 14

Chauffeur: X:YUK! E

Unit No.: 1362 Amount: #40,00



Travel & Employee Expense Claim Form

Board Health Boa	rd	Proving Proving Emp Department Travel e empl Calgar Capit Chine	s.17(1), 17( r Approval Data rice only): loyee #: el Period Front oyee being party Health al Health	dmin	nistration	Provin Unic Loca		elated to Out-of
ice Presider  : (780) 407  r payroll sy  Board  Health Boa	rd	Depa Trave e empl Calga Capit	ertment: Site A el Period Fron oyee being pa ary Health	ı: Jul	iy 23, 2010	Loca e √ on	to Jule from below)	y 23, 2010
: (780) 407 payroll sy Board Health Boa	rd	Trave e empl Calga Capit	el Period Fron oyee being pa ary Health al Health	ı: Jul	iy 23, 2010	on □ E	to Jul e from below) ast Central	y 23, 2010
Board Health Boa	stem is th	e empl Calga Capit	oyee being pa ary Health al Health			□ E	e from below) ast Central	y 23, 2010
Board Health Boa	rd [	Calga Capit Chind	ary Health al Health	id fro	om? (please	□ E	ast Central	
Health Boa	rd [	Capit	al Health					
Health Boa	rd [	] Chine				□ N	orthern Liahts	
ase attach		_	ook				ortificiti Eiginto	
ase attach Ith Service	original re					P	alliser Health	
ase attach ( Ith Service	original re	<u> David</u>	l Thompson		·	P(	eace Country	
	s or reimb	ursed	/ reimbursable Travel & Em	by a	nother org	anizati	Do not include ion. Complete d	amounts etails on
		Distribu		count)		dian	l Evahana Bata	Canadian
		al	Expense/Secon	darv			Exchange Rate	\$
olicable)	Centre/Prin	nary	Account					
71	11010100	8	61530030					\$266.4
								·
		$\overline{}$						
				posteri ii d	Alberta Health	i Servid	<b>98</b>	
				AND COLUMN	MONTH OF THE	ea y coscore		
				10 10 10 10 10 10 10 10 10 10 10 10 10 1	A(0 ) (		Miles	11.9
	2. 0 000				RECE!	VED	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	278.3
(if applicable,	)	~	·	45		AND THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER	AND SECURITY SEC.	
	·	<del></del>						\$278.3
	(if acation plicable)  71  (if applicable,	cation Function Centre/Prin 7111010100  (if applicable) Centre/Prin 7111010100  (if applicable) Centre/Prin 71110101000	cation Functional Centre/Primary 7111010 (08)  (if applicable)  (if applicable)  (if applicable)  the expenses listed above	(if applicable)  (if applicable)  Cation Functional Centre/Primary Account 71110101008 61530030  (if applicable)  (if applicable)  (if applicable)	(if applicable)  (if applicable)  Centre/Primary Account  71110101008 61530030  (if applicable)  (if applicable)  (if applicable)	(if applicable)  Cation Functional Centre/Primary Account  71110101008  Cif applicable)  Aberta Hoant  (if applicable)  (if applicable)  The expenses listed above are in accordance to applicable	Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Accounts Acc	top Expense Account)  Ince Code / Accounting Distribution (if applicable)  Cation Functional Centre/Primary Account  71110101008 61530030  Alberta Health Services Accounts  Alberta Health Services Accounts  Alberta Health Services

183 MAJOR TERTIARY HOSPITALS  $_{1 \text{ of } 3} \mathcal{N}$ 

### **EXPENSE CLAIM DETAILS**

Mi.eage km							Αſ	PF	LI	CA	١N		COF
Σ	<											herwise	scribed
Other	•								4			specifies ot	imum as pre
Transportation \$											le on page 1	llective agreement	/. and GST, to a max
Course Registration & Material \$											each expense categories from above to the summary table on page	Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).	includina up to 15% aratuith
Meals \$	\$151.70									\$151.70	categories from a	for terms and cond	coholic beverages.
Meal Type B, L or D						-		•			h expense	avel Policy f	excluding al
Accommodation \$	\$114.70									\$114.70	Record the total amount for eac		nown on the receipt,
±85 \$	11.99									11.99	Secord the to	ion only. Ple	the meal as si
Particulars (Describe Purpose of Trip & Location)	Sr Mgt Planning Day with Facilitator Lynn Kirkland @ Derrick Golf & Winter Club		-						Applicable Mileage rate @		Note: R	EXPENSE LIMITS – (Summary information only. Please refer to AHS	Meal Expenses and Allowances  Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed
Date (DD/MM/YY)	23/07/10							Total KM	Applicable	Totals	84		1. <b>Meal E</b> Meal al

## Meal Expenses and Allowances

- Breakfast = B \$10
  - Lunch = L
    - Dinner = D

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting

### Accommodation Expense and Allowances αi

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

### က်

- Use of personal automobile Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.
  - Vehicle owners are responsible for any losses that may arise.
- Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.

  Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

### Advance 4

Travel advance may be requested provided travel expenses are likely to exceed \$500.

### Derrick Golf & Winter Club

23-Jul-10	Account No.	s.17(1), 17(4)(g)(i)
Name: Glenda Coleman-Miller		
		<u> </u>
Signature:		

Food & Beverage

Food & Beverage Coffee Um	2	19.95	39,90
Flipchart & Markers	1	18.00	18.00
Room Charge - Boardroom	1	50.00	50.00
Noom charge - boardroom	•		
		·	
	Jan San		
		-	
<u> </u>			
Ĺ	Se	rvice charge	\$6.80
		GST	\$5.40
•		TOTAL	\$120.10

LESS DEPOSIT

\$0.00

**TOTAL OWING** 

\$120.10

### Derrick Golf & Winter Club

Dellick John	V X	AIIIS	
- Jul-10	A	ccount No.	s.17(
eme: Glenda Coleman-Miller			
inature:			
			٠
ood & Beverage			
3	6	1.95	11.70
getarian Portabella w/cheese	1	12.25	12.25
tnamese Chicken Salad	1	12.50	12.50
esadilla Fiesta	3	11.95	35.85
.ngo Chicken Wrap	1	11.50	11.50
gular Sesame Seared	1	11.95	11.95
ge Sesame Seared	1 _	13.50	13.50
uben	1	11.95	11.95
illy Beef Dip	1	11.95	11.95
atuity for Founders room	1	20.00	20.00
		·	
	<u></u>	<del></del>	
	-		
	- <del></del>		
·	Serv	rice charge	\$0.00
L		GST	\$6.59
		TOTAL	\$158.29
	1500	DEPOSIT	\$0.00
	LE03	) ロロトののロ	ψυ.υυ

**TOTAL OWING** 

\$158.29



### RECEIVED OCT 0 5 2010

### Travel & Employee Expense Claim Form

MA IOR TERTIARY HOSPITALS

					<del></del>	<u>,</u>	IMAJUR TERTIAL	11 HUSPITALS
Out-of-Prov	rince Travel:		· Prior Provin	Approval Date (relace only) $S.17(1), 17(4)$	ted to Out-of- $(g)(i)$	1	r Approved by (name of the only):	elated to Out-of-
Name: Gler	nda Coleman-M	liller	Empl	oyee #:		Unio	n Name:	
Position (Ti	tle): VP - UAH	/Stollery/Ma	az <b>Depa</b>	rtment: Site Admin	istration	Loca	tion: 1F1 WMC	UAH
Business Pl	hone #: (780)	407-8009	Trave	el Period From:			to	
What forme	r entity payrol	l system is	the emplo	oyee being paid fro	m? (please	✓ one	from below)	
☐ AADAC			☐ Calga	ry Health		☐ Ea	ast Central	
Alberta C	Cancer Board		⊠ Capita	al Health	`	□ No	orthern Lights	· · · · · · · · · · · · · · · · · · ·
☐ Alberta N	lental Health E	Board	Chino	ok		□Ра	Illiser Health	
☐ Aspen	······································		☐ David	Thompson		☐ Pe	eace Country	<u> </u>
Expenses Pai paid by Alber page 2 of the	ta Health Serv	rices or rei	mbursed /	and retain a copy for reimbursable by a	nother orga	anizati	Do not include on. Complete d	amounts letails on
		e di marata		(by Expense Account)			Art. Statement Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication C	
	Finance Code	e / Accountii (if applicable		tion	Non-Cana Current		Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)		tional Primary	Expense/Secondary Account				
201	0001	71110101	1008	61540040				\$344.90
	2	Alberta He	affir Service	olyma 3.				333.90 -
······································	5	AOCOUN	3 Fayable					
•		OCT 1	2 100	, Romanda Maria				
	200 							
Total GST			<del></del>	Secretary of Marie				15.04
Subtotal	· . · · · · · · · · · · · · · · · · · ·					<u>.</u> .	·	-3 <del>59/9</del> 4
Less Cash Ad	Ivance (if applica	able)						3/48,99
Total								\$ <del>359.94</del>
Alberta Healt	h Services bus	siness and ganization	have not	are in accordance to been previously cl	aimed by n	ne or o		m Alberta
hereby certif	y that I have re	eviewed th	e expense	es and that they are	in accorda	nce w	ith the applicab	le policies.
Approved By	(please print): De	eb Gordon		Title: Sr VP - Ma	jor Tertiary I	losp	Phone # (78	0) 407-2671
Signature:		608	Z	<u> </u>			Date:	T-10
Approved By	(please print):			Title:			Phone #	
Signature:							Date:	

NOTE: Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver.



### EXPENSE CLAIM DETAILS

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals	Course Registration & Material \$	Transportation	Other	Mileage
09/14/10	Clinicians Counsel	7.52	\$149.00		•		s.	4	
09/15/10	Clinicians Counsell	7.52	1,		35.00 11 00.38			7 45 7	
								e	
									-
Total KM									
Applicable	Applicable Mileage rate @				C				· /
Totals		19.04	\$298.00		\$38.00			\$41 or	۱P
								こりたぎ	F

EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

Meal Expenses and Allowances 188

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

ICANT COPY

\$12 \$21 Lunch = L င် ထွဲ အ

Dinner = D

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting

# Accommodation Expense and Allowances

٨i

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

### ന്

- Use of personal automobile Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.
  - Vehicle owners are responsible for any tosses that may arise.
    - Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
   Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

### 4.

Advance Travel advance may be requested provided travel expenses are likely to exceed \$500.

ARRIGAMT COPY

Glenda Coleman-Miller

**INFORMATION INVOICE** 

Room No.

: 0916

Arrival

09-14-1

Departure

09-16-1

Page No.

1 of 1

Folio No.

**7590**58

Conf. No.

**7351**02

Cashier No.

83

Membership No.

A/R Number Group Code

1009ALBCLI

Company Name

Alberta Health Services

09-16-1

Text					Charges	С	redits
Room Charge	<del> </del>				149.	· .,	
Destination M	arketing Fee				*		
Alberta Touris	m Levy				5. 4		
Room GST					7		
Room Service	- Dinner	Room# 091	16 : CHECK# 00306	690	32.		
Room Charge	!				149.	v	
Destination M	arketing Fee				1.4 •	÷ .	
Alberta Touris	m Levy		•		5. "		
Room GST					7.1.		
15.04	Other PST	0.00	Other GST	0.00	F&B Tax	.25	
331.73	CAD					•	
	·		Total		359.94	·	0.00
1196	)	<del></del>	Balance			59.94	<u></u>
	Room Charge Destination M Alberta Touris Room GST Room Service Room Charge Destination Ma Alberta Touris Room GST	Room Charge Destination Marketing Fee Alberta Tourism Levy Room GST Room Service - Dinner Room Charge Destination Marketing Fee Alberta Tourism Levy Room GST  15.04 Other PST	Room Charge Destination Marketing Fee Alberta Tourism Levy Room GST Room Service - Dinner Room# 09° Room Charge Destination Marketing Fee Alberta Tourism Levy Room GST  15.04 Other PST 0.00	Room Charge Destination Marketing Fee Alberta Tourism Levy Room GST Room Service - Dinner Room# 0916 : CHECK# 00306 Room Charge Destination Marketing Fee Alberta Tourism Levy Room GST  15.04 Other PST 0.00 Other GST 331.73 CAD	Room Charge Destination Marketing Fee Alberta Tourism Levy Room GST Room Service - Dinner Room# 0916 : CHECK# 0030690 Room Charge Destination Marketing Fee Alberta Tourism Levy Room GST  15.04 Other PST 0.00 Other GST 0.00 331.73 CAD	Room Charge	Room Charge

Join goldpoints plus today! Enroll in goldpoints plus at a participating hotel front desk or on Figoldpointsplus.com and start earning Gold Points today!

### Thank You For Staying With Us

Lagree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, correlails to pay for any portion or the full amount of these charges.

association

GST# 865627822

Guest Signature





Travel & Employee Expense Claim Form

RECEIVED

	s 17(1) 17(4)(c)(i)	
Out-of-Province Travel:	Prior Approval Date (related to Out-of- Province only):	Prior Approved by (related to Out-of- Province only):
Name: Glenda Coleman-Miller	Employee #:	Union Name: n/a
Position (Title): Vice President	Department: UAH Site Administration	Location: UAH
Business Phone #: 407-8009	Travel Period From: Dec 2010	to May 2011

Expenses Paid (please attach original receipts and retain a copy for your records). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

	Finance Cod	e / Accounting Distri	bution	Non-Canadian Currency	Exchange Rate	Canadian \$
Balancing Unit	Location	Functional Centre	Expense/Secondary Account			**************************************
101	0300	71110100064	61549000	Market Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the		\$478.87
			16731	0000		
	<u></u>		Alberta Health Service	es i		
			Accounts Payable	Self-Version		
			JUN 0 1 2011			
to the first the second second second second second second second second second second second second second se						
·			receivel)	27:1 mass.		
•						
Subtotal						······································
ess Cash Ad	vance (if applica	able)			***************************************	**************************************
otal				****		\$476.87
construction of the second section of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	es or other or	MICOS dilu Have no	are in accordance to t been previously clain	med by me or o	my behalf from	urred on Alberta
		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	es and that they are i	n accordance wi	th the applicable	policies.
pproved By	(please-priril): De	b Gordon	Title: SVP		Phone # 407-2	761 / 9421
· · · · · · · · · · · · · · · · · · ·	-Dund	u Nakanh			1-1-1	26/11
					1 1 1 1 1 1 1 1 1 1	A 25 6 8 2
ignature: oproved By (	please print):		Title:		Phone #	

NOTE: Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

Rev February 2011

# **EXPENSE CLAIM DETAILS**

Date	The district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district o								
(DD/MM/YY)	٦	Accommodation	Meal Type B, Lor D	Meais	Course Registration &	Transportation	O.	Mileage	٠,
01/12/10	Parking - UofA	>		<b>69</b>	ואומופוומו	S	•	, æ	
03/05/11	Taxi to Airport					\$13.00			•
03/05/11	Lunch in Calgary		_	0000		55.00			
03/05/11 to 05/05/11	Hotel Room - Prov. Senior Leadership Mtg	376.87	<b>J</b>	20.00					
06/05/11	Parking - ED Overcrowding Conference					14.00			
							-		
							-		
Totals		\$376,87		\$20.00		00000			
GEYPENICE I MITE				-		902/00			

©EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise). Meal Expenses and Allowances

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- Breakfast ≐ B \$10 Lunch = L \$12 Dinner = D \$21
- ତ ବିଜ

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose

### Accommodation Expense and Allowances 'n

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

### Travel ς,

- Use of personal automobile Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.
  - Vehicle owners are responsible for any losses that may arise.
- Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
   Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

### 4.

Travel advance may be requested provided travel expenses are likely to exceed \$500.



### **CALGARY SOUTH**

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5 Tel: 403-278-5050 Fax: 403-225-5834

ALBERTA HEALTH SERVICES Glenda Coleman-Miller University of Alberta Hospital Edmonton, AB T6G 2B7 CA

Room:

0281

Folio:

Cashier:

122

Arrival:

05-03-11

Departure:

05-05-11

Group: AHS Provincial Senior Leadership Meeting

Date	Description		Additional Information	Charges	Credits
05-03-11	Room Charge			159.00	
05-03-11	DMF			4.77	
05-03-11	Room GST			8.19	
05-03-11	Tourism Levy			6.55	
05-04-11	In Room Dining Ch	arges	#281 : CHECK #0050	19.85	
05-04-11	Room Charge	_		159.00	
05-04-11	DMF			4.77	
05-04-11	Room GST			8.19	
05-04-11	Tourism Levy			6.55	
GST Sum	nmary		Total	376.87	0.00
Registrati Room	on No: 895126332 16.38		Balance Due	376.87 CDI	V
F&B	0.00				······································
Other	0.00			•	
Total	16.38				

Guest Signature:

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

Managed by ADVANCIÊ Philipian STATION POF Pedway 2

Paid 06:2011/85/86 12:54

Entered:2011/05/06 11:31 Ticket#:#844395933

Dur . :82:44

Paid:\$ 7.51 original Feet\$ 7 511 Dur .: 82:44 Fee:1 0.69 Change:\$

Credit Card:#ISA 452#-1131 sc:\$ 0.00

Thank-You. . Come Again

### s.17(1), 17(4)(e.1)

657#122#1 4491 RIPP#3

Swiped

HISA Purchase 11/85/No 12:54:33 Seq# ##1##1537# 66153525 Guth# #29639

01/027 APPROVED - THANK YOU

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

Compass Restaurant 2001 Airport Rd N.E

Calgary, Alberta T2E 6Z8 (403) 291-2600 1807

TABLE:

30/1 104 Ivv

SERVER: DATE:

MAY03'11 11:45AM

CARD TYPE: VISA

ACCT #:

EXP DATE: AUTH CODE:

 $\Delta\Delta/\Delta\Delta$ 025369

s.17(1), 17(4)(e.1)

GLENDA COLEMAN-MILLER

SUBTOTAL:

16.80

GRATUITY

TOTAL

SIGNATURE

PLEASE RETURN A SIGNED COPY TO YOUR SERVER GST #846543619

Welcome To Edmonton City Centre East Parkade

Hanaged by November PARKING STAFTON: POF Pedway 2

Paid 0n: 2ft 1/85/86 13 84

Entered:2011/05/06 10:11 licket#: n#44391123 Dur.:171:58

Paid:\$ 14.88 14.88 Original Fee:\$ Dor.:171:58 Fee:1 Change:\$ 0.00

Credit Card:0158 4514 6882 \$0:\$ 0.99

Thank-You...Come Again

### s.17(1), 17(4)(e.1)

657#122#1 4491 RT###3

Swiped

Purchase 11/85/86 19.89:51 Seq# hutunt54nh 66159525 Auth# 884949 817827 RPPROVED - THRMK YOU

780-462-4444 PRESTIGE GST# Driver: s.17(1), 17(4)(g)(i)From: To:

10135 - 31 Avenue, Edmonton, AB T6N 1C2

193



88 6

4 AKANT



Travel & Employee Expense Claim Form AIP: May 6/11

				S.I/(I), J	<u> </u>	)(1)			0
Out-of-Prov	rince Travel: [	]		r Approval I	Date (rei	ated to Out-of-		r Approved by (r	elated to Out-of-
Name: Gler	nda Coleman-M	liller	Emp	loyee #:			Unic	on Name:	
Position (Ti MAHI	tie): VP - UAH	/Stollery &	Depa	artment: Sit	e Admir	ilstration	Loc	ation: WMC 1F1	
Business Pl	hone #: 780-4	07-8726	Trave	el Period Fr	om: Ap	ril 8		to April 10	0, 2011
What forme	r entity payrol	l system is	the empl	oyee being	paid fro	m? (please	√ on	e from below)	
_ AADAC	41 m /s 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		☐ Calga	ry Health			<u> </u>	ast Central	
☐ Alberta C	ancer Board		⊠ Capit	al Health			ĺΝ	orthern Lights	
☐ Alberta W	lental Health E	Board	☐ Chine	ook			□Р	alliser Health	
☐ Aspen			☐ David	Thompsor	) .		□Р	eace Country	
	ta Health Serv	ices or rei	mbursed /	reimbursa Travel & E	ble by a	nother orga	nizat	Do not include ion. Complete d	
	Finance Code	/ Accounti	ng Distribu	<i>(by Expense</i> tion	Account,	Non-Cana		Exchange Rate	Canadian
Corp/BU/Org	Location	(if applicable	e) tional	Expense/Se	condar	Currence	У		\$
(if applicable)	(if applicable)		Primary	Accor	int /	9 65 545   9 15 15 15 15 15 15 15 15 15 15 15 15 15	. A. Berry		
103	0300	71210402	2016	62312000			<del></del>		\$529.65
			<u></u>	/ /	e eaterie; "€	ealth Service:			
	7	lhada Heal	th Services		Accol	nts Payable			
		Accounts			MAY	1 0 2011			
		JUN 29	2011	Y I	F- AT (53.7)				
Total GST		Get Tomic & S			RE	EIVED	- <del>1                                   </del>		
Subtotal	II.	HECE	IVED .		·····	· · · · · · · · · · · · · · · · · · ·			529.65.
ess Cash Ad	vance (if applica	ıble)	/						
otal .	,								\$529.65
		/		· · · · · · · · · · · · · · · · · · ·	<del></del>		<del></del>		
lberta Health	Services bus	siness and	l have not		ously cl			cies and were in on my behalf from	
nereby certify	that I have re	viewed th	e expénse	s and that	livey are	ili accorda	nce v	vith the applicab	le policies.
pproved By	(pléase print): Ch	ristine We	sterlund j	Title: Site	Directo	or, Stollery	····	Phone # 780	-407-6035
ignature:	PLLE	2/1/2	e di			)	<del></del>	Date: AX \	253.1
pproved By	please print):	a hou	dousup	Title:				Phone # 4	07-276/A
ignature:	ZZZ		1	-			, ,	Date:	11/
				- Andrews Company					+ 1

NOTE: Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver.



Travel & Employee Expense Claim Form AP May 6/11

				s.17(1), 17(4)(g)(i)	)		A/P.PO	90111
Out-of-Prov	vince Travel: [	,		ior Approval Date (rela ovince only):		,	r Approved by (re	lated to Out-of-
Name: Gler	nda Coleman-M	liller	≝ Er	nployee #:		Unio	n Name:	
Position (Ti MAHI	tle): VP - UAH	/Stollery &	De	epartment: Site Admin	istration	Loca	ition: WMC 1F1	
Business P	hone #: 780-4	07-8726	Tra	avel Period From: Ap	ril 8		to April 10	2011
What forme	r entity payrol	l system is	the en	ployee being paid fro	m? (please	✓ one	e from below)	
☐ AADAC			☐ Ca	lgary Health		E	ast Central	
☐ Alberta C	Cancer Board		⊠ Ca	pital Health			orthern Lights	
Alberta M	/lental Health E	Board	☐ Ch	inook		☐ Pa	alliser Health	
☐ Aspen			☐ Da	vid Thompson		☐ Pe	eace Country	
page 2 of the				of Travel & Employ (by Expense Account)				
	Finance Code	e / Accounti (if applicable		ibution	Non-Cana Current		Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)		tional Primary	Expense/Secondary Account		-		
103	0300	71210402		62312000		-		\$529.65 £
·				· Section and the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sec	గాంచారకొస్సారాక సి			
					<del>lealth Service</del> nts Payable	9		
					10 2011			
				20 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E	1 18 X 62 61	300		
Total GST	<u>}</u>	<u> </u>			JEIVED	<u>.</u>	·	
Subtotal		·						529.65
Less Cash Ad	lvance (if applica	able)	····					
Total								\$529.65
Alberta Healt		siness and	l have n	ve are in accordance to not been previously cl				
Employee Sig hereby certif		<i>Q ())()()</i> eviewed th	<i>COL</i> le expei	for Glanda nses and that the Harg	Date:		<del></del>	e policies.
Approved By	(please print): Cl	hristine We	sterlund	Title: Site Directo	or, Stollery		Phone # 780-	407-6035
Signature:	Whi	est	e be				Date: Ax	Jol \
Approved By	(please print):			Title:			Phone #	Λ
Signature:				·			Date:	Strict Trans

NOTE: Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver.

## EXPENSE CLAIM DETAILS

4									
(DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation \$	Other	Mileage km
				-					Υ.
				-	,				
	7		4						
	SIMES OF	1280 100	さらら	tachar	1 Shoot				
				•					
								-	
Total KM				_					-
Applicable	Applicable Mileage rate @								
Totals									AF
	1 0101N	100000000000000000000000000000000000000	1	-					PF
	NOIG.	cecora ine to	tal amount tor eac	n expense c	ategories from abo	Note: Recold the total amount for each expense categories from above to the summary table on page.	le on page 1		L
							,		-

EXPENSE LIMITS -- (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise). Meal Expenses and Allowances

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available. <u>.</u> 196

CANT COPY

- Breakfast = B \$10
- \$12 \$21 Lunch = L
- Dinner = D ර ර ග

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

Accommodation Expense and Allowances κi

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

- က
- Use of personal automobile Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.
  - ·Vehicle owners are responsible for any losses that may arise.
- Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
   Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.
  - Advance 4.

Travel advance may be requested provided travel expenses are likely to exceed \$500.

# **EXPENSE CLAIM DETAILS**

Glenda Coleman-Miller for travel to Banff, AB for the WCCHN Retreat - Apr. 8-10/11

Mileage (km)				× × × ×	1,0		۵									-				844	\$0 50E	\$U.5U5
Other	\$19.60	\$33.00	\$33.00 %							-										Total km	n Form no 2	11 FUIII, Py. 2
Transportation																	, 1				ee Expense Clair	בי בייישלים בייי
Course Registration & Materiais	e,										-						-				Rate as outlined on Travel & Employee Expense Claim Form on 2	المنطنيت سيميسي
Meals			8-17-89-1	. * .																	s outlined of	
Accommodations			A.																		Rate a:	
	Valet Darking	arking	st				7															
7. 7. 1	8-Apr-11 Valet Darking	Т.	10-Apr-11 Breakfast	10-Apr-11 Mileage	-																	

\$529.65

TOTAL EXPENSE CLAIM:



P.O. BOX 960

BANFF, ALBERTA CANADA T1L 1J4

T 403 762 2211 F 403 762 5755

G.S.T. Registration # 84968 1721 RT0006

Room

0623

Folio # Cashier # 704872 947

Page #

1 of 1

Group Name

Western Canadian Children's Heart N

Western Canadian Children's Heart Networ

MS Glenda Coleman-Miller

Arrival

04-08-11

s.17(1), 17(4)(g)(i) Departure

04-10-11

**Fairmont President's Club** 

s.17(1), 17(4)(g)(i)

### INFORMATION INVOICE

Date	Description · · ·	Additional Information	Charges	Credits
04-08-11	Valet Parking	The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	33.00	· · · · · · · · · · · · · · · · ·
04-09-11			Non-Responsive 20.95	
04-09-11	Valet Parking		33.00	
04-10-11	In Room Dining	Line# 623 : CHECK# 0022039	17.83	•
04-10-11	Visa		s.17(1), 17(4)(e.1)	104.78
04-12-11	Package Gratuity Inclusion	\$10 Service charge per adult/night	20.00	
04-12-11	Package GST (5%)		1.00	
04-12-11	Visa		s.17(1), 17(4)(e.1)	21.00
		Total	125.78	125.78
		Balance Due		0.00
GST Su	ımmary			
Room	0.0	•	•	
F&B	0.8			
Other Total	5.1 5.9			

For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1800 441 1414

Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de: États-Unis ou Canada 1800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.0% per annum.)

I have accepted delivery of The Clobal and Mall, Had I refused. I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas ou la compagnie, l'association ou son représentant désigné en retuserait le paiement. Les comptes en soulfrance sont sujets à un intérêt de 1,5% per mote après un mois. (18,00% par année) Já accepte la tivraison du journaît The Globe and Mail. Si J'avaiss refuse, j'avrais pu obtenir un credit a mon compte de 1,00% paour jour (du Lundi au Vendredi) et de 2,00% te Samedi (Oans les hotels participants.)

### Denise Gagne

From:

Denise Gagne

Sent:

Thursday, June 09, 2011 1:59 PM

To:

Deidre Rainey

Cc:

Glenda Coleman-Miller

Subject:

Re: Coleman-Miller Exp - 529.65

Importance:

High

Attachments:

Coleman-Miller.pdf

Hello,

You have submitted an expense claim that requires a higher level approval signature. Please have an SVP or higher level sign for approval.

Please scan an email back to me as I have original receipts.



Coleman-Miller.p df (958 KB)

**Thanks** 

### Denise Gagné

### **Accounts Payable**

Alberta Health Services 10th Fir, North Tower 10030-107 Street Edmonton, AB T5J 3E4

Ph: 780-735-0464 Fax: 780-735-0508

Email: denise.gagne@albertahealthservices.ca

This communication is intended for the use of the recipient to which it is addressed, and may contain confidential, personal, and or privileged information. Please contact us immediately if you are not the intended recipient of this communication, and do not copy, distribute, or take action relying on it. Any communication received in error, or subsequent reply, should be deleted or destroyed.

APPLICANT COPY about Please advise alongton 11e-inhousenest so please

> Fairmont Banff Springs In Room Dining

2531 Meghan 323/1 CHK 2039 GST 1 COLEMAN-MILLER APR10'11 10:18AM 1 Delivery Charge 4.00 1 1 Egg 6.00 1 Toast 5.00 Food 11.00 Delivery Charge 4.00 IRD AUTO GRAT 1.98 GST 0.85 Total Due .. \$17 - 82

PARC NATIONAL BANFF NATIONAL PARK 04/08/2011

lid/Valide - 16h: /10/2011

9.80	erfeldeligheten deligen sich ihr Abundlic sodere Freigheit und des jegen
:AD IND/JR:1 ADULTE	~ 19.60
o <b>tal</b> /TPS	19.60%
n/Comptant	19.60
2 PM F.B. E/BARRIERE-BANFF3	791

7	Alberta	Health
	Service	\$

### Travel & Employee Expense Claim Form (In Canadian Dollars) \$ 17(1) 17(4)

Name: Glenda Coleman-Miller Employee Number: Union Name:

Position: Vice President Department: Administration

Business Phone: 780-407-8009 Period From: May/11 to Jun/11

Expenses Paid (please attach receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
101	0300	71110100084	62310000			\$62.75	
		Luos	In Services Payable				
		Account	Payable				
		AUG	6 2011		· · · ·		
			ENED				
Less Cas	h Advance		A Service				
Total		3,,,,,				\$62.75	

The Information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Alberta I-	lealth Services business and have not been
previously claimed by me or on my behalf from Alberta Health Services of	r other organization.
Employee Signature: Daleman - Friele	Date: 2011-08-05

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Mike (Print name)	e Conroy	Title: Acting SVP, Edmonton	n Zone	Phone # 342-2016
(Signature)	( )			Date A 212///
Approved By: (Print name)	· · · · · · · · · · · · · · · · · · ·	Title:		Phone #
(Signature)	t			Date
NOTE:				··/ <del></del>

### NOTE

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroil system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

CH-0313 March, 2009

### APPLICANT COPY EXPENSE CLAIM DETAILS

### Recommended Coding

- 61530030 Workshop Fees & Materials
- 61520029 Academic Course Fees & Materials
- 61540040 Conference Fees & Materials
- 62300000 Meals
- 62320000 Staff Local Travel Client Related
- 62310000 Staff Local Travel Non-Client Related
- 62320000 Staff Local Travel Taxi Client Related
- 62310000 Staff Local Travel Taxi Non-Client Related
- 62320000 Staff Travel UNA Client Related
- 62310000 Staff Travel UNA Non-Client Related
- 62312000 Staff Provincial Travel Non-Client Related
- 62314000 Staff Out of Province Travel Non-Client Related
- Catering 69600000

	` <u> </u>				,		1
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
May 25/11	Parking				\$5.00		
May 26/11	Parking				8.00		
Jun 7/11	Parking				25.00		
Jun 7/11	Meal		15.75				
Jun 30/11	Parking				9.00		
					:		
<u>-</u> .							
						Total km	
			Rate	as outlined in	n Section 2 – Trave	l below @	
Totals			<b>\$</b> 15.75		\$47.00		

### **EXPENSE LIMITS**

### 1. Meal Allowances

When traveling on Alberta Health Services business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

### Trave

- Use of personal automobile From August 1, 2008, reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year [April 1 to March 31] (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$500 per year with receipts in accordance with Alberta Health Services Policy.
- Effective August 1, 2008, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.52 per kilometer.
- If union contract rate differs from \$0.505 then contract rate must be used.
- · Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

### Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

103 Katrin

2543 JUN07'11 8:05AM

GST :

1 Trad Omelette 12.00 1 Coffee 3.00 FOOD 15.00 GST 0.75 8:20 Total Due \$ 15.75

RATUITY__

TOOLS HOSSEN

RINT NAME _____

IGNATURE

PLEASE PAY YOUR SERVER GST #846543619 APPLICANT COPY
DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIL

DETACH RECEIPT FROM TICKET

25/05/11 09:01 AM

OUNT PAID

\$ 5.00 **84950000 08:0**1 A

WALBER'T

NON TRANSFERABLE

DATE ISSUED TIME ISSUED AMOUNT PAID \$ 5.00

CREDIT CARD NUMBER

LOT PhysEd-N/HOURLY

ALBERT.

0605544

RECEIPT GST # R1081028

Bog meding May 36 195100 the

DISPLAY THIS SIDE UP ON DASHBOARD

AMOUNT PAID

0627998

84888888 10:82 FB



NON TRANSFERABLE

DATE ISSUED TIME ISSUED AMOUNT PAID

26/05/11 10:02 AM \$ 8.00

CREDIT CARD NUMBER



062799

RECEIPT GST # R108102

07/06/11 06:11 07/06/11 21:43 Period 0d15h33'
(Tax)

Total

Payment Received
Cash
Sub Total
Tax
5%

Amount Paid
Change

\$

\$25.00 \$25.00 \$25.00 \$25.00 \$23.81 1.19 \$30.00 Exit #1 Ca 07/06/11 21:43 Cashier 38 Receipt 023011 s.17(1), 17(4)(g)(i) Short-term parking tkt

Can-T5J 2T2 Edmonton Tax CodeCA5%

T# R128599776

Edmonton Airports

Total Parking: \$3.57
Total gst: \$0.43
Total Due: \$9.00
Total Paid: \$9.00
Visa
Ticket #: 30072602
Setting: Lot 256
Mach Name: Meter 1

iration Date/Time: 04:25pm Jur chase Date/Time: 02:55pm Jun

RECEIPT

s.17(1), 17(4)(e.1)

Purchase Date/Time: 02:55p)
Total Parking: \$9.57
Total gst: \$0.43
Total Due: \$9.00
Total Paid: \$9.00
# Visa
Ticket #: 30072602
S/N #: 100008440038
Setting: Lot 266
Mach Name: Meter 1

ine: 02:55pm Jun 30, 2011

ACE FACE UP ON Impark Lot 256
Expiration Date/Time
EXP 04:250M

CING RECEIPT PARKING RE

EXP 04:25PM

Purchase Date/Time: 02:55pm Jun 30, 2011

Total Parking: \$8.57

Total gst: \$0.43 Total Due: \$9.00

Total Paid: \$9.00

Visa Ticket #: 30072602

S/N #: 100008440038 Setting: Lot 256 Mach Name: Meter 1

GST #887315638RT0001

s.17(1), 17(4)(e.1)

Impark Lot 256

Expiration Date/Time: 04:25pm Jun 30, 2011 Purchase Date/Time: 02:55pm Jun 30, 2011

Total Parking: \$8.57 Total gst: \$0.43 Total Due: \$9.00

Total Paid: \$9.00

Ticket #: 30072602

Auth #: 06733

Rate: \$9 - 1.5 Hours ישונה: אָשׁ - 1.5 Hours Payment Type: Card

Rate: \$9 - 1.5 Hours

Payment Type: Card

Auth #: 067334

Setting: Lot 256 Mach Name: Meter 1

Edmonton Charce UPS CHOOK DISPLAP PHIS CAN UP O PASHBOARD

EXPIRATION TIME

- AMOUNT PAID

0605544



DEY Mobbing May 36

DISPLAY THIS SIDE UP ON DASHBOARD

AMOUNT PAID

0627998

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

CREDIT CARD NUMBER LOT PhysEd-N/HOURLY

VERSITY GST # R1081028 0605544 RECEIPT

かびのあい

DETACH RECEIPT FROM TICKET

CREDIT CARD NUMBER

UNIVERSITY 0627998

Amount Lax Sign Payment Received Total 5% 0d15h33 \$30,00 \$23.8 \$25,00 \$25.00 \$25 2

Cashier 38 Receipt 023011 * Ca 07/05/11 21:43 38

Short-tarm marking

Can-TSJ 2T2 Edmonton Tax CodeCA5% Edmonton Airports

GST# R128599776

SIGNATURE PLEASE PAY #846543619

PRINT NAME

ROOM NUMBER

TOTA

GRATUITY Total

204

Due <del>(/)</del> (Ji

8:20

Trad Ol Coffee FOOD

Omelette

υ4ω 8:05AM 12.00 3.00 15 an 0.75

Katrina Compass (403) Restaurant 291-2600

103

 $\bigcirc$ 

JUN07'11

(J

DELTA

Alberta Health Services

### TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM FORM

PLEASE DO NOT USE ENTER KEY TO I		UKM > USE I	IAS, ARRO	W KEYS OR	MOUSE
SECTION A - Employee Details (for AHS St					
⇒ Enter Employee # (cld) and Employee # (f-People ⇒ Indicate N/A in the Employee # (F-People ⇒ Indicate N/A)	E-People) if you h	ave migrated t	to the New	E-People pa	yroll system.
<ul> <li>→ Indicate N/A in the Employee # (E-People</li> <li>→ If you are a new employee and payroll have</li> </ul>	, it you have not n s migrated to E-Pe	nigrated to the	oniv have a	opie payroli In Employee	system. : # (E-People).
Employee # (old Employee #				da Coleman-N	
Position (TIT(e)) Vital (4) (1) Location	on: UAH 17/1) 17/4	Dept: Site			rovince Travel: 🔲
Union Name: Business Phone	D. I / \ I / . I / \ T	$\mathcal{N} \mathcal{S} \mathcal{N} \mathcal{T}$	Travel Peri	od from:	to
What former entity payroll system is the emp	loyes currently	being paid fr	om? (Plea	se √ one f	rom below)
☐ AADAC ☐ Calgary			☐ East Ce		
☐ Alberta Cancer Board	Health		Norther	n Lights	
Alberta Mental Health Board Chinook			Palliser	Health	-
☐ Aspen ☐ David Ti	hompson		Peace C	Country	······································
SECTION B - Finance Coding & Total Claim -	Comp	lete separate	e Page 2 fo	or each Fur	ictional Centre
Finance Code / Accounting Distribution	n → Expense Obje	ect Code (EOC)/s	acondary coc	le not required	in this section
Bal Unit Location (4 char) Functional Centre (FC) (11		Travel \$s		Other \$s	Total
101 0300 71110100064	2A \$	2,656.62	3	\$504.00	\$3,160.62
	28		3		
Albert Carrier Server	2C		3		
Accumts Payable	2D		3		
		Converted I			1
MV 0 Z ZUII		Less Cash A	dvance if	applicable	
→ Claim should include a minimum of 2 pages + r	eceipts		TOT	AL CLAIM	\$3,160.62

IMPORTANT NOTE > Applicable to all Sections A to F

If this form is not filled in correctly, legibly and completely, the form will be returned.

In order to facilitate processing of this claim, please review the following notes -

- Email approvals, physical signature stamp or similar device are not acceptable
  - Employee # refers to the number indicated on employee's pay stub
- Out-of-Province Travel the approver <u>MUST</u> ensure all documentation and approval levels are compliant as per the Travel Policy <u>BEFORE</u> submission to Accounts Payable

SECTION F - Authorization				·
If applicable, <u>print</u> the name of the perso questions, contact can be easily made. Employee and approval signatures requir				
	Deldre Rainey			none # 407-8009
I hereby certify that the expenses listed a business and have not been previously d	bove are in accord aimed by me or on	ance to applicable my behalf from A	policies and was incurre berta Health Services or	ed on Alberta Health Services r other organization.
	liman-			<del></del>
I hereby certify that I have reviewed the e Approved claim form with receipts should	xpenses and they a be sent by the app	are in accordance rover directly to A	with the applicable polic ecounts Payable for pro-	ies (Policy #'s CF-03, CF-04).
Approved By (PRINT ONLY) Mike Conroy		AOFA level	Position # SVF	
Signature:	Title:	SVP, Edmonton 2		Date:
Approved By (PRINT ONLY)		DOFA level	Position #	Phone #
Signature:	Title:		· · · · · · · · · · · · · · · · · · ·	Date:

IOTE: Expense claims must be properly authorized and appropriately supported in accordance with Alberta Health Services Policies

09704pos(Rev2011-10)



	,	
	Page 2 (enter A, B or C as required) A	
EXPENSE CLAIM DETAILS	Please print extra copies of this page if expenses incurred are for multiple FC's (one FC per page) <b>OR</b> additional lines required for the same FC.  Label this first page with A, and each additional page continue labeling with B, C etc.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	101. 0300.71110100064  5f bal unit (3 char), location (4 char), and functional centre (11 char)	
	Enter Finance Coding as per page 1	

SECTION C	ON C   Travel & Education Expenses	tion Expe	2020		NOTE: H	favnancae	4000	fall into	4	1 200		1010	
			2		- - - - - - -	cypalisas	1011 011	iaii iiio	Hese	categori	es, go to :	in expenses do not fall lind these categories, go to SECTION D	
Ensure sep Secondary/	Ensure separate lines are used for claim items that differ in province of expense. Secondary/Expense codes are not required to be indicated in this section as they	nat differ in provi e indicated in thí	ince of expens is section as th		total \$ amor e-determine	nse. Enter total \$ amount on slip, <u>DO NOT</u> separate GST they are pre-determined by the system.	NOT sepa	arate GST.				. V	
Date	i i	Prov of Exn		Meals \$	\$ \$ (Type B,	(Type B, L, D or A for All)			Trans	Transportation \$	45		
(dd/mm/yy)	Furpose of Iravei/Education	(ie AB, BC, etc)	Hotel \$	Туре	w/receipt	w/o receipt or per diem	Taxi \$	Airfare	Bus	Parking	Rental Car	Course Reg / Material \$	Mileage (km)
05/05/11	Meeting Downtown						15.00						3.00
07/09/11	Meeting at RAH									9,00			909
16/09/11	Meeting at RAH									9.00			909
21/09/11	Meeting at RAH									17.00			200
18/10/11	Meeting at RAH												00:0
20/10/11	Meeting Downtown								1	9.00			6.00
1 51 62	imorimor Billion									6.75	į		3.00
20/10/11	Meeting at RAH								•	17.00			6.00
09/24/11	ACEN Conference	NO	400.02	4		35.77				-			
09/28/11	Travel from Airport to Hotel	AB					10.00						
09/28/11	Senior Leadership Meeting	AB	664.90										
09/24/11	ACEN Conference Registration											1445.00	
;		and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t											
	(sum applicable columns) SUBTOTALS	TOTALS	1064.92		00.0	35.77	25.00	0.00	0.00	67.75	0.00	1445.00	Total Kms
TRAVEL   agreemen	TRAVEL EXPENSE LIMITS – (Refer to CF-04 for terms and conditions, except where collective agreement specifies otherwise.)	04 for terms	and condition	ls, exce	pt where a	ollective			Enter \$	30.505 <u>OR</u> 1	ate per Unio	Enter \$0.505 OR rate per Union Agreement	0.505
Meal Exp	Meal Expenses & Allowances												!

Please enter above total for each page 2 separately onto page 1, Section B

2656.62

Enter on page 1 TOTAL TRAVEL \$s

2638.44

Travel \$'s Subtotal

Actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity and GST to a maximum (with or without receipt) as indicated below. a) Breakfast  $\rightarrow$  \$10 b) Lunch  $\rightarrow$  \$12 c) Dinner  $\rightarrow$  \$21

18.18

Mileage \$s

### EXPENSE CLAIM DETAILS

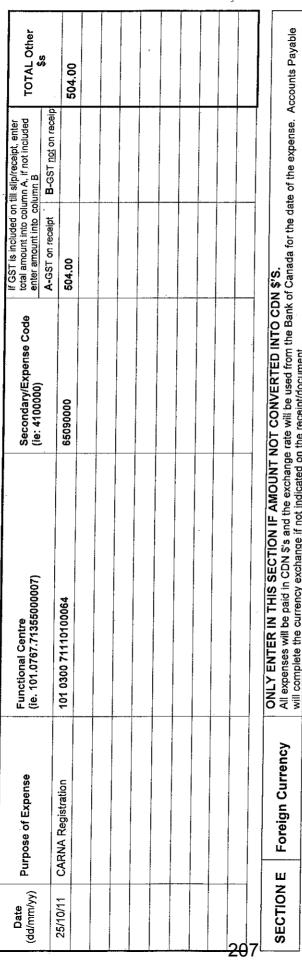
NOTE: If expenses are for travel or education (courses etc) go to SECTION C SECTION D Other Expenses

ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

→ If no "Other" expenses are being claimed, this page does not have to be submitted.

→ Gas receipts & business insurance are claimed here in Section D – Other Expenses.

# Subtotal "Other Expenses" for each functional centre separately and enter each subtotal on page 1



SECTION	SECTION E Foreign Currency	All expenses will be paid in CDN \$'s and the exchange rate will be used from I will complete the currency exchange if not indirested on the received on the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the	s SECTION IT AMOUNT NOT CONVERTIED INTO CDN \$'S. In CDN \$'s and the exchange rate will be used from the Bank of Canada for the date of the expense. Accounts Payable	V \$'S. of Canada for the date	of the expense. A	ccounts Payable
		TO DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	in the receipt accurrent.			
Date (dd/mm/vv)	Date (dd/mm/vv)	Functional Centre	Secondary/Expense Code	Foreign Currency	For AP use ONLY	ζλ
			(Ie: 4100000)	Amt (\$)	Exch Rate	CDN Value
					The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	
						:
						×
					*	B. C. C. C. C. C. C. C. C. C. C. C. C. C.

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Expenses Paid (*Retain a copy for your records)* 

Total Converted \$s

-3 of 3 -

### **Deidre Rainey**

From:

Deidre Rainey on behalf of Glenda Coleman-Miller

Sent:

Wednesday, August 10, 2011 8:25 AM

To:

**Deidre Rainey** 

Subject:

FW: ACHE Online Event Registration Confirmation

----Original Message----

From: contact@ache.org [mailto:contact@ache.org]

Sent: Wednesday, August 10, 2011 8:01 AM

To: Glenda Coleman-Miller Cc: ERegistration@ache.org

Subject: ACHE Online Event Registration Confirmation

Thank you for your registration!

ID:

s.17(1), 17(4)(g)(i)

Order number: 257455

Name: Glenda Coleman-Miller

Meeting: CAN2011

You have registered for the following:

Title of seminar: Coach, Challenge, Lead: Developing An Indispensable ...

Date: September 26, 2011

SubTotal:\$1,445.00 Total charged \$1,445.00

This e-mail serves are your receipt.

***

You will also receive a final confirmation e-mail within 24 hours from ACHE's Customer Service Center.

The final confirmation will include travel discount codes unique to ACHE attendees; therefore,

if you are traveling to one of our seminars we recommend that you do not make travel arrangements until you receive the second confirmation. If the second e-mail is not successful, you will receive a letter mailed to the address listed on your registration form. If you have any questions regarding your registration, contact the ACHE's Customer Service Center at (312) 424-9400 or contact@ache.org.

***

This e-mail was sent from the American College of Healthcare Executives, 1 North Franklin Street, Suite 1700, Chicago, IL 60606-3424.



100 Front Street W
Toronto, ON, Canada M5J 1E3
T (416) 368-2511 F (416) 368-2884
G.S.T. Registration # 832522213

Mrs Glenda Coleman-Miller 10030 107th Street Edmonton AB T5J 3E4 Canada

### LICANT COPY

Room

02299

Folio.#

876

Cashier #
Page #

1 of 2

Invoice No.

Arrival

09-24-11

Departure

09-27-11

			<b>16</b> 6				
Date	Description		al Inform	nation		. Charges .	· Credits .
09-24-11	······································	,	8			165.00	* * * * * * * * * * * * * * * * * * * *
09-24-11			<b>Š</b>			21.45	
09-24-11			Nor Responsive	e		50.00	
09-24-11				•		6.50	
09-25-11		_	<b>■</b> 000 ×700×		Non Dogn	36.14	
09-25-11					Non-Resp	65.63	
09-25-11	Room Charge					165.00	
09-25-11	HST - Rooms					21.45	
09-25-11						50.00	
09-25-11			Non-Responsiv	ve		6.50	
09-26-11	In Room Dining		2299 : C	HECK# 2314		35.77	
09-26-11	Room Charge					189.00	
09-26-11	HST - Rooms					24.57	
09-26-11						50.00	
09-26-11			Non-Responsi	ive		6.50	
			Total			893.51	0.00
			Balanc	e Due		892.51 435.7	<i></i>
GST Sum	mary	<b>HST Summary</b>			^	110 = 1	9
Room:	0.00	Room:	.97 3 .04	espe:	asl	グラン・	,
F&B:	0.00	F&B:		IN STORY	· ·		
Other:	0.00	Other:		alu			
Total :	0.00	Total:	.01				

For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414

l agree that my liability for this bill is not waived and lagree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)

Thave accepted delivery of The Globe and Mail. Had I refused, I would have been elicible for a \$1.00



100 Front Street W Toronto, ON, Canada M5J 1E3 T (416) 368-2511 F (416) 368-2884

G.S.T. Registration #832522213

Room

02299

Folio#

Cashier#

876

Page #

2 of 2

Invoice No.

Arrival

09-24-11

Departure

09-27-11

Mrs Glenda Coleman-Miller 10030 107th Street Edmonton AB T5J 3E4 Canada

Date Description

Additional Information

**Charges** 

Credits

Thank you for choosing Fairmont Hotels & Resorts.

To provide feedback about your stay please contact Heather McCrory, General Manager, at Heather McCroryGM@Fairmont.com. We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

### Carriage House Inn

9030 Macleod Trail S., Calgary, Alberta, Canada T2H 0M4 Phone: (403) 253-1101 Fax: (403) 259-2414 Toll Free: 1-800-651-9566

Glenda Coleman-miller Alberta Health Services 8440, 112th St.

Edmonton, AB T6G 2B7

Folio #:

R5AD19 - 1

1062

Group #:

Room #:

Guests:

Clerk:

CL #:

CN

Arrive: 09/27/11

Time:

08:20 PM

Depart: 09/29/11

Time: 05:06:39

Status: FOL

Date	Description	Reference	Comment	Charges	Credits
09/27/2011	ROOM CHARGE	1062		\$305.00	\$0.00
09/27/2011	ALBERTA MARKETING I	1062t	ALBERTA MARKETING LEVY	\$12.20	\$0.00
09/27/2011	ROOMS GST TAX	1062t	ROOMS GST TAX	\$15.25	\$0.00
09/28/2011				\$16.00	\$0.00
09/28/2011				\$3.00	\$0.00
09/28/2011				\$0.80	\$0.00
09/28/2011	ROOM CHARGE	1062	Non-Responsive	\$305.00	\$0.00
09/28/2011	ALBERTA MARKETING I	1062t	Non-Responsive ALBERTA MARKETING LEVY	\$12.20	\$0.00
09/28/2011	ROOMS GST TAX	1062t	ROOMS GST TAX	\$15.25	\$0.00

Folio Balance:

Signature:

lexpense claim 664.90

"We Take Great Gare of You"

### 2012

Name:

Glenda Daisy Coleman-Miller

Number:

s.17(1), 17(4)(g)(i)

Date issued:

25-Oct-2013

ltem	Amount
Registered Nurse (Renew) Fee	\$480.00
GST	\$24.00
Total	\$504.00

College & Association of Registered Nurses of Alberta 11620 – 168 Street, Edmonton, AB T5M 4A6 Telephone 780.451.0043 Fax 780.452.3276 Toll Free in Canada 1.800.252.9392 GST Reg. No. R106692643

### OFFICIAL RECEIPT FOR INCOME TAX PURPOSES

Issued pursuant to the Health Professions Act s. 40(2)

COLLEGE & ASSOCIATION OF REGISTERED NURSES OF ALBERTA

11620 – 168 Street, Edmonton, AB TSM 4A6 Telephone 780.451.0043 Fax 780.452.3276

Fax 780.452.3276 Toll Free in Canada 1.800.252.9392

**2012 PRACTICE PERMIT** 

Name:

Glenda Daisy Coleman-Miller

Number:

s.17(1), 17(4)(g)(i)

Type:

**Registered Nurse** 

Effective Date:

01-Oct-2011

Expiry Date:

30-Sep-2012

Conditions:

Nursing Profession Act discipline conditions, if any, do not appear on this permit.

This information was obtained from the Member Profile section of the College and Association of Registered Nurses of Alberta website www.nurses.ab.ca on 10/25/2011 at 09:18:36 AM MST.

This information should be considered current as of the date and time shown, and is subject to change. CARNA makes every effort to ensure that all of the information displayed is accurate; however, in the event of a discrepancy between the information displayed on this document and that provided by the Registrar, the Registrar will be deemed to be correct.

9545-294-087

BECEILL

Alberta Health Services

7276961

Alberta Health Services

CHERRES ARE FOR USE OF PARIONES TO RECEIVE SPACE ONLY A BEFTA OFF TO SPACE ONLY A BEFTA A BEFTA HEALTH SERVICES ON FOUND TRANSFER AND TR

14 BP: 30 DDDDDS P37 DD: 6 \$

### MA 04:80 11/20/70

**GIAS TNUOMA** DETACH RECEIPT FROM TICKET

LIME ISSUED

CHEDIT CARD NUMBER

EXPIRATION TIME

**TEAVE ON DASH - THIS SIDE UP** 

SUH

(1)9

3765259 **BECEILL** 

NON TRANSFERABLE 3765259

**DARKTINK**...

Hd Z0:10 00000ZSS8 00:6 \$

**GIAY TNUONIA** 

HILL

CREDIT CARD NUMBER

**GIAST YNUOMA** 

DETACH RECEIPT FROM TICKET

**EXPIRATION DATE** 

DISPLAY THIS SIDE UP ON DASHBOARD

RECEIPT

Alberta Health Services

7180761

CREDIT CARD NUMBER

1970817 CHARGES REFORMES OF PARKING SPACE CONTENTS

Alberta Health OF DAMAGET OCAR OR CONTENTS

FEATH SHANCES ENDEAVOURS TO PROTECTHE PROPERTY

FEATH SHANCES ENDEAVOURS TO PROTECTHE PROPERTY

FEATH SHANCES ENDEAVOURS TO PROTECTHE PROPERTY

FEATH SHANCES ENDEAVOURS TO PROTECTHE PROPERTY

FEATH SHANCES ENDEAVOURS TO PROFESSE FOR LOCAR PROPERTY

FEATH SHANCES FOR THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE Alberta Health Services

MH 75:70 000005437 00.718

**GIA9 TNUOMA** TIME ISSUED **DETACH RECEIPT FROM TICKET** 

213

**TEANE ON DASH - THIS SIDE UP** 





APPHEANT COPY

NON TRANSFERABLE 5051407

CHARGES ARE FOR THE LUSE OF THE PARKING SPACE OUN.
TO CAR OR CONTENTS, HOWEVER, CALLSTON
BUT NOT LIMITED TO FIRE, THER TOR COLLISION

MH SI:00 00007237 00.0 \$

**GIAS TANOMA** 

CHEDII CARD NUMBER

DETACH RECEIPT FROM TICKET

DISPLAY THIS SIDE UP ON DASHBOARD

1691603

RECEIPT

NON TRANSFERABLE 5051631



#9:50 00007537 27.3 \$

**GIA¶ TNUOM**A

DETACH RECEIPT FROM TICKET

CHEDIT CARD NUMBER

DISPLAY THIS SIDE UP ON DASHBOARD

2091602

**BECEILL** 



NON TRANSFERABLE 5051602

BRIL NOL TIWILED LO HIBE' LHEEL OB COFTISION 10 CAR DO COMUENIS HOMBACE CAVISCO INCITIDINE 10 CAR DO COMUENIS HOMBACE SAVISCO IN DAWNOS CAMBRES MEEDUS LHE IZE OLLHEE DARBORS SAVICE OMIT



MY 12:SI DDDDD7237 PM

**GIAT THUOMA** 

CHEDIT CARD NUMBER

EXPIRATION TIME

EXPIRATION DATE

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

TOTAL:	FA+FL+EX+TAX: TIP: DISCOUNT:	FARE: FLAT: EXTRAS: GST:	VEH/DRV: 1071 / GST#: 802405266	ACCT TYPE: CASH/ DATE/TIME: 11/09/28 13:10:3	Checker/Yello 316 Meridian R Calgary, Ar T 403 299-9988	= TRANSACTION RE
\$ 10.	\$ 10. \$000 \$000	0000 0000 0000 0000 0000	8449	SH/VOUCH 0:35	w Cab	CEIPT
. 00	\$ 994	4005 8008		ER	Nm #	B

### Alberta Health Services

### TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM FORM

SECTION A - Employee Details (for AHS Staff ONLY)  The first Employee of (fiel) and Employee # (E-People) if you have migrated to the New E-People payroll system.  Indicate N/A in the Employee # (E-People) if you have not migrated to the New E-People payroll system.  If you are a new employee and payroll has migrated to E-People) until only have an Employee # (E-People).  Employee # (Gid)  Employee # (Gid)  Employee # (Gid)  Employee # (Gid)  Employee # (Gid)  Employee # (Gid)  Employee # (Gid)  Employee # (Gid)  Employee # (Gid)  Employee # (Gid)  Employee # (Gid)  Employee # (Gid)  Employee # (Gid)  Employee # (Gid)  Employee # (Gid)  Employee # (Gid)  Indicate N/A in the Employee and payroll has migrated to E-People).  Mame: Ghenda Coleman-Miller  Position (Title) Wise President (Gid)  Union Name:  Business Phone #: 407-8009  Travel Period from: to  What former entity payroll system is the employee currently being paid from? (Please < one from below)  AADAC  Calgary Health  Alberta Cancer Board  Alberta Cancer Board  Calgary Health  Northern Lights  Alberta Mental Health Board  Chinook  Palliser Health  Northern Lights  SECTION B - Finance Coding & Total Claim - Complete separate Page 2 for each Functional Centre  Finance Code / Accounting Distribution → Expense Object Code (EOC)secondary code not required in this section of about 1 (chart)  Gasari (chart)  Complete separate Page 2 for each Functional Centre  Finance Code / Accounting Distribution → Expense Object Code (EOC)secondary code not required in this section of about 1 (chart)  Caccurity of the Code of the Indicated Centre (FC) (11 chart)  Position (Centre (FC) (11 chart)  Position (Centre (FC) (11 chart)  Position (Centre (FC) (11 chart)  Converted Foreign Currency \$s  Less Cash Advance if applicable  In order to facilitate processing of this claim, please review the following notes -  Employee # refers to the number indicated on employee's pay stub  Complete separate Page 2 (President)  Employee (President)  Employee (President)  Aborta Health  Ab
Indicate NA in the Employee # (E-People) if you have not migrated to the New E-People you will only have an Employee # (E-People).
→ If you are a new employee and payroll has migrated to E-People you will only have an Employee # (E-People).   Employee # (e)   Employee # (E-People):   Name: Glenda Coleman-Miller   Position (Title): /   Position (T
Employee # (eI-People): Name: Glenda Coleman-Miller  Position (Title): More President (C.)(1)   Location; Unit)   Locati
Union Name: Business Phone #: 407-8009 Travel Period from: to  What former entity payroll system is the employee currently being paid from? (Please ✓ one from below)  ADAC Calgary Health Scarce Roard Calgary Health Scarce Roard Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robots Robo
What former entity payroll system is the employee currently being paid from? (Please Y one from below)  ADAC
ADAC
Alberta Cancer Board
Alberta Mental Health Board  □ Chinook  □ Palliser Health  □ Peace Country  SECTION B - Finance Coding & Total Claim - Complete separate Page 2 for each Functional Centre  Finance Code / Accounting Distribution → Expense Object Code (EOC)secondary code not required in this section  Bal Unit
David Thompson
SECTION B - Finance Coding & Total Claim — Complete separate Page 2 for each Functional Centre  Finance Code / Accounting Distribution → Expense Object Code (ECC)/secondary code not required in this section  Bal Unit (a char)   Location   Functional Centre (FC) (11 char)   pg   Travel \$\$ pg   Other \$\$ Total    101 0300 71110100064 2A \$656.49 3 \$0.00 \$656.49  2B 2C 3 3   2C 3 3    Converted Foreign Currency \$\$    Less Cash Advance if applicable    Claim should include a minimum of 2 pages + receipts TOTAL CLAIM \$656.49  IMPORTANT NOTE → Applicable to all Sections A to F    If this form is not filled in correctly, regibly and completely, the form will be returned in order to facilitate processing of this claim, please review the following notes - email approvals, physical signature stamp or similar device are not acceptable    Employee # refers to the number indicated on employee's pay stub    Out-of-Province Travel — the approver MUST ensure all documentation and approval levels are compliant as per the Travel Policy BEFORE submission to Accounts Payable    SECTION F - Authorization    SECTION F - Authorization    applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  BECTION F - Province Travel — the approver MUST ensure all documentation and approval levels are compliant as per the Travel Policy BEFORE submission to Accounts Payable    SECTION F - Authorization    Applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  BECTION F - Authorization   Phone # 407-8009    Phone # 407-8009    Phone # 407-8009    Phone # 407-8009
Finance Code / Accounting Distribution  Expense Object Code (EOC)/secondary code not required in this section  Ball Unit (3 char)
Bat Unit (3 char)   Location (4 char)   Functional Centre (FC) (11 char)   pg   Travel \$\$ pg   Other \$\$ Total   101   0300   71110100064   2A \$656.49   3 \$0.00 \$656.49    2B   2C   3    2C   3    Converted Foreign Currency \$\$    Less Cash Advance if applicable    Claim should include a minimum of 2 pages + receipts   TOTAL CLAIM \$656.49    IMPORTANT NOTE → Applicable to all Sections A to F    If this form is not filled in correctly, regibly and completely, the form will be returned in order to facilitate processing of this claim, please review the following notes - Email approvals, physical signature stamp or similar device are not acceptable    Employee # refers to the number indicated on employee's pay stub    Out-of-Province Travel - the approver MUST ensure all documentation and approval levels are compliant as per the Travel Policy BEFORE submission to Accounts Payable    ECCTION F - Authorization    English Regit Sentices    English
Schar  (4 char)   Functional Centre (FC) (11 char)   pg   Travel \$   pg   Other \$   Total
2B   3   2C   3   3   2D   3   3   2D   3   3   2D   3   3   3   3   3   3   3   3   3
2C   3   3
Converted Foreign Currency \$s  Less Cash Advance if applicable  Claim should include a minimum of 2 pages + receipts  IMPORTANT NOTE → Applicable to all Sections A to F  If this form is not filled in correctly, legibly and completely, the form will be returned in order to facilitate processing of this claim, please review the following notes -  Email approvals, physical signature stamp or similar device are not acceptable  Employee # refers to the number indicated on employee's pay stub  Out-of-Province Travel – the approver MUST ensure all documentation and approval levels are compliant as per the Travel Policy BEFORE submission to Accounts Payable  ECCTION F - Authorization  applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  Imployee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.  Claim Prepared by (PRINT ONLY) Deidre Rainey  Phone # 407-8009
Converted Foreign Currency \$s  Less Cash Advance if applicable  Claim should include a minimum of 2 pages + receipts  IMPORTANT NOTE → Applicable to all Sections A to F  If this form is not filled in correctly, legibly and completely, the form will be returned in order to facilitate processing of this claim, please review the following notes -  Email approvals, physical signature stamp or similar device are not acceptable  Employee # refers to the number indicated on employee's pay stub  Out-of-Province Travel — the approver MUST ensure all documentation and approval levels compliant as per the Travel Policy BEFORE submission to Accounts Payable  ECCTION F - Authorization  applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, confact can be easily made.  Imployee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.  Claim Prepared by (PRINT ONLY)  Deidre Rainey  Phone # 407-8009
Less Cash Advance if applicable  Claim should include a minimum of 2 pages + receipts  IMPORTANT NOTE → Applicable to all Sections A to F  If this form is not filled in correctly, legibly and completely, the form will be returned in order to facilitate processing of this claim, please review the following notes —  Email approvals, physical signature stamp or similar device are not acceptable  Employee # refers to the number indicated on employee's pay stub  Out-of-Province Travel — the approver MUST ensure all documentation and approval levels are compliant as per the Travel Policy BEFORE submission to Accounts Payable  ECTION F - Authorization  applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  Imployee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.  Italiam Prepared by (PRINT ONLY)  Deidre Rainey  Phone # 407-8009
IMPORTANT NOTE -> Applicable to all Sections A to F  If this form is not filled in correctly, legibly and completely, the form will be returned in order to facilitate processing of this claim, please review the following notes  • Email approvals, physical signature stamp or similar device are not acceptable  • Employee # refers to the number indicated on employee's pay stub  • Out-of-Province Travel the approver MUST ensure all documentation and approval levels are compliant as per the Travel Policy BEFORE submission to Accounts Payable  ECTION F - Authorization  applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  mployee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.  laim Prepared by (PRINT ONLY) Deidre Rainey  Phone # 407-8009  Determine The services of the person of the person of the approver.  Phone # 407-8009
IMPORTANT NOTE → Applicable to all Sections A to F  If this form is not filled in correctly, legibly and completely, the form will be returned in order to facilitate processing of this claim, please review the following notes —  • Email approvals, physical signature stamp or similar device are not acceptable  • Employee # refers to the number indicated on employee's pay stub  • Out-of-Province Travel — the approver MUST ensure all documentation and approval levels are compliant as per the Travel Policy BEFORE submission to Accounts Payable  ECTION F - Authorization  applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  mployee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.  laim Prepared by (PRINT ONLY) Deidre Rainey  Phone # 407-8009  nereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services.
If this form is not filled in correctly, legibly and completely, the form will be returned in order to facilitate processing of this claim, please review the following notes —  • Email approvals, physical signature stamp or similar device are not acceptable  • Employee # refers to the number indicated on employee's pay stub  • Out-of-Province Travel — the approver MUST ensure all documentation and approval levels compliant as per the Travel Policy BEFORE submission to Accounts Payable  ECCTION F - Authorization  applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  Imployee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.  Italiam Prepared by (PRINT ONLY)  Deidre Rainey  Phone # 407-8009  Thereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services.
In order to facilitate processing of this claim, please review the following notes -  • Email approvals, physical signature stamp or similar device are not acceptable  • Employee # refers to the number indicated on employee's pay stub  • Out-of-Province Travel – the approver MUST ensure all documentation and approval levels are compliant as per the Travel Policy BEFORE submission to Accounts Payable  ECCTION F - Authorization  applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any usestions, contact can be easily made.  Imployee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.  Italiam Prepared by (PRINT ONLY) Deidre Rainey  Phone # 407-8009  Thereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services.
Employee # refers to the number indicated on employee's pay stub     Out-of-Province Travel – the approver MUST ensure all documentation and approval levels are compliant as per the Travel Policy BEFORE submission to Accounts Payable  BECTION F - Authorization  applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  Imployee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.  Claim Prepared by (PRINT ONLY)  Deidre Rainey  Phone # 407-8009  Thereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services.
Out-of-Province Travel – the approver MUST ensure all documentation and approval levels are compliant as per the Travel Policy BEFORE submission to Accounts Payable  ECTION F - Authorization  applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  In the improved as well as DOFA level (delegation of authority level) and Position # of the approver.  Italiam Prepared by (PRINT ONLY)  Deidre Rainey  Phone # 407-8009  Determine the approver is accordance to applicable policies and was incurred on Alberta Health Services.
compliant as per the Travel Policy BEFORE submission to Accounts Payable  ECTION F - Authorization  applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  In the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  In the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  In the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  In the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  In the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  In the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  In the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  In the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  In the name of the person (other than claimant) that prepared the claim along with phone number so if there are any uestions.
ECTION F - Authorization  applicable, <u>print</u> the name of the person ( <u>other than claimant</u> ) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  mployee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.  claim Prepared by ( <u>PRINT ONLY</u> ) Deidre Rainey  Phone # 407-8009  hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services.
applicable, <u>print</u> the name of the person ( <u>other than claimant</u> ) that prepared the claim along with phone number so if there are any uestions, contact can be easily made.  mployee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.  laim Prepared by ( <u>PRINT ONLY</u> ) Deidre Rainey Phone # 407-8009  mereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services.
mployee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.  Claim Prepared by (PRINT ONLY) Deidre Rainey  Phone # 407-8009  hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Senices.
Phone # 407-8009  Deidre Rainey  Phone # 407-8009  Phone # 407-8009
hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services
mployee Signature: Date: 2011-11-04
nereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04).  oproved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.
pproved By (PRINT ONLY) Mike Conroy DOFA level Position # Phone # 407-2820
gnature: Title: SVP, Edmonton Zone Date:
pproved By (PRINT ONLY) DOFA level Position# Phone#
gnature: Date:
TE: Expense claims must be properly authorized and appropriately supported in accordance with Alberta Health Services Policies

09704pos(Rev2011-10)

		EXPENSE CLAIM DETAILS
Enter Finance Coding as per	101. 0300.71110100064 bat unit (3 char), location (4 char) and	Please print extra copies of this page if expenses incurred are for multiple FC's (one FC   Page 2   enter A. B or
page 1		Label this first page with A, and each additional page continue labeling with B, C etc.
CECTION	T O INCITUTE	

	r												
SECTION C	ON C   Travel & Education Expenses	tion Exper	Jses		NOTE:	NOTE: If expenses do not fall into these categories, go to SECTION D	do not	all into t	hese c	ategorie	es. do to	SECTIOND	
Ensure ser Secondary	Ensure separate lines are used for claim items that differ in province of expense. Secondary/Expense codes are not required to be indicated in this section as they	that differ in provi	ince of expenses section as the	e. Enter	r total \$ amoi re-determine	pense. Enter total \$ amount on slip, <u>DO NOT</u> separate GST as they are pre-determined by the system.	NOT sepa	rate GST.					
Date		Prov of Exp		Meals \$	Is \$ (Type B,	(Type B, L, D or A for All)			Transp	Transportation \$			
(dd/mm/yy)	Furbose of Iravel/Education	(ie AB, BC, etc)	Hotel \$	Type	w/receipt	w/o receipt or	Taxi \$	Airfare	Bus	Parking	Rental Car	Course Reg /	Mileage (km)
26/10/11	Town Council Meetings in	AB		m	7.15	5				)			, 00 000
	Wabasca & High Prairie				96.02								200.00
	Re: Dialysis (Food costs for			۵	65.49				-				
	Glenda, Deanna Paulson,												
	Dr. Jindal and Kim Gaudet and								-				
	North Zone VP/MD for lunch)												
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s							1				- Parties	
									-			9	
2													
16									-				
									-				
. '	(sum applicable columns) SUBTOTALS	TOTALS			168.66			0.00	0.00		00.0		Yotal Kms
TRAVEL	TRAVEL EXPENSE LIMITS - (Refer to CE-04 for forms and acad	04 for terme	A continuou par	<i>a</i> .				-					966.00

TRAVEL EXPENSE LIMITS - (Refer to CF-04 for terms and conditions, except where collective Meai Expenses & Allowances agreement specifies otherwise.)

Actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity and GST to a maximum (with or without receipt) as indicated below. a) Breakfast  $\rightarrow$  \$10 b) Lunch  $\rightarrow$  \$12 c) Dinner  $\rightarrow$  \$21

Please enter above total for each page 2 separately onto page 1, Section B 656.49

Enter on page 1 TOTAL TRAVEL \$s

487.83

Mileage \$s

0.505

Enter \$0.505 OR rate per Union Agreement

168.66

Travel \$'s Subtotal

## EXPENSE CLAIM DETAILS

NOTE: If expenses are for travel or education (courses etc) go to SECTION C ALL "OTHER" expenses listed below <u>MUST</u> have a secondary/expense code indicated! SECTION D Other Expenses

→ If no "Other" expenses are being claimed, this page does not have to be submitted.

→ Gas receipts & business insurance are claimed here in Section D – Other Expenses.

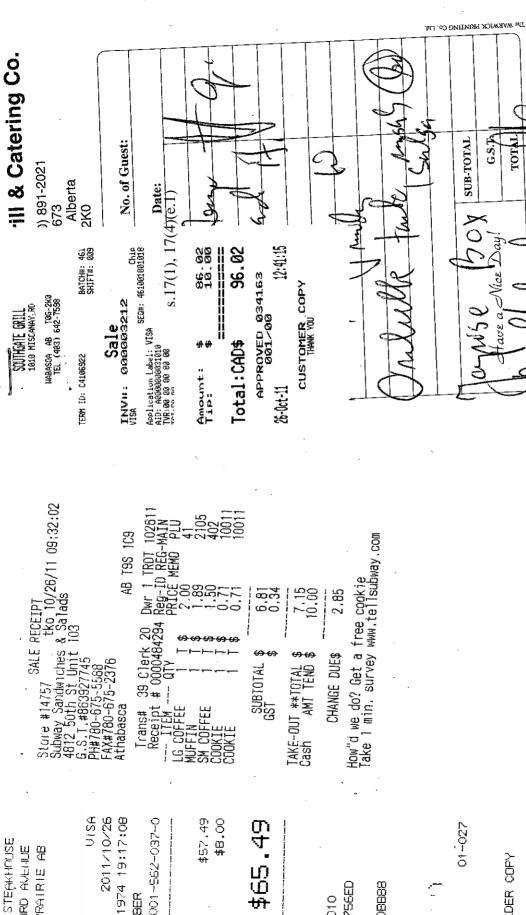
# Subtotal "Other Expenses" for each functional centre separately and enter each subtotal on page 1

Date (dd/mm/yy)	Purpose of Expense	Functional Centre (ie. 101.0767.71355000007)	Secondary/Expense Code (ie: 4100000)	If GST is included on till slip/receipt, enter total amount into column A, if not included enter amount into column B	till slip/receipt, enter nn A, if not included umn B	TOTAL Other
-				A-GST on receipt	B-GST not on receip	S A
			<u>.</u>			
2						
17						
SECTION E	E Foreign Currency	ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$'S.  All expenses will be paid in CDN \$'s and the exchange rate will be used from the Bank of Cana	S SECTION IF AMOUNT NOT CONVERTED INTO CDN \$'S.  In CDN \$'s and the exchange rate will be used from the Bank of Canada for the date of the excense. Accounts Pavable	N \$'S. of Canada for the date	of the expense Ag	eldeved sturio
		with complete the cultency exchange if not indicated on the receipt/document.	n the receipt/document.			משמים ו

	_	W				 ٠		ä	
accents t ayanc		<b>,</b>	CDN Value	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon					
a de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l		For AP use ONLY	Exch Rate	ľ	÷	 	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		•
		Foreign Currency	Amt (\$)						
n the receipt/document.		Secondary/Expense Code	(10: 4100000)						
will continue to the currency exchange if not indicated on the receipt/document,		Functional Centre (le. 101.0767.71355000007							
		(dd/mm/yy) Purpose of Expense							
	Date.	(dd/mm/yy)							

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Expenses Paid (Retain a copy for your records)

Total Converted \$s



s.17(1), 17(4)(e.1)

AMTRD'S STEAKHRUSE 4651, S3RD AVENUE

HIGH PRAIRIE AB

CARD TYPE

ÉCETPT NUMBER MATE

C30890935-001-562-037-0

URCHASE

MOUNT

<u>a</u>

\$65.49

000**(0**00031010

ODEF**66**FA52A756ED 00080000

33C4F783850BB88

UTH# O

HANK YOU

PORTANT - RETAIN THIS

CARDHOLDER COPY

COPY FOR YOUR RECORDS

G.S.T. SUB-TOTAK

DAT

South Gatd/Grill & Catering Col

G.S.T. # 880138706

Thank you. Please come again.

G.S.T

TOTAL



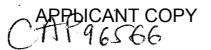
From the desk of:

## Glenda Coleman-Miller

Vice President UAH/Stollery/Mazankowski 780.407.8009

-4.0-1 k	Ligh Prairie & Water
my a	70/10 ,000
mileage.	- 966 km.
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	<u> </u>
mouls. &	or Join Kintraidet
Menls of	Be Dindal
	Deakra Parelson
- plus	estaff from
- the ov	outh Price who
- 1	
peinen	us for the meetings

## Alberta Health Services





## TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM FORM

r -		PLEASE DO					FURWI -> US	EIAE	, ARR	OM VE 12 OF	CMOUSE
LS			ee Details								
	→ in	dicate N/A in	the Employe	e # (E-Peo	ple) if you i	nave no	t migrated to	the Ne	w E-P	eople pavroli	yroll system. system.
L	→ If	you are a ne	v employee a	ınd payroli	has migrat	ed to E	People you v	vill on	y have	an Employe	e # (E-People).
<u> </u>	mploye	<del></del>		Employe	<del></del>					enda Coleman-l	
		Titie): Vice P	V-1V:\I	<del> </del>	· · · · ·	<del></del>	g)(i) Dept: $s$	Site Adm	nin	Out-of-F	Province Travel:
_		7(1), 17(4)	V	iness Pho				1		riod from:	to
N			iyroll systei	)		_	y being paid				from below)
L	AADA			ļ <u> </u>	ary Health	•	·		East (	Central	
		a Cancer Bo			al Health	<del></del>			Northe	ern Lights	
	Alberta	Mental Hea	ith Board	Chine	ook				Pallise	r Health	
	] Aspen			☐ David	Thompso	n			Peace	Country	
S			Coding & 1			Con	nplete sepa	rate P	age 2	for each Fu	nctional Centre
_	Fi		/ Accounting			pense O	bject Code (EC	C)/seco	ndary o	ode not require	in this section
	al Unit char)	Location (4 char)	Functional	Centre (FC)	(11 char)	pg	Travel \$s	,	pg	Other \$s	Total
10	1	0300	7111010006	4	1	2A	\$167.28		3	\$0.00	\$167.28
			i			<b>≥2B</b>			3		
				<del></del>		2C		·····	3		
2D 3 Converted Foreign Currency \$s											
		<u> </u>	· · · · · · · · · · · · · · · · · · ·			<del>-</del>					
						<u> </u>	Less Cas	h Adv		if applicable	
<u> ブ</u>	Claim sn		a minimum (				<u> </u>			TAL CLAIM	<u></u>
	• (	• F/11124	II ADDIOVAIS	nnveicai ei	innai i <i>r</i> e ei	amn or	SIMILAL VANIA		not 2/	שמחפותפסי	Accounts Payable  NOV 2 1 201  ACCEIVED
SE		- Authoriza				·····			1		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
que Em _l	stions, co ployee an	ntact can be $\epsilon$	easily made. natures requi	red as well a	as DOFA le				level)	and Position	so if there are any
					<u> </u>					*	
Claim Prepared by (PRINT ONLY) Deidre Rainey Phone # 407-8009  hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services									as inci ervice:	irred on Albert or other orga	la Health Services nization.
pusiness and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.									20	11-11-12	
	Employee Signature: Date: 2011-11-15  hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04).										
-m he	ployee S	y that I have r		xpenses an	id they are i	n accord	lance with the y to Accounts	applic Payab	able po le for p	olicies (Policy a processing.	#s CF-03, CF-04).
hei	ployee S reby certif roved clai	y that I have r	eviewed the e	expenses and be sent by	d they are i	n accorder direction	y to Accounts	applic Payab ition #	able po le for p	rocessing.	#'s CF-03, CF-04).
/pp /pp	ployee S reby certif roved clai	y that I have r	eviewed the ecceipts should	expenses and be sent by	d they are i the approve	er directi OFA le	y to Accounts	Payab	able po le for p	Ph	
hei \pp \pp \pr	ployee S reby certif roved clai proved B nature:	y that I have r	eviewed the eccepts should Mike Conro	expenses and be sent by	d they are in the approved the Title: SVI	er directi OFA le	y to Accounts vel Posi nton Zone	Payab	able po le for p	Ph Da	one # 407-2820
hei \pp \pp \pp Sigi	ployee S reby certif roved clai proved B nature:	y that I have r m form with re by (PRINT ONLY	eviewed the eccepts should Mike Conro	expenses and be sent by	d they are in the approved the Title: SVI	er directi OFA le P, Edmo	y to Accounts vel Posi nton Zone	Payab	able po le for p	Ph Da	one # 407-2820 te: one #

09704pos(Rev2011-10)

					쑱	ENSE	EXPENSE CLAIM DETAILS	ALS						•	
Coding as per page 1	Coding as per page 1	101, 0300.71110100064 bal unit (3 char), location (4 char), and functional centre (11 char)	<b>10100064</b> xcation (4 char), a 11 char)		lease pri ter page) abel this	int extra c OR addit first page	Please print extra copies of this page if expenses incurred are for multiple FC's (one FC per page) <b>OR</b> additional lines required for the same FC.  Label this first page with A, and each additional page continue labeling with B, C etc.	page if ex quired for each addi	penses i the sami	ncurred e FC. ge contir	are for mi	ultiple FC's ng with B,	(one FC C etc.	Page 2 (enter A, B or C as required)	
SECTION C	-	Travel & Education Expenses	tion Exper	]		VOTE:	e o constant							¥ .	— ċ
Fusilize sen	arate lines are	the control of the state of		3			NOTE: If expenses do not fall into these categories, go to SECTION D	do not i	rall into	these (	ategori	es, go to	SECTION	0	—.
Secondary/	Expense codes a	Secondary/Expense codes are not required to be indicated in this section as they are pre-determined by the system.	hat differ in provil e indicated in this	ce of expens section as th	e. Enterto ey are pre-	otal \$ amo -determine	unt on slip, <u>DO</u>	<u>NOT</u> sepa n.	rrate GST						<b></b>
Date	Plimose	Purnose of Travel/Education	Prov of Exp		Meals	\$ (Type B,	Meals \$ (Type B, L, D or A for All)			1	Transportation \$				
(da/mm/yy)		i aven Euroauon	(ie AB,BC, etc)	Hotel &	Type	w/receipt	w/o receipt or	Taxi \$	Airfare	Bus	Parkino	Rental Car	Course Reg /	/ Mileage	
05/11/11	AHS Foundatic	AHS Foundations Leadership	AB	167.28			חבו מוביו			_	n i	ייכווימו		_	
	Forum									+					
	-														
							!								
		,							•						
										-					Al
			-												PP
				-											LI
					-										C
22															٩Ņ
1															١T
															C
															OI
												-			>Υ 
	(sum applic	(sum applicable columns) SUBTOTALS	TOTALS	167.28					0.00	0.00		0.00		Total Kms	,
TRAVEL I	EXPENSE LIMI	TRAVEL EXPENSE LIMITS - (Refer to CF-04 for terms and conditions	04 for terms a	nd condition		, except where collective	ollective								
Meal Expe	agreement specifies otherwise.) Meal Expenses & Allowances	rWise.)								Enter \$0	505 <u>OR</u> r.	ate per Unic	Enter \$0.505 OR rate per Union Agreement		
Actual cos	t of the meal as	Actual cost of the meal as shown on the receipt, excluding alcoholic beverages, inclining up to 15% graphity and CCT to provide the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	ceipt, excluding	alcoholic be	verages,	· -							Mileage \$s	40	
a) Breakfa	st → \$10. b)	a) Breakfast $\rightarrow$ \$10. b) Lunch $\rightarrow$ \$12. c) Dinner $\rightarrow$ \$21	c) Dinner → \$	or without re 21	eceipt) as	: Indicate(	d below.					Trave	Travel \$'s Subtotal	167.28	

EXPENSE CLAIM DETAILS

- 2 of 3 -

Please enter above total for each page 2 separately onto page 1, Section B

167.28

Enter on page 1 TOTAL TRAVEL \$s

## **EXPENSE CLAIM DETAILS**

NOTE: If expenses are for travel or education (courses etc) go to SECTION C ALL "OTHER" expenses listed below <u>MUST</u> have a secondary/expense code indicated! SECTION D Other Expenses

→ If no "Other" expenses are being claimed, this page does not have to be submitted.

→ Gas receipts & business insurance are claimed here in Section D – Other Expenses. Subtotal "O

	\
	$\langle \cdot \rangle$
her Expenses" for <u>each</u> functional centre separately	and enter each subtotal on page 1
<del>*</del>	

			}			>
Date (dd/mm/yy)	Purpose of Expense	Functional Centre (ie. 101.0767.71355000007)	Secondary/Expense Code (ie: 4100000)	If GST is included on till slip/receipt, enter total amount into column B. If not included enter amount into column B	If GST is included on till slip/receipt, enter total amount into column A, If not included enter amount into column B	TOTAL Other
				A-GST on receipt	B-GST not on receip	S A
						4
2						
<del>2</del> 2						
SECTION	SECTION E Foreign Currency	ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$1S.  All expenses will be paid in CDN \$1s and the exchange rate will be used from the Bank of Canzall complete the currency exchange if not indicated on the receint/document.	S SECTION IF AMOUNT NOT CONVERTED INTO CDN \$'S.  I in CDN \$'s and the exchange rate will be used from the Bank of Canada for the date of the expense. Accounts Payable by exchange if not indicated on the receipt/document	N \$'S. of Canada for the da	te of the expense. A	ccounts Payable
			in the receipt account of the			

	Park and	J	1	,	ł	·	1	100	_	- 1	
	ĽY	CDN Value	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon					the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			
	For AP use ONLY	Exch Rate	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	distribution of the second	1.00		
	Foreign Currency	Amt (\$)									
	Secondary/Expense Code	(le: 4100000)									
	Functional Centre (le. 101.0767.71355000007										
	(dd/mm/yy) Purpose of Expense										
	Date (dd/mm/yy)										

Expenses Paid (*Retain a copy for your records)* Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization.

Total Converted \$s

Four Points By Sheraton Calgary Airport

2875 Sunridge Way NE Calgary, AB tly7k7

Canada

Tel: 403-648-3180 Fax: 403-648-3179

Glenda Coleman-Miller

Page Number : 1

Invoice Nbr: 111392

Email:

Guest Number: 81068 Arrive Date: 04-NOV-11 17:17

Folio ID : EX-A

Depart Date: 05-NOV-11

No. Of Guest:

417

Room Number :

149.00

s.17(1), 17(4)(g)(i)

Room Rate Club Account:

s.17(1), 17(4)(g)(i)

Tax ID: 829610872 RT0001

Four Points Calgary 05-NOV-11 02:08 KLESTER

Date	Reference	Description	Amount	
04-NOV-11	RT417	Room Charge	149.00	
04-NOV-11	RT417	GST	7.45	
04-NOV-11	RT417	Tourism Levy	5.96	i
04-NOV-11	RT417	DMF Tax	4.87	
05-NOV-11	VI	Visa	-167.28	
		** Total Charges	167.28	
		** Total Credits	-167.28	
		*** Balance	0.00	
		•		

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

Continued	on	the	next	page

Four Points By Sheraton Calgary sport 2875 Sunridge Way NE Calgary, AB tly7k7 Canada Tel: 403-648-3180 Fax: 403-648-Glenda Coleman-Miller Page Number : pice Nbr: 111392 2 Guest Number: _ve Date: 04-NOV-11 17:17 81068 Folio ID irt Date: 05-NOV-11 EX-A No. Of Guest: 1 Room Number : Email: Room Rate 149.00 s.17(1), 17(4)(g)(i) Club Account: s.17(1), 17(4)(g)(i)Amount CAD 0.00 0.00 0.00 0.00 0.00 As a Starwood Dreferred Guest you have earned at least 29 arpoints for this visit s.17(1), 17(4)(g)(i)



## Alberta Health Services

## TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM FORM

05071011	NTER KEY TO NAVIGAT	TE THE	S FORM → USI	E TAB, ARR	OW KEYS O	R MOUSE				
SECTION A - Employee Details	s (for AHS Staff ONL	Y)								
→ Enter Employee # (old) ar → Indicate N/A in the Emplo	vee # (E-People) if you h	IRVP NO	of migrated to t	the New E-D	nania naural	E marenda ma				
Tri you are a new employed	and payroli has migrat	ed to E	People you w	ill only have	an Employe	ee # (E-People).				
Employee # (old):	Employee # (E-Peo		5.2.3		enda Coleman	Miller				
Position (Title) 7 (41) (Regelithent Union Name: Bu	Location:1)AH		g)(1) <b>Dept:</b> Si	T		Province Travel:				
	siness Phone #: 407-8				riod from:	to				
What former entity payroll syst		urrent	ly being paid	]		from below)				
☐ Alberta Cancer Board	Calgary Health		·	ļ	Central	Action .				
	☐ Capital Health				ern Lights					
Alberta Mental Health Board	Chinook				r Health	· · · · · · · · · · · · · · · · · · ·				
☑ Aspen	☐ David Thompso	n		Peace	Country					
ECTION B - Finance Coding &		Coi	mplete separa	ate Page 2	for each Fu	Inctional Centre				
Finance Code / Account		pense C	77	)/secondary c	ode not require	ed in this section				
3 char) (4 char) Functiona	Il Centre (FC) (11 char)	pg	Travel \$s	pg	Other \$s	Total				
01 0300 711101000	064	2A	\$98.50	3	\$0.00	\$98.50				
		2B		3	i.					
		2C 2D		3	! 					
		20	Converte	3	~					
Converted Foreign Currency \$s  Less Cash Advance if applicable										
Less Cash Advance if applicable  → Claim should include a minimum of 2 pages + receipts  TOTAL CLAIM \$98.50										
Email approvals     Employee     Out-of-Province Travel     compliant as per	s, physical signature sta # refers to the number - the approver <u>MUST</u> e	amp or indica nsure	similar device ited on employ all documenta	e are <u>not</u> ac yee's pay s ation and ar	cceptable tub pproval level	Accounts Payal  BEC 15 2011				
compliant as p	er the Travel Policy <u>BE</u>	FORE	submission to	Accounts	Payable 👢	PECE.				
CTION F - Authorization						<b>SO</b>				
pplicable, <u>print</u> the name of the pen estions, contact can be easily made, ployee and approval signatures requ						1 4				
im Prepared by (PRINT ONLY)	Deidre Rainey	<u> </u>			Phone # 40					
reby certify that the expenses listed iness and have not been previously	above are in accordance claimed by me or on my t	to appl cehalf f	icable policies a rom Alberta Hea	and was inco	ironal an Alba-	4-1101-0				
ployee Signature:	m		D	ate: 20	11-12.	-11				
Acted Claim Ionn With Jecelbra Short	id be sent by the approver	accord	fance with the a	nalicable as	lining (Dellar	#'s CF-03, CF-04).				
hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #s CF-03, CF-04).  Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.										
Approved By (PRINT ONLY) Mike Conroy DOFA level Position # Phone # 407-2820										
nature:	Title: SVP	,				i i				
nature: and	<del></del>		vel Positio	on#	Ph					
pproved Can't form with receipts should be sent by the approver directly to Accounts Payable for processing.  DOFA level Position # Phone # 407-2820										

	1	,	Ç	)
	:			
			ĺ	•
	l	1	1	
ı	Ć	_	)	ı
ı				
•		1	Ç	
٠			į	
١		_	)	
		L	Í	
		ľ	)	
			֡	
			֓֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	
			1	
	֡֝֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֓֓֓֓֓֓֓֓֓֓֜֜֜֜֜֜֓֓֓֓֓֓		ו !	

					IJ	(PENSE	EXPENSE CLAIM DETAILS	<b>FAILS</b>							
<u> </u>	⊑nter rinance Coding as per page 1	101. 0300.71110100064 bal unit (3 char), location (4 char), and functional centre (11 char)	<b>10100064</b> cation (4 char), i 11 char)		Please per pag Label th	print extra e) OR adi nis first pa	Please print extra copies of this page if expenses incurred are for multiple FC's (one FC per page) <b>OR</b> additional lines required for the same FC.  Label this first page with A, and each additional page continue labeling with B, C etc.	s page if e equired fo d each ad	xpenses if the sam ditional pe	incurrecte FC.	are for milinue label	iultiple FC's ing with B.	s (one FC ' C etc.	Page 2 (enter A, B or C as required)	
	-			1							•		1	<b>∀</b>	
Ζl	SECTION C Tr	Travel & Education Expenses	tion Expe	ses		NOTE:	If expenses do not fall into these categories, go to	s do not	fall into	these	categor	les, go to	SECTION D		
E &	te lines are u sense codes	Ensure separate lines are used for claim items that differ in province of expense. Enter total \$ amount on slip, <u>DO N</u> Secondary/Expense codes are not required to be indicated in this section as they are pre-determined by the system.	hat differ in provi e indicated in thi	nce of expens s section as tl	se. Ente	r total \$ an	Enter total \$ amount on slip, <u>DO NOT</u> separate GST are pre-determined by the system.	O NOT sep	arate GS1						
	Primose of	Durance of Transchipting	Prov of Exp		Mea	Is \$ (Type	Meals \$ (Type B, L, D or A for All)			Trans	Transportation \$	·			
	io people	Iraveireducation	(le AB,BC, etc)	Hotel \$	Type	w/receipt	w/o receipt or	Taxi \$	Airfare	8	Parking	Rental Car	Course Reg /	/ Mileage	
O	CCHL Conference	ence	NO				illein iod	00			b			_	
Ш.	D Pt Flow W	ED Pt Flow Workshop at RAH	AB					2000							
⋖	AlW Workshop at RAH	ip at RAH	AB					20.02							
O	CK Hui Meeting at RAH	no at RAH	QV								15.00				
			5								3,50				
					į.										
					į										Αŀ
- [														.	1
Ī															`L
											-				
												-			ΑI
						-									ΝI
										,					<u></u>
1	,														OF
															۲ <u>۲</u>
	(sum applic	(sum applicable columns) SUBTOTALS	TOTALS					80.00	0.00	0.00	18.50	0.00		Total Kms	
Ϋ́	ENSE LIM	TRAVEL EXPENSE LIMITS - (Refer to CF-04 for terms and conditions, except where collective	-04 for terms	and condition	IS, exce	pt where	collective								
g g	agreement specifies otherwise.) Meal Exnenses & Allowances	erwise.)				•				Enter \$	0.505 <u>OR</u> r	ate per Unic	Enter \$0.505 OR rate per Union Agreement		
φ.	the meal a	Actual cost of the meal as shown on the receipt, excluding alcoholic beverages,	ceipt, excluding	y alcoholic b	everage	'S							Mileage \$s		
· +-	→ 570 grau → \$10 b]	inctioning up to 15% gratuity and GS1 to a maximum (with or without receipt) as indicated below. a) Breakfast → \$10 b) Lunch → \$12 c) Dinner → \$21	maximum (with c) Dinner → \$	or without r 21	eceipt)	as indicat	ed below.					Trave	Travel \$'s Subtotal	02.00	
				į						i		:	- C C C C C C C		

2 of 3 --

Please enter above total for each page 2 separately onto page 1, Section B

98.50

Enter on page 1 TOTAL TRAVEL \$s

# EXPENSE CLAIM DETAILS

NOTE: If expenses are for travel or education (courses etc) go to SECTION C ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated! Other Expenses

→ If no "Other" expenses are being claimed, this page does not have to be submitted.

SECTION D

→ Gas receipts & business insurance are claimed here in Section D – Other Expenses.

<u>protal</u> "Other Expenses" for <u>each</u> functional centre separately	and enter each subtotal on page 1
Subtotal	

			and In hade	_ _		√ √
Date (dd/mm/yy)	Purpose of Expense	Functional Centre (ie. 101.0767.71355000007)	Secondary/Expense Code (le: 4100000)	If GST is included on till slip/receipt, enter total amount into column A, if not included enter amount into column B	Ill slip/receipt, enter nn A, if not included imn B	TOTAL Other
				A-GST on receipt	B-GST not on receip	sp <del>sp</del>
_				7		
		5				
						>
-						
22						
27						
SECTION E	E Foreign Currency	ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$'S. All expenses will be paid in CDN \$'s and the exchange rate will be used from the Bank of Cana will complete the currency exchange if not indicated on the receipt/document.	S SECTION IF AMOUNT NOT CONVERTED INTO CDN \$'S.  In CDN \$'s and the exchange rate will be used from the Bank of Canada for the date of the expense. Accounts Payable by exchange if not indicated on the receipt/document.	V \$'S. If Canada for the date	of the expense. Ac	counts Payable
Date						
(dd/mm/yy)	Purpose of Expense	Functional Centre (ie. 101.0767.71355000007	Secondary/Expense Code (ie: 4100000)	Foreign Currency	For AP use ONLY	
			-		Exch Rate	CDN Value

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Expenses Paid (Retain a copy for your records)

Total Converted \$s.

. B.

## EXPIRATION DATE EXPIRATION

## **DETACH RECEIPT FROM TICKET** DATE ISSUED

14/11/11 08:14 AM \$ 15.00

## 15/11/11 08:14 AM

AMOUNT PAID

\$ 15.00 76430000 08:14 PM NETP
Alberta Health Services
514580 CHARGES ARE FOR USE OF PARKING SPACE ONLY ALBERTA
HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY
OF ITS PATTRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
Alberta Health OR DAMAGE TO CAR OR CONTENTS.
SERVICES

NON TRANSFERABLE

CREDIT CARD NUMBER

NETP DAILY

3514580 Alberta Health Services

Alberta Health Services

RECEIPT



LEAVE ON DASH - THIS SIDE UP EXPIRATION DATE

## 17/11/11 11:00 AM

AMOUNT PAID

\$ 3.50 76440000 10:00 PM
Alberta Health Services

Granges are for use of parking space only alberta
Health services of parking space only alberta
Health services of the parking space only alberta
Of its patrons but will not be responsible for loss
Services

NON TRANSFERABLE

**DETACH RECEIPT FROM TICKET** DATE ISSUED

17/11/11 10:00 AM \$ 3.50

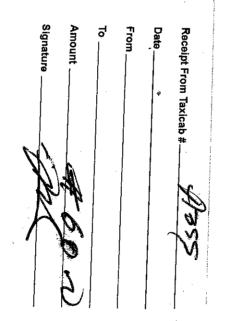
CREDIT CARD NUMBER

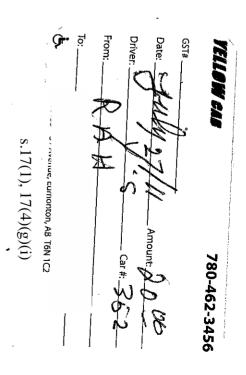
3495092

liberta Health Ervices

Alberta Health Services

RECEIPT







TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM FORM

	PLEASE DO					FORM -	→ USE TAI	B, ARR	OW KEYS	OR MOU	SE
	A – Employ	<u></u>						207 200 20 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
→ Ei	nter Employe dicate N/A in	e # (old) and	l Employee #	# (E-Peopl	e) if you have no	have mi	igrated to	the Nev	v E-People	payroll s	system.
	you are a nev										
Employee	∍ # (old)		Employee	e # (E-Pec	ple):		Na	me: Gl	enda Colema	n-Miller	h for the garage and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same
Position (	Title): viselé	resident 7(4)(	g)(i) Loca	ition: UAR	.17(1),	17(4 <b>p)</b>	<b>pt</b> isite Ad	min	Out-of	f-Provin	ice Travel: 🗌
Union Na	me:	Bus	iness Pho	ne #: 407-8	3009		Tra	vel Pe	riod from:	. to	0
What forn	ner entity pa	ayroll syste	m is the en	nployee d	urrentl	y being	paid from	n? (Pl	ease,√ on	e from	below)
AADA	Ç		│	ary Health				East (	Central		
☐ Alberta	a Cancer Bo	ard	□ Capit	al Health				North	ern Lights		
☐ Alberta	a Mental Hea	alth Board	☐ Chino	ook				Pallise	er Health		
☐ Aspen			☐ David	Thompse	on			Peace	Country		
SECTION	B – Finance	Coding &	Total Clain	n —	Con	nplete s	eparate l	age 2	for each I	unction	nal Centre
	nance Code	/ Accounti	ng Distribu	tion → E	xpense C	bject Cod	e/(EOC)/sec	ondary o	ode not requ	ired in this	section
Bal Unit (3 char)	Location (4 char)	Functional	Centre (FC)	(11 char)	pg	Trave	el \$s	pg	Other \$s	,	Total
101	0300	7111010000	64		2A	\$47.32		3	\$0.00	\$4	7.32
					2B			3			
					20			3			
			,		/2D			3			
					<u> </u>	Con	verted Fo	reign	Currency	\$s	
			*			Less	Cash Ad	vance	if applical	ble	
→Claim sh	ould include	a minimum	of 2 pages	+ regéipts	<b>,</b>			T	OTAL CLA	IM \$47	7.32
<u> </u>	Out-of-Provii	<ul> <li>Employee</li> <li>nce Travel –</li> <li>pliant as pe</li> </ul>	, priysicar si # refers to t · the approv	the number er <u>MUST</u>	er indica ensure	ated on e	employee' mentation	s pay s and a	cceptable stub pproval lev	See.	Health Ser ices unts Payabe  0 1 2012
	- Authoriza										Exercise 1
questions, co	print the name ontact can be and approval sign	easily,made.									
Claim Prep	ared by (PR	<u>INT ONLY)</u>	Deidre Rain	iey					Phone #	407-8009	1
l hereby certi business and	ify that the ext	penses listed en previously	above are in claimed by m	accordanc ne or on my	e to app µbehalf t	licable po from Albe	olicies and erta Health	was inc Service	urred on All s or other o	oerta Hea rganizatio	alth Services on.
Employee :	Signature://	Dele	men	- Mu	lle	, 	Date	:			
hereby certi Approved cla	fy that I have im form with r	reviewed the eceipts shoul	expenses and be sent by	nd they are the approv	in accor er direct	dance wi	th the appl ounts Paya	icable p ble for	olicies (Poli processing:	cy #'s CF	-03, CF-04).
Approved E	By (PRINT ONL)	() Mike Conro	ру		DOFA le	evel	Position :	#		Phone	# 407-2820
Signature:/	<i>?</i>			Title: S\	/P, Edmo	onton Zoi	ne			Date:	
Approved E	By ( <u>PRINT ONL</u> Y	מ			DOFA le	evel	Position #	<b>#</b>		Phone #	#
Signaturo	-			Title						Data	

NOTE: Expense claims must be properly authorized and appropriately supported in accordance with Alberta Health Services Policies

– 1 of 3 –

					Ę	PENSE (	EXPENSE CLAIM DETAILS	AILS							
Coding	Coding as per	101. 0300.71110100064 bal unit (3 char), location (4 char), and	10100064 cation (4 char), £	<u>α.</u>	Please p	orint extra (	Please print extra copies of this page if expenses incurred are for multiple FC's (one FC per page) <b>OR</b> additional lines required for the same FC.	s page if ex equired for	penses i	ncurred a 3 FC.	are for mul	tiple FC's		Page 2	
page 1		functional centre (1	11 char)		abel thi	s first page	abel this first page with A, and each additional page continue labeling with B, C etc.	l each addii	tional pa	ge contin	ue labelin _i	g with B, C		C as required)	•
SECTION C		Travel & Education Expenses	tion Exper			NOTE:	if ovnoneog	4000					1		
Ensure sep	Ensure separate lines are used for claim items that differ in province of expense	d for claim items th	hat differ in provi	nce of expense	P Enter	total & amor	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	TON OF	all into	these c	ategorie	s, go to s	SECTION D		
Secondary	Secondary/Expense codes are not required to be indicated in this section as they are pre-determined by the system.	e not required to be	e indicated in this	s section as the	ey are pr	e-determine	are pre-determined by the system.	J NOT sepai ∋m.	rate GST						
Date (dd/mm/yy)		Purpose of Travel/Education	Prov of Exp	Hotel \$	Meals	(Type B.	Meals \$ (Type B, L, D or A for All)	T-55; &		Transpo	Transportation \$		Course Box	_	
17/10/11	FCC Meeting at DAU		למים ימים מים		ype	w/receipt	per diem		Airfare	Bus P	Parking	Rental Car	Material \$	(km)	
01/12/11	Drovingial Loads	ivali	AB							7	10.50			6.00	
14/12/11	PAH Madiaira Madiaira	elsinp iweeting	AB							15	18.00			3.00	
4.4	spinearchie Meetings	vieetings	AB				i			=	11.25			00 8	,
											1			00:0	
														B	
															F
															<b>\</b> P
									:						'PI
															LIC
2									-						Δ
30															Ν
										-					IC
															JO
														,	PY
	(sum applicat	(sum applicable columns) SUBTOTALS	TOTALS						0.00	0.00	39.75	500		Total Kms	
TRAVEL E	TRAVEL EXPENSE LIMITS - (Refer to CF-04 for terms and conditions	S - (Refer to CF-	-04 for terms a	nd conditions	excens	excent where collective	Montivo		-		$\exists$	3		15.00	
agreement	agreement specifies otherwise.)	vise.)			מאסיים לה	3000	والعجوالم		<b>_</b>	Enter \$0.5	305 <u>OR</u> rate	er Union	Enter \$0.505 OR rate per Union Agreement	0.505	
7241 1371	こうしゅ ひ アコロベタ	ces						1							

EXPENSE CLAIM DETAILS

2 of 3 -1

Please enter above total for each page 2 separately onto page 1, Section B

47.32

Enter on page 1 TOTAL TRAVEL \$s

47.32

Travel \$'s Subtotal

Mileage \$s

Actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity and GST to a maximum (with or without receipt) as indicated below. a) Breakfast  $\rightarrow$  \$10 b) Lunch  $\rightarrow$  \$12 c) Dinner  $\rightarrow$  \$21

Meal Expenses & Allowances

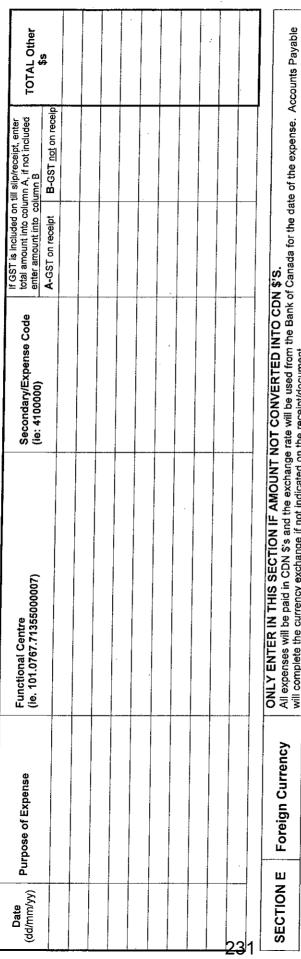
## EXPENSE CLAIM DETAILS

NOTE: If expenses are for travel or education (courses etc) go to SECTION C ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated! SECTION D | Other Expenses

→ If no "Other" expenses are being claimed, this page does not have to be submitted.

→ Gas receipts & business insurance are claimed here in Section D – Other Expenses.

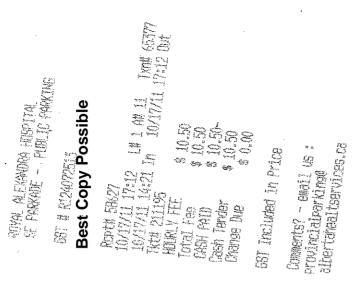
# Subtotal "Other Expenses" for each functional centre separately and enter each subtotal on page 1

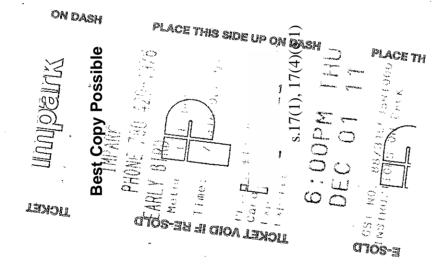


		The confidence are contently excitating in not indicated on the receipt/document.	on the receipt/document.			•
Date (dd/mm/yy)	Date (dd/mm/vv)	Functional Centre	Secondary/Expense Code	Foreign Currency	For AP use ONLY	LY
			(Ie: 4100000)	Amt (\$)	Exch Rate	CDN Value
						2000
						the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Expenses Paid (*Retain a copy for your records)* 

Total Converted \$s





LEAVE ON DASH - THIS SIDE UP EXPIRATION DATE EXPIRATION

14/12/11 03:46 PM

AMOUNT PAID \$11.25 76370000 01:16 PM

2121424

CREDIT CARD NUMBER

Alberta Health Services

Alberta Health Services

Alberta Health Services

Alberta Health Services

CHARGES ARE FOR USE OF PARKING SPACE ONLY ALBERTA
HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY
OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
Alberta Health
OR DAMAGE TO CAR OR CONTENTS.

SERVICES

NON TRANSFERABLE



RECEIPT



TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM FORM

į	PLEASE DO	NOT USE EN	TER KEY TO	MAVIGA:	TE THIS		711 CU	TAD AD	ENSE CLA	AIM FORIM	
SECTION	A – Emplo	yee Details	(for AHS Sta	off ONL	Y)	1 Order	7 000	IMO, MK	KON KEIS C	K MOUSE	
j → ir	idicate N/A ir	າ the Employ	ee # (E-People)	if you i	nave no	t midra	ted to th	e New E-	People payro	oayroli system. Il system. ee # (E-People)	4
Employe	e # (old)	en e derimente e e e	Employee #	(E-Pec	ple):	· sopic	, , , , , , , , ,		Glenda Coleman		<u> </u>
Position (	<b>(Title)</b> ;	resident	Location	70(1),(AH)	7(4)(g)	(i) D	ept: Site			Province Trav	·el: □
Union Na	. // \ /\\\	' \ '	iness Phone			<del></del>		Travel F	eriod from:	to	
What for	ner entity p	ayroll syste	m is the emp	loyee c	urrenti	y bein	g paid t	rom? (F	Please ✓ one	e from below)	
☐ AADA	.C	·	☐ Calgary	Health				☐ East	Central	,	
Albert	a Cancer Bo	ard	☐ Capital I	lealth				☐ NortI	nern Lights		
Alberta	a Mental Hea	alth Board	☐ Chinook					☐ Pallis	ser Health		
☐ Aspen			☐ David Ti	nompso	n			☐ Peac	e Country		
			Total Claim -	<u>.</u>	Cor	nplete	separa	le Page	2 for each F	unctional Cen	tre
Fi	nance Code	/ Accounti	ng Distributio	n→E	opense O	bject Co	de (EOC)	/secondary	code not requir	ed in this section	
Bal Unit (3 char)	Location (4 char)	Functional	Centre (FC) (11	char)	pg	Trav	vel \$s	pg	Other \$s	Total	
101	0300	7111010000	54		2A	\$0.00		3	\$1066.1	6 \$1066-16	
		A Property	i in still O	<del>party</del> .	2B			3			
		59	i Health Service: ounts Payable	3	2C			3			
				_:	2D	Co		3	Currency \$	_	
		<b>//A</b>	R3 0 2012_						e if applicab	·	
→Claim sh	ould include	a minimum	of 2 pages ) - re	eceipts		/			OTAL CLAII		
		3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			/					a   \$1,000.10	╗
•	In order Ema • Out-of-Provii	is not filled to facilitate ill approvals, • Employee nce Travel –	TANT NOTE of in correctly processing of physical signs # refers to the the approver of the Travel Por	legibly f this dature st numbe MUST d	y and c laim, p amp or r indica ensure	omple lease similar ted on all doci	tely, the review device employ umental	e form w the follo are <u>not</u> : ee's pay ion and :	rill be return wing notes acceptable stub approval leve		
SECTION F	- Authoriza	etion		<u> </u>							
lf applicable, questions, co Employee an	print the nam	ne of the perso easily made. Inatures requi								er so if there are	1
hereby certi	fy that the exp	enses listed a	above are in acc	cordance	to appi	icable p	olicies a	nd was in	curred on Albe	rta Health Service	ces
Employee S		L 17	inan		Del				Daniel Sign		-
hereby certif \pproved clai	y that I have r	eviewed the		iev are i	n accord	ance w	rith the a	oplicable	nolicies (Policy	#'s CF-03, CF-0	04).
		) Mike Conro		1	OFA le		Positio			hone # 407-282	0
Signature:			Ti	tle: SVI	P, Edmo	nton Zo	ne		ם	ate:	$\neg$
pproved B	y (PRINT ONLY	) pm			OFA le	/ei	Positio	n #	Р	hone #	
ignature:			Ti	tle:					D	ate:	
TE: Expens	e claims mus	t be properly a	authorized and	appropri	atelysu	ported	in accor	dance wit	h Alberta Heal	th Services Polic	ies

09704pos(Rev2011-10)

Ruby

	r multiple FC's (one FC   Page 2   lenter A. B. or		
EXPENSE CLAIM DETAILS	Please print extra copies of this page if expenses incurred are for multiple FC's (one FC per page) OR additional lines required for the same FC.	Label this first page with A, and each additional page continue labeling with B, C etc.	
	<b>64</b> char), and		
	Enter Finance Coding as per	page 1	- I 4 I CITCHO

j (	_												
SECTION C	ON C Travel & Education Expenses	tion Expe	nses		NOTE: IF	expenses	do not	fall into	these	categori	of on Se	NOTE: If expenses do not fall into these categories go to SECTION D	
Ensure sep Secondary/	Ensure separate lines are used for claim items that differ in province of expense. Enter total \$ amount on slip, <b>DO N</b> ( Secondary/Expense codes are not required to be indicated in this section as they are pre-determined by the system.	hat differ in prove indicated in thi	ince of expense.	ey are pre	total \$ amou e-determined	Enter total \$ amount on slip, DO NOT separate GST are pre-determined by the system.	NOT sep	arate GST			20 26 (20		
Date	Purpose of Travel/Education	Prov of Exp		Meals	\$ (Type B, L	Meals \$ (Type B, L, D or A for All)			Trans	Transportation \$			
(dd/mm/yy)		(le AB, BC, etc)	Hote!	Type	w/receipt	w/o receipt or	Taxi \$	Airfare	Bus	Parkino	Rental Car	Course Reg /	Mileage
24/01/12	Holiday Inn - Difficult Disch.	AB	684.40			מפונו				מ	Calcal Ca	•	(ww)
01/03/12	Meetings	AB	226.96				71.75			000			-
05/03/12	NARP Team to Lac La Biche	AB		<u> </u>	74.05		2			9.00			
										\			
				1	7								
										-			
									+				
	- thirties										,		
													23,
23													
  -  4													
				-									
						Www.							
									-			and and and and and and and and and and	
	o IATOTOLIO (armileo eldenijane mis)	0 14101	244.00										\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	Coci applicable columns)	O ALS	911.36		74.05		71.75	0.00	0.00	9.00	0.00		lotal Kms
IKAVEL I agreemen	IKAVEL EXPENSE LIMITS - (Refer to CF-04 for terms and condi- agreement specifies otherwise.)	04 for terms	and condition	s, excep	itions, except where collective	lective			Enter \$	0.505 OR r	ate per Unio	Enter \$0.505 OR rate per Union Agreement	0.505
Meal Exp	Meal Expenses & Allowances										•		
Action cost	to the man and the second second												Ĭ

Please enter above total for each page 2 separately onto page 1, Section B

1066.16

Travel \$'s Subtotal

Actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity and GST to a maximum (with or without receipt) as indicated below. a) Breakfast  $\rightarrow$  \$10 b) Lunch  $\rightarrow$  \$12 c) Dinner  $\rightarrow$  \$21

Enter on page 1 TOTAL TRAVEL \$s

Mileage \$s

- 2 of 3 -

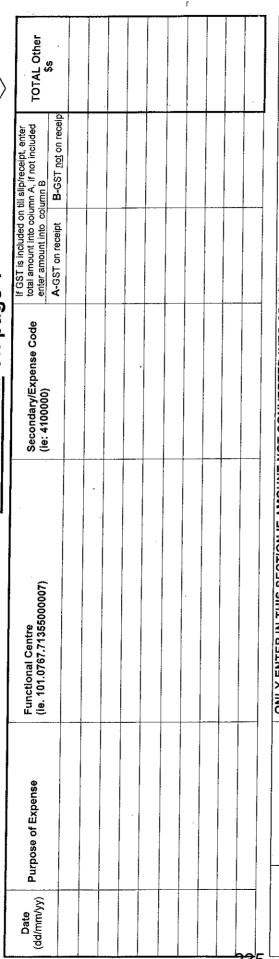
## **EXPENSE CLAIM DETAILS**

NOTE: If expenses are for travel or education (courses etc) go to SECTION C ALL "OTHER" expenses listed below <u>MUST</u> have a secondary/expense code indicated! SECTION D Other Expenses

→ If no "Other" expenses are being claimed, this page does not have to be submitted.

→ Gas receipts & business insurance are claimed here in Section D – Other Expenses.

# Subtotal "Other Expenses" for each functional centre separately and enter each subtotal on page 1



ONLY ENTER IN All expenses will b	ECTION E Foreign Currency All expenses will be paid in CDN \$'s will complete the currency exchange	NATHIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$'S.  e paid in CDN \$'s and the exchange rate will be used from the Bank of Canada for the date of the expense. Accounts Payable urrency exchange if not indicated on the receipt/document.
	Ш	ONLY ENTER IN All expenses will b will complete the c

Date Pt	Purpose of Expense	Functional Centre	Secondary/Expense Code	Foreign Currency	For AP use ONLY	[\triangle
(44)		(ie. 101.0/6/./13550000007	(ie: 4100000)		Exch Rate	CDN Value
		,			l:	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
						å:
					4	
					100000000000000000000000000000000000000	
					*	

# Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Expenses Paid (*Retain a copy for your records)*

Total Converted \$s

-3 of 3 -

Page: 1 of 1



## **CALGARY SOUTH**

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5 Tel: 403-278-5050 Fax: 403-225-5834

ALBERTA HEALTH SERVICES Ms Glenda Coleman-Miller Canada

Room:

0274

Folio:

122

Cashier: Arrival:

02-29-12

Departure:

03-01-12

Group: ALBERTA HEALTH SERVICES

Date	Description	Additional Information	Charges	Credits
02-29-12	In Room Dining Charges	Line# 274 : CHECK# 0214	26.00	
02-29-12	Room Charge	•	179.00	
02-29-12	DMF		5.37	
02-29-12	Room GST		9.22	
02-29-12	Tourism Levy		7.37	
GST Sun	nmary	Total	226.96	0.00
	ion No: 895126332 9.22	Balance Due	226.96 CD	N
F&B	0.00	March 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 and 1982 a		
Other	0.00			
Total	9.22			

Guest Signature:

Deidre Rainev

From:

Glenda Coleman-Miller

Sent: Sunday, February 12, 2012 8:23 PM

Deidre Rainey To: Melissa Waltner Cc:

RE: NEED RESPONSE: RE: Difficult Discharge Subject:

Categories: Waiting for Response

Fran and Melissa - can you get me a copy of a statement for this charge - so I can submit for reimbursement? Thanks,

From: Deidre Rainev

Sent: Monday, January 23, 2012 4:29 PM

To: Glenda Coleman-Miller

Cc: Reverdi Darda

Subject: NEED RESPONSE: RE: Difficult Discharge

Importance: High

## Hi Glenda,

As you'll recall, last week we had submitted the paperwork to pay for a difficult discharge to stay at a hotel, we had put on your credit card for 4 nights, which would mean departure from hotel today. The hotel called me to let me know the guest was not leaving because she had a letter from the social worker that stated we would pay for 5 nights, the hotel has sent me the letter and it does state 5 nights. The Medicine PCM said the social work fund would be able to cover one more night. (Social worker that sent the letter is not in today) Are you ok with them charging 1 more night on your credit card?

Let me know, thanks, D

### Deidre Rainev

### **Executive Assistant to**

Glenda Coleman-Miller, Vice President University of Alberta Hospital Mazankowski Alberta Heart Institute Edmonton Clinic South

1F1.16, Walter C. MacKenzie Centre 8440 - 112 Street Edmonton, AB T6G 2B7

Phone: 780.407.8009 780.407.7418 Alberta Health Services www.albertahealthservices.ca

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. This message contains confidential information and is intended only for the individual(s) named. If you are not the named addressee(s) you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this email from your system. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.



130

02-15-12

Glenda Coleman-Miller CA DESCRIPTION	Folio No. : <b>129660</b> A/R Number : Group Code :	Room No. : <b>213</b> Arrival : <b>01-19-12</b> Departure : <b>01-24-12</b>
s.17(1), 17(4)(g)(i)	Company : Medical I	Rate Conf. No. : 61058716
	Membership No. : Invoice No. :	Rate Code : ILSDQ Page No. : 1 of 2

Date		Description	Charges	Credits
01-19-12	*Room		127.00	-
01-19-12	GST Tax		6.35	
01-19-12	Trsm Levy Tax		5.08	
01-19-12	Municipal DMF Tax		1.27	
01-19-12	Municipal DMF Tax GST		0.06	
01-20-12	*Room		106.00	
01-20-12	GST Tax		5.30	
01-20-12	Trsm Levy Tax		4.24	
01-20-12	Municipal DMF Tax		1.06	
01-20-12	Municipal DMF Tax GST		0.05	
01-21-12	*Room		106.00	
01-21-12	GST Tax		5.30	
01-21-12	Trşm Levy Tax		4.24	
01-21-12	Municipal DMF Tax		1.06	
01-21-12	Municipal DMF Tax GST		0.05	
01-22-12	Long Distance Call	Line	3.20	
01-22-12	*Room		127.00	
01-22-12	, GST Tax		6.35	
01-22-12	Trsm Levy Tax		5.08	
01-22-12	Municipal DMF Tax		1.27	
01-22-12	Municipal DMF Tax GST	·	0.06	
01-23-12	*Room		153.00	
01-23-12	GST Tax		7.65	
01-23-12	Trsm Levy Tax		6.12	
01-23-12	Municipal DMF Tax		1.53	

Holiday Inn Express Downtown
Edmonton10010 - 104 Street
Canada T5J 0Z1 Edmonton, AB
Telephone: (780) 423-2450 Fax: (780) 426-6090
0GST #896724515
www.hiexd



130

02-15-12

Glenda Coleman-Miller

Folio No.

129660

Room No. :

213

**CA DESCRIPTION** 

A/R Number

Arrival

: 01-19-12

s.17(1), 17(4)(g)(i)

**Group Code** 

Departure : °Conf. No. :

01-24-12 61058716

Company Membership No. : **Medical Rate** 

Rate Code: ILSDQ

Invoice No.

Page No. : 2 of 2

Date		Description	Charges	Credits
01-23-12	Municipal DMF Tax GST		0.08	
01-24-12	Visa	s.17(1), 17(4)(e.1)		684.40
		Total	684.40	684.40
		Balance	0.00	

<u> </u>				_ 44.	
G I	iesi	. 3	IUN	alu	re:

I have received the goods and / or services in the amount shown heron. I agree that my liablity for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.



130

02-15-12

Glenda Coleman-Miller **CA DESCRIPTION** 

Folio No.

129660

Room No. : 213

A/R Number

Arrival

: 01-19-12

Group Code

Departure : 01-24-12

s.17(1), 17(4)(g)(i)

Company

**Medical Rate** 

Conf. No. : 61058716 Rate Code: ILSDQ

Membership No.: Invoice No.

Page No. : 1 of 2

Date		Description	Charges	Credits
01-19-12	*Room		127.00	<del></del>
01-19-12	GST Tax		6.35	
01-19-12	Trsm Levy Tax		5.08	
01-19-12	Municipal DMF Tax		1.27	
01-19-12	Municipal DMF Tax GST		0.06	
01-20-12	*Room		106.00	
01-20-12	GST Tax		5.30	
01-20-12	Trsm Levy Tax		4.24	
1-20-12	Municipal DMF Tax		1.06	
1-20-12	Municipal DMF Tax GST		0.05	
1-21-12	*Room		106.00	
1-21-12	GST Tax		5.30	
1-21-12	Trsm Levy Tax		4.24	
1-21-12	Municipal DMF Tax		1.06	
1-21-12	Municipal DMF Tax GST		0.05	
1-22-12	Long Distance Call	Line	3.20	
1-22-12	*Room	ŧ	127.00	
1-22-12	GST Tax		6.35	
1-22-12	Trsm Levy Tax		5.08	
1-22-12	Municipal DMF Tax		1.27	
1-22-12	Municipal DMF Tax GST		0.06	
-23-12	*Room		153.00	
-23-12	GST Tax		7.65	
-23-12	Trsm Levy Tax	•	6.12	
-23-12	Municipal DMF Tax		1.53	

Holiday Inn Express Downtown Edmonton10010 - 104 Street Canada T5J 0Z1 Edmonton, AB Telephone: (780) 423-2450 Fax: (780) 426-6090 0GST #896724515 www.hiexdowarts wn.com

## **Deidre Rainey**

From:

Reverdi Darda

Sent:

Monday, January 23, 2012 5:35 PM

To:

Deidre Rainey, Glenda Coleman-Miller

Subject:

RE: NEED RESPONSE: RE: Difficult Discharge

Hi Deidre,

I have confirmed 1 more night at the Hotel and will follow-up with Carol and Jason first thing in the morning. Thanks Rev

## Reverdi Darda

**Executive Director** Zone Medicine Program, Ambulatory Care & RT Services Alberta Health Services University of Alberta 8440 112 Street Edmonton, AB T6G 2B7

tel: 780-407-4690 fax: 780-407-8298 Reverdi.Darda@albertahealthservices.ca

## Alberta Health Services

www.albertaheathservices.ca

From:

Deidre Rainey

Sent:

Monday, January 23, 2012 5:09 PM

To:

Reverdi Darda; Glenda Coleman-Miller

Subject:

RE: NEED RESPONSE: RE: Difficult Discharge

Importance: High

Hi Glenda,

It turns out there is more to this story, Rev is trying to sort it out now with her PCM/Community. You may still need to approve an extra night but I'll leave it to Rev to advise you.

Rev - I have to run because I have an app't, once this is sorted out can you please call Kent (General Manager) back at the Holiday Inn Express to let him know if we are extending the one night stay or not. He is only in until 5:30, his number is 780-423-2450, if you miss him there will be another 'Guest Manager' on that you can speak with.

Thanks, Deidre

From: Deidre Rainey

Sent: Monday, January 23, 2012 4:29 PM

To: Glenda Coleman-Miller

Cc: Reverdi Darda

Subject: NEED RESPONSE: RE: Difficult Discharge

Importance: High

Hi Glenda,

As you'll recall, last week we had submitted the paperwork to pay for a difficult discharge to stay at a hotel, we had put on your credit card for 4 nights, which would mean departure from hotel today. The hotel called me to let me know the guest was not leaving because she had a letter from the social worker that stated we would pay for 5 nights, the hotel has sent me the letter and it does state 5 nights. The Medicine PCM said the social work fund would be able to cover one more night. (Social worker that sent the letter is not in today) Are you ok with them charging 1 more night on your credit card?

Let me know, thanks, D

Deidre Rainey
Executive Assistant to
Glenda Coleman-Miller, Vice President
University of Alberta Hospital
Mazankowski Alberta Heart Institute
Edmonton Clinic South

1F1.16, Walter C. MacKenzie Centre 8440 - 112 Street Edmonton, AB T6G 2B7

Phone: 780.407.8009

Fax: 780.407.7418

Alberta Health Services

www.albertahealthservices.ca

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. This message contains confidential information and is intended only for the individual(s) named. If you are not the named addressee(s) you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.



10010 – 104 Street, Edmonton, AB, T5J 0Z1 Phone: (780) 423-2450 Toll Free: 1-877-423-4656

Fax: (780) 426 – 6090 info@hiexedmonton.com www.hiexdowntown.com

## CREDIT CARD AUTHORIZATION AGREEMENT

I Glenda Coleman-Milla authorize "Holiday Inn Express Downtown" to apply charges to my:
✓ VISA ☐ MASTER CARD ☐ AMERICAN EXPRESS
CREDIT CARD#: EXPIRY: s.17(1), 17(4)(e.
Confirmation Numbers: 61058716
Arrival: $ u   9   20   2$ Departure: $ a   23   20   2   Rate:   x    21   20   2   2   20   2   2   2   2   2  $
Guest Names: s.17(1), 17(4)(g)(i)
For the accommodations listed below:
Accommodation, Tax & Security Deposit  Banquet & Meeting Room Charges  Additional Services  (As arranged and listed below)  Long Distance Charges  LogNet, Movies, Games & Music  Parking (\$10.00/ Per Night)
All Charges
I agree that my liability for the charges will not be waived and I agree to be held personally liable in the event that the credit card holder of the company or guest fails to pay the full amount of the charges.
I acknowledge that Holiday Inn Express Downtown is a fully NON-SMOKING hotel. Smoking in the guest rooms or balconies will cause \$270.00 extra cleaning fee. (Per Occurrence) If you are a smoker you must come down and go outside.
CREDIT CARD INFORMATION:
Last Name: Coleman-Miller First Name: Glenda
Phone#: (780) 407 - 8009 Fax#:
Street Address:
City: Province: Postal Code:
Company Name: Alberta Health Services.
Deleman-miller 2012-01-19
Cardholder Signature: Date Signed:
A LEGIBLE PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD

*A LEGIBLE PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD MUST BE ATTACHED TO THE FAX, TO BE CONSIDERED VALID.*

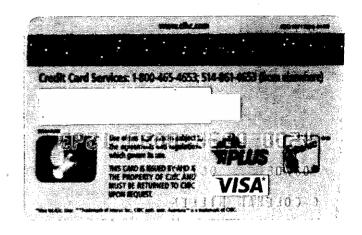
THIS AUTHORIZATION FORM WILL NOT BE ACCEPTED IF THE REQUIRED ATTACHMENT (LETTER OR PHOTOCOPY) IS ABSENT.

*A LEGIBLE PHOTOCOPY OF A CORPORATE CREDIT CARD MAY BE SUBSITTUTED WITH AN AUTHORIZATION LETTER ON COMPANY LETTERHEAD.*

s.17(1), 17(4)(e.1)



s.17(1), 17(4)(e.1)





10010 - 104 Street, Edmonton, AB, T5J 0Z1 Phone: (780) 423-2450 Toll Free: 1-877-423-4656 Fax: (780) 426 - 6090

info@hiexedmonton.com www.hiexdowntown.com

## CREDIT CARD AUTHORIZATION AGREEMENT

I Glanda (Oleman-Milla authorize "Holiday Inn Express Downtown" to apply charges to my:	
☑ VISA ☐ MASTER CARD ☐ AMERICAN EXPRESS	
CREDIT CARD#: EXPIRY:	s.17(1), 17(4)(e.1)
Confirmation Numbers: 61058716	
Arrival: Jan 19, 2012 Departure: Jan 23, 2012 Rate: \$2x127.00 C.2x106.00	
Guest Names:	
For the accommodations listed below:	
Accommodation, Tax & Security Deposit  Banquet & Meeting Room Charges  Log Net, Movies, Games & Music  Log Net, Movies, Games & Music  Parking (\$10.00/ Per Night)	•
All Charges	<u> </u>
I agree that my liability for the charges will not be waived and I agree to be held personally liable in the event that the credit card holder of the company or guest fails to pay the full amount of the charges.  I acknowledge that Holiday Inn Express Downtown is a fully NON-SMOKING hotel. Smoking in the guest rooms or balconies will cause \$270.00 extra cleaning fee. (Per Occurrence) If you are a smoker you must come down and go outside.  CREDIT CARD INFORMATION:  Last Name: Gleman-Miller First Name: Gleman	
Phone#: (780) 407-8009 Fax#:	
Street Address:	
City: Province: Postal Code:	·
Company Name: Alberta H-calth Services	
Cartholder Signature Date Signed:	_
Cardholder Signature: Date Signed:	
*A LEGIBLE PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD MUST BE ATTACHED TO THE FAX, TO BE CONSIDERED VALID.*	
THIS AUTHORIZATION FORM WILL NOT BE ACCEPTED IF THE REQUIRED ATTACHMENT (LETTER OR PHOTOCOPY) IS ABSENT.	
*A LEGIBLE PHOTOCOPY OF A CORPORATE CREDIT CARD MAY BE SUBSTTUTED WITH AN AUTHORIZATION LETTER ON COMPANY LETTERHEAD.*	

TX RESULT REPORT

NAME: UAH SITE ADMINISTRATION TEL: 780 407 7418 DATE: JAN.19.2012 16:37

SESSION	FUNCTION	NO.	DESTINATION STATION	DATE	TIME	PAGE	DURATION	MODE	RESULT
1240	TX	001	97804266090	JAN.19	16:36	002	00h00min56s	ECM	OK



January 19, 2012

To Whom It May Concern at Holiday Inn Express

RE:

s.17(1), 17(4)(g)(i)

s.17(1), 17(4)(g)(i)

This is to confirm that as of January 19, 2012 has been discharged from the University of Alberta Hospital. The hospital will be providing funding for to stay at the Holiday Inn Express for 5 nights, she will check in January 19, 2012 and will check out January 24, 2012.

Should you have any questions or require further information please contact me at (780)407-1320.

Thank you,

Jason Woywitka BSW, RSW

Joseph Ben, RSW

Social Work

University of Alberta Hospital

r. 3

## **APPLICANT COPY**



10010 - 104 Street, Edmonton, AB, T5J 0Z1 Phone: (780) 423-2450 Toll Free; 1-877-423-4656 Fax: (780) 426 - 6090

info@hiexedmonton.com

www.hiexdowntown.com

CREDIT CARD AUTHORIZATION AGREEMENT

CREDIT CITY
I Glanda Coleman-Miller authorize "Holiday Inn Express Downtown" to apply charges to my:  s.17(1), 17(4)(e.1)
VIVISA LIMITAGE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST
CREDIT CARD#: EXPIRY:_
Confirmation Numbers: 61058716
Confirmation Numbers: 61058716  Arrival Jun 19 2012 Departure: Jun 3 2012 Rate: 12x127.00 c 12x106.00
Guest Names: $\frac{-s.17(1), 17(4)(g)(i)}{}$
For the accommodations listed below:  Accommodation, Tax & Security Deposit Banquet & Meeting Room Charges Additional Services (As arranged and listed below)  Long Distance Charges Long Distance Charges Parking (\$10.00/ Per Night)
All Charges
I are a to be held versonally liable in the event that
I agree that my liability for the charges will not be waived and I agree to be held personally liable in the event that the credit card holder of the company or guest fails to pay the full amount of the charges.  I acknowledge that Hollday Inn Express Downtown is a fully NON-SMOKING hotel. Smoking in the guest rooms or balconies will cause \$270.00 extra cleaning fee. (Per Occurrence) If you are a smoker you must come down and go outside.  CREDIT CARD INFORMATION:  Last Name: Coleman-Miller First Name: Sind of Fax#: 780-407-7418
Street Address: Pastal Code:
L.11.V
Company Name: Alberta Health Services.  Deleman- Frieler 2012-01-19  Date Signed:
*A LEGIBLE PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD  *A LEGIBLE PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD  *MUST BE ATTACHED TO THE FAX, TO BE CONSIDERED VALID.*
MUST BE ATTACHED TO THE PAR, A NOT BE ACCEPTED IF THE REQUIRED
THIS AUTHORIZATION FURNITY WILD COPY) IS ABSENT. ATTACHMENT (LETTER OR PHOTOCOPY) IS ABSENT. ATTACHMENT (LETTER OR PHOTOCOPY) IS ABSENT.
ATTACHMENT (LETTER OR PHOTOCOPY) IS ABSENT.  *A LEGIBLE PHOTOCOPY OF A CORPORATE CREDIT CARD MAY BE SUBSITTUTED  *A LEGIBLE PHOTOCOPY OF A CORPORATE CREDIT CARD MAY BE SUBSITTUTED  WITH AN AUTHORIZATION LETTER ON COMPANY LETTERHEAD.*



SUEST INFORMATION s.17(1), 170 CA DESCRIPTION	(4)(g)(i)	Opt Out:  I do not wish to receive communications  MEMBERSHIP INFORMATION  Priority Club Enrollment: Yes No Smoking Preference: Bed Type:  Preferred Language:			
Email Address					
RESERVATION INFORMATION Confirmation No. 61058716 Arrival Date: 01-19-12 Departure Date: 012312 Number of Nights: 4 Number of Guests: 1/0	N Room Type: Rate Code: Group: Company:	Two Queen Beds Non Smoking Room #:    Arrival Rate: 127.00 CAD     S.17(1), 17(4)(g)(i)     Guest Initials:     The following daily rate changes apply during your stay:    01-19-12   127.00 CAD X   1 NIGHTS     01-20-12   106.00 CAD X   2 NIGHTS     01-22-12   127.00 CAD X   1 NIGHTS     01-22-12   127.00 CAD X   1 NIGHTS     01-22-12   127.00 CAD X   1 NIGHTS     01-22-12   127.00 CAD X   1 NIGHTS     01-22-13   127.00 CAD X   1 NIGHTS     01-22-14   127.00 CAD X   1 NIGHTS     01-22-15   127.00 CAD X   1 NIGHTS     01-22-16   127.00 CAD X   1 NIGHTS     01-22-17   127.00 CAD X   1 NIGHTS     01-22-18   127.00 CAD X   1 NIGHTS     01-22-19   127.00 CAD X   1 NIGHTS     01			
SETTLEMENT INFORMATION Payment Method: Visa  Comments: waiting for cc auth		s.17(1), 17(4)(e.1)			
Name:		ete, please use the section below.  Telephone:			
Address: State/	Prov:	Postal Code Country :			
License Plate #:		e: Model:			
I acknowledge that Holiday Inn E Hotel including the balconies is s entrance. I further acl le Guest initials	express Downlown E strictly forbidden. Sm that contravention of	idmonton is a non-smoking Hotel and that smoking in any area of the doking is permitted only in an area 5 meters beyond any building if this is subject to a charge of \$250.00, per occurance. $s.17(1),\ 17(4)(g)(i)$			
Signature: I have requested weekdey delivery of The	e Globe and Mail.	) (Monday to Friday) and \$2.00 (Saturday) will be applied to my acco			



## Fax Cover Sheet

## University of Alberta Hospital

Medicine

Walter C. Mackenzie Centre STN.

8440-112 Street Edmonton, Alberta Canada T6G 2B7

TO: DIERDRE @AKS

Date: 50 1/2

(including cover sheet)

Name: Ester at Holiday Inn

Fax: 780-426-6090

Phone: 780- 423-2450

From: UAH

Jason Waywith

Fax: 780-407- 7602

Phone: 780-407-1325

MESSAGE:

## CONFIDENTIALITY WARNING

This communication is intended for the sole use of the recipient to which it is addressed and may contain confidential, personal, and/or privileged information.

If you are not the intended recipient of this information, please contact the sender immediately at the phone number listed below. Any other distribution, copying, or disclosure is strictly prohibited.



130

01-24-12

Glenda Coleman-Miller Folio No. 129660 Room No. : 213 **CA DESCRIPTION** A/R Number Arrival 01-19-12 Group Code Departure : 01-24-12 Company s.17(1), 17(4)(g)(i)**Medical Rate** Conf. No. : 61058716 Membership No. : Rate Code : ILSDQ

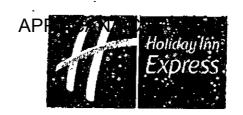
Invoice No.

Page No. : 2 of 2

Date		Description				
01-23-12	Municipal DMF Tax GST			0.08		
01-24-12	Visa	s.17(1), 17(4)(e.1)			684.40	
			Total	684.40	684.40	
			Balance	0.00	<b>-</b>	

Guest	SI	gnature:
	v	инаше.

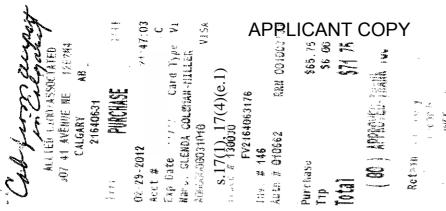
I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.



130 01-24-12 Glenda Coleman-Miller Follo No. 129660 Room No. : 213 CA DESCRIPTION A/R Number Arrival 01-19-12 Group Code Departure : 01-24-12 s.17(1), 17(4)(g)(i) Company **Medical Rate** Conf. No. : 61058716 Membership No.: Rate Code: ILSDQ Invoice No. Page No. : 1 of 2

Date		Description	Charges	Credits
01-19-12	*Room /		127.00	
01-19-12	GST Tax		6.35	
01-19-12	Trsm Levy Tax		5.08	
01-19-12	Municipal DMF Tax		1.27	
01-19-12	Municipal DMF Tax GST		. 0.06	
01-20-12	*Room		106.00	
)1-20-12	GST Tax		5.30	
)1 <b>-</b> 20-12	Trsm Levy Tax		4.24	
1-20-12	Municipal DMF Tax	·	1.06	
1-20-12	Municipal DMF Tax GST		0.05	
1-21-12	*Room		108.00	
1-21-12	GST Tax		5.30	
1-21-12	Trsm Levy Tax		4,24	
1-21-12	Municipal DMF Tax		1,06	
1-21-12	Municipal DMF Tax GST		0.05	
1 <b>-22</b> -12	Long Distance Call	14:42 Line# 7213 : Dialed# [00:00:11]	3.20	
1-22-12	*Room	s.17(1), 17(4)(g)(i)	127.00	
1-22 <b>-</b> 12	GST Tax	•	6:35	
-22-12	Trsm Levy Tax		5.08	
-22-12	Municipal DMF Tax		1.27	
-22-12	Municipal DMF Tax GST		0.06	
-23-12	*Room		153.00	
-23-12	GST Tax		7.65	
-23-12	Trsm Levy Tax		6.12	
-23-12 I	Municipal DMF Tax		1.53	

Holiday Inn Express Downtown Edmonton10010 - 104 Street Canada T5J 0Z1 Edmonton, AB Telephone: (780) 423-2450 Fax: (780) 426-6090 0GST #896724515 www.hlexdowntown.com



DASH FACE UP

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

Valid for 1.5 Hours Standard Parking 107 Street Machine Web ID = LOT 107 **EXPIRES** 

9.00C

02 MAR 12 15:39

s.17(1), 17(4)(e.1)

D8855 ETABLEAU DU BORD DTE VISIBLE

FLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE

0567 13:04:34 C30688955-001~209-01?--0 \$E1.71 \$12.34 RECEIPT NUMBER

PURCHASE

Ш

U

Υ

Ш

(/)

TADOME.

APPROVED

AUTH# 030040 THANK YOU CARDHOLDER CAPV

Visa Credit

8.18.88 8.19.89 10.19.89 10.19.89

88.7. 2.94

TOM'S PIZZA & STEAKHOUSE 10303 101ST AUE

LAC 1/(1), 19(4)(程)

77-7-

CARD

DATE

ŒSi ⊃

2012/03/05

임품

밁

498 871245114 BICHE, 623-44 -AC LA (780) GST#

erver: MARINA

uest:

HAM & CHE

Total Tax 1:01 PM 3/5/2012 Sales Total le t

7. J. P.

**\$**74.05

A000000031010

9EDC6DC9C8614E1A 0008000000

38070093B1185BD0

01-027

THANK YOU! PLEASE PAY CASHIER

able

TOTAL <u>n</u>

09704 pas(Rev2011-12) SECTION F Authorization Signature Approved By (PRINT ONLY) Signature Approved By (PRINT QNLY) Mike Conyo Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing. Claim Prepared by (PRINT ONLY) Deidre Rainey Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver. If applicable, print the name of the person (other than daiman) that prepared the claim along with phone number so if there are any questions contact can be easily made. Employee Signature I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been 20 2B SECTION E Finance Coding & Total Claim hereby certify that Mave reviewed the expenses and they are in accordance with the applicable policies (Policy #%CF-03, CF-04). previously claimed by me or on my behalf from Alberta Health Services or other organization. B What is your former legacy region (prior to AHS consolidation)? SECTION A - Employee Details (for AHS Staff ONLY) ያ Name Glenda Coleman-Miller Location UAH CAPITAL PROJECT CODING ONLY -> Bal Unit 호 Service Health Total Section B - Travel - Pg 2 Cocation 0300 Enter employee # (old) and Employee # (E-People) If your payroll has 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) Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system Functional Centre Geleman meller 71110100064 <del>S</del>O Position (Title) VP, UAHs Dept Site Administration \$633.84 \$633.84 Total Expenditure Organization Project Number TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM Bal Unit Location **User to enter Coding & \$ amounts NOTE: These fields do not automatically fill for Section C&D 렃 Total - Section C&D - Other & Foreign Expenses - Pg 3 88 DOFA Level Jac DOFA Level 귷 쿭 -1 of 3 -71110100064 Centre (FC) Functional Union SVP, Edmonton Zone Position # Days 2012 - 05 -Position # Secondary/ cell and select from dropdown menu 66020000 Expense Employee # (E-People) Business Phone # 407-8009 Project Task Number Phone # 407-8009 Travel Period from: Expenditure Type s.17(1), 17(4)(g)(t) \$423.95 423.95 Total Ļ THOM STU 12-Mar-12 AHS - Edmonton Accounts Payable MAY 28 2012 راع Less Cash Advance Total Section C&D Phone # Total Section B Phone # TOTAL CLAIN Date Date Employee # (Legacy) TOTAL REIMBURSEMENT 8 Capital Health 7-May-12 s.17(1), 17(4)(g)(i)Out-of-Province Travel Yes initials, MAY 2 80 O&C - Campleted Accounts Payable Alto Addropan \$1,057.79 8 \$633.84 \$423.95 

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 **Enter Finance Coding** 101 • 0300 • 71110100064 Emp # (E-People) Emp # (Legacy) Page 2A

Select from dropdown menu (column Province) where expenses were incurred (Out of N.America = Inter!). NOTE: If expenses do not fall into these categories (such as relocation, continuing education, business insurance), go to SECTION C

Date	Date Purpose of Travel Province, What is US, or travel (Select	Province, US, or	What is travel	(Sele	Meal (Select type from dropdown)	froodown)	Airfare		0,14.			
		Out of N.America	related to?	Туре	w/receipt	w/o receipt or	Bus/LRT Parking	Hotel	Car	Taxi	Fuel	Mileage (km)
12-Mar-12	Off Site Meeting						\$14.00	1				
20-Mar-12	Off Site Meeting						27.00					
23-Mar-12	Off Site Meeting						\$7.00	10				
10-Apr-12	Off Site Meeting						\$10.00					
26-Apr-12	Nursing Leadership Conference - Toronto	ş	Educ	>		\$43.00	0.00	\$300.07:	1			
25-Apr-12	Nursing Leadership Conference - Toronto	ON ON	Edir					\$202.27				
<b>1</b> -May-12	Airport Parking - Meeting in Calgary						\$21.00	\$202.21				
Otay-12	Meeting in Calgary						951.00					
Way-12	Meeting in Calgary									\$65.00		
NΤ										\$00.50		
1A												
IC												
PL												
PI												
Α												
											-	
			SUBTOTALS	TALS		\$43.00	\$66.00	\$404.54		\$120.30		Total Kms
MEAL PER	MEAL PER DIEM RATES								Enter \$0.505 OR rate per Union Agreement	ate per Union	Agreement	
B = Breakfast = \$10 BL = Breakfast & Lun	L=Lunch=\$12 D=Dinner=\$21 A: ch=\$22 BD≂Breakfast&Dinner=\$31	A = ALL MEALS = \$43	۵ ا ا			-	<del></del>				Mileage \$	
			1101 ··· \$00							Trave	Travel \$ Subtotal	\$633,84
									Enter on	Enter on page 1 TOTAL TRAVEL \$	TRAVEL \$	\$633.84
	-						Note, tota pg 2s can	Note, total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form	1, Section E, if f	orm completed	d electronically	· - Additional

s.17(1), 17(4)(g)(i)

s.17(1), 17(4)(g)(i)

Page

ယ

# EXPENSE CLAIM DETAILS

"ALL,"OTHER" expenses listed below MUST have a secondary/expense code indicated SECTION C Other Expenses Emp # (E-People) Emp # (Legacy)

• If expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business insurance, miscellaneous expenses are claimed in Section C - Other Expenses

 If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted. 15-Apr-12 dd-mmm-yy Date ACEN Membership 2012-13 Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E Purpose of Expense 70 characters maximum (length of shaded area) Bal Unit 103 Location Finance Coding 0300 Functional Centre 71110100064 Secondary/ Expense eg. 41000000 (8 characters) 66020000 dropdown menu (if applicable) Select type from Continuing Education GST is ON till slip/receipt, amount in this column WITH GST enter total GST is NOT on till slip/receipt, enter total amount is this column \$423.95 OTHER \$ TOTAL \$423.95

in oreign currency rias been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.	If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.
Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column	To cell'; Enter date of
	A fit tilbolita
Forelan Currency	Currency
Amount	Type Rate
ect co	rt foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date then select convert which will give the exchange rate - enter this amount in exchange rate column generate column  19

Expenses Paid (Retain a copy for your records) Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization -3 of 3 -

Sheraton Gateway Hotel PO Box 3000 PO Box 3000 Toronto, ON L5P 1C4 Canada

Tel: 905-672-7000 Fax: 905-672-7100

Ms Glenda Coleman-Miller University Of British Columbia

s.17(1), 17(4)(g)(i)

Email: UBD23A - Univ of British

Columbia ( UW

26-APR-12

26-APR-12

26-APR-12

Page Number : 1 : 1424087

> 1 : 368

Guest Number Folio ID

EX-A Arrive Date

Depart Date

No. Of Guest Room Number

Room Rate

: 179.00 Club Account

Invoice Nbr

: 104177

: 26-APR-12 08:23

: 27-APR-12

s.17(1), 17(4)(g)(i)

Information Invoice

Tax ID : 140047879

Sheraton Gateway 27-APR-12 03:14 FLORCHA

Date Reference Description

Non-Responsive 179.00 Room Charge Group

Rooms HST 23.27

*** Balance

** Total

276.94 276.94

HST Summary for your stay:

**RT368** 

RT368

Room Revenue HST Food & Beverage HST Photo/Fax/Copy Services HST Other Revenue HST Total HST for your stay: Amount CAD

7.67 0.00 0.00

30.94

23.27

C # 202.27

Continued on the next page

Sheraton Gateway Hotel PO Box 3000 PO Box 3000 Toronto, ON L5P 1C4

Canada

Tel: 905-672-7000 Fax: 905-672-7100

 $\begin{array}{c} s.17(1),\,17(4)(g)(i) \\ \text{Ms Glenda Coleman-Miller} \end{array}$ 

University Of British Columbia

Email:

UBD23A - Univ of British

Columbia (UW

Page Number : 2

: 1424087 Guest Number

Folio ID : EX-A

Arrive Date : 26-APR-12

Depart Date : 27-APR-12

No. Of Guest

: 1 Room Number : 368

Room Rate : 179.00 Club Account

s.17(1), 17(4)(g)(i)

Invoice Nbr

08:23

: 104177

#### Information Invoice

Turn stays into getaways. As a Starwood Preferred Guest member you will earn Starpoints for your stays, then use those points on anything from free nights and free flights without blackout dates to merchandise and once-in-a-lifetime experiences. If you're not already a member, join at the front desk or at www.SPG.com

As a Starwood Preferred Guest you have earned at least 523 Starpoints for this visit s.17(1), 17(4)(g)(i)

#### EXPENSE SUMMARY REPORT

Date	Room	Pood/Bev	Phone	Taxes	Other	AND TOTAL THE SHOPE THE	Winds.
26-APR-12	179.00	67.00	0.00	30.94	0.00	276.94	
Total	179.00	67.00	0.00	30.94	0.00	276.94	
Date 26-APR-12	Payment 0.00						
Total	0.00						

Sheraton Gateway Hotel PO Box 3000 PO Box 3000 Toronto, ON L5P 1C4 Canada

Tel: 905-672-7000 Fax: 905-672-7100

s.17(1), 17(4)(g)(i)

Ms Glenda Coleman-Miller*

Email :.

UWB18A - Univ of Western

ON (UWO) & UBC

Page Number : 1

Invoice Nor

: 103947

Guest Number : 1420622

Folio ID : EX-A

: 25-APR-12 Arrive Date 01:47

Depart Date : 26-APR-12

: 1 No. Of Guest

Room Number : 368

: 179.00 Room Rate Club Account :

s.17(1), 17(4)(g)(i)

Information Invoice

Tax ID : 140047879

Sheraton Gateway 26-APR-12 02:59 FLORCHA 

25-APR-12	RT368	Room Charge Group	179.00	•
25-APR-12	RT368	Rooms HST	23.27	1
		** Total	202.27	0.00
		*** Balance	202.27	<u>/</u>

HST Summary for your stay:	Amount CAD
Room Revenue HST	23.27
Food & Beverage HST	0.00
Photo/Fax/Copy Services HST	0.00
Other Revenue HST	0.00
Total HST for your stay:	23.27

Continued on the next page

Sheraton Gateway Hotel PO Box 3000 PO Box 3000 Toronto, ON L5P 1C4 Canada

UWB18A - Univ of Western

Email:

ON (UWO) & UBC

Tel: 905-672-7000 Fax: 905-672-7100

 $\begin{array}{c} s.17(1),\,17(4)(g)(i) \\ \text{Ms Glenda Coleman-Miller*} \end{array}$ 

Page Number

: 2

Invoice Nbr

01:47

: 103947

Guest Number Folio ID

: 1420622 : EX-A

: 25-APR-12 : 26-APR-12

Arrive Date Depart Date

: 1

No. Of Guest

Room Rate

: 368 Room Number

: 179.00

Club Account

s.17(1), 17(4)(g)(i)

Information Invoice

Stay Connected with the Link@Sheraton experienced with Microsoft. Join us at the Link, our lobby connectivity hub where guests meet, connect and relax. Whether you're surfing the Web, watching a game with friends, borrowing a newspaper or printing a boarding pass, out of town doesn't mean out of touch. Learn more at www.sheraton.com/link

As a Starwood Preferred Guest you have earned at least 393 Starpoints for this visit

s.17(1), 17(4)(g)(i)

EXPENSE SUMMARY REPORT

Date	Room	ood/eev	Phone	Taxes	Other	racial constant	
25-APR-12	179.00	0.00	0.00	23.27	0.00	202.27	
Total	179.00	0.00	0.00	23.27	0.00	202.27	
Date 25-APR-12	Payment 0.00						
25-AFR-12	0.00						
Total	0.00					•	

your ( <b>Stay</b>		Was our service delivery up to your expectations?	SE
<i>D</i> 11 11		Exceeded expectations	Sheraton Gateway
		Room for improvement	HOTEL IN TORONTO INTERNATIONAL AIRPORT
		We welcome your feedback	
	5		
	·		
·			
	9		
•			
	٦ (	Suest Name	
		Room #	
4.			
		, oo a 11010110 a 9, 11011	YES NO
Start er Please and we	njoying all the ask one of ou will forward	enrol you. <u>Membership is free</u> e benefits in any of our 1000+ hotels we ir Front desk associates or provide you I your Starwood Preferred Guest accou- ited form at the front desk	r e-mail address

#### Please print and bring this ticket

81507417103712881001

ACEN Mem 201

Date+Time v

Wednesday, 14 March 2012 at 9:00 AM - T

Туре

Event

Membership 201

Location

Order Info

Ordered by Glenda Coleman-Miller on 15

Please PRINT and bring this ticket to the event entrance.

1ip



Vaine

12 □T)

Glenda Coleman-Miller

. 95 Pay ment Status

Eventbrite Completed



٩M



)7417103712881001

#### Do you organize events?

rt selling in minutes with Eventbrite! www.eventbrite.ca

AT LETATA ELEK

M WİNLİLİM KİNĞ China - Salahi

DISPLAY THIS SIDE UP ON DASHBOARD

06:00 AM



DETACH RECEIPT FROM TICKET

# AE ISSUED AMOUNT PAID

CREDIT CARD NUMBER LOT M



DISPLAY THIS SIDE UP ON DASHBOARD

06:00 HM



# ELISSUED AMOUNT PAID.



POF 1st F1 01/05/12 17:48 Receipt 020204

Payment Received Total

s.17(1), 17(4)(e.1)

ASSOCIATED CAB ALTA LTD 387 - 41 AVE NE (483) 299-1111 INSIST ON THE PROFESSIONALS	DATE: 2012/05/01 PICK-UP TIME: 07:55 DROP-0FF TIME: 07:55 TRIP ID: 08:30 LOCATION: 07:3000-45024103707 CAR NUMBER: 1034	A A	FARE (\$): 65.89 EXTRA (\$): 0.98 SUBTTL (\$): 65.80	TIP (\$)	TOTAL (\$):	SIGNATURE:  Colonia Calling Calling Calling Calling Taxi Bookings VISIT OUR WEBSITE@WWW ASSOCIATEDCAB CA	CUSTOMER'S COPY
- - - 	= TRANSACTION RECEIPT = Checker/Yellow Cabs 316 Meridian Road SE Calgary, AB T2A 1X2 403 299-9999	ACCT TYPE: CREDIT CARD CARD NUMBER: yvvxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	DATE/TIME: 12/05/01 16:39:05 AUTH#: 079031	VEH/DRV: 0998 ; 3136 GST#: 8.2595. Ja TXN ID: 7.61673	FARE: \$ 45.52 FLAT: \$000.00 EXTRAS: \$000.00 GST: \$ 2.28	X+TAX:	St. GWATURE

17(1), 17(4)(e.

Malberta Health

# TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SEC	STION,	A - Employ	SECTION A - Employee Details (for AHS Staff ONLY)	45 Staff ONLY)				F	İ			F
	1	• Enter e	Enter employee # (nid) and Employee # (E.Deonle) (Figure Annal) For minetal and in the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control o	maliovee # (F. Doon)	ol if your mount	***************************************	2 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	APII	renog troffi:	10-May-12 to 18-May-12	2	
		• Indicat	Indicate NIA in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system if you are a new Endouble payroll system if you are a new Endouble payroll is Found to the New Endouble payroll system.	# (E-People) if your	payroll has no	of migrated to 1	o to the New E-People from the New E-People	payroll syst	em S.17(1), 17(4)(g)(i)		(1)(3)(4)(6)(1)	1 _
Name		Glenda Coleman-Miller	Miller	Position (Title) VP, UAHs	UAHs	Ciny liave all	Ellipsoyee # (E-Fe	# approprie	5//. / · · · / · / · · · · · · · · · · ·	3	(-)(9)(.) (-)(-)	F
٢	Location UAH	IAH		Dept. Site Administration	fration		10,000	- Industrial	. 1 6	прісуєє н	c/y)	
			White the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second				OFFICE	Seusines	Business Phone # 407-8009	Ext Out-o	Cut-of-Province Travel Yes	
W.	at is you	ur former le	What is your former legacy region (prior to AHS consolidation):	AHS consolidat	ion)7		Please click in cell	in cell and select	and select from dropdown menu	Capital Health	4	11
SE	MOLLS	E Finance	SECTION E Finance Coding & Total Claim	aim							- Particular Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Annaham - Ann	r
(				Project Number	umbar							_
<u>ز</u>	APIIAL	- PROJECI	CAPITAL PROJECT CODING ONLY >	Expenditu	Expenditure Organization			rroject	rroject Lask number Expenditure Type			
		Total - Se	Total - Section B - Travel - Pg 2	Pg 2	Total	1 - Section C&D	1 1 7	Other & Foreign Expenses - Pn.3	Page Page			
T.		Location	Functi	Total	Ballinit	Ocation	Functional	Secondary		TOTAL REIMBURSEMENT	SURSEMENT	
	$\perp$	$\dashv$	(FC)				Centre (FC)	Expense	101 101	Total Section B	\$90.00	
\$	ē	0300	71110100064	\$90.00	101	0300	71110100064	62014001	350.55	Total Section C&D	\$350.65	
7B				/						Jose Cash Astronom	+	
2C										DOLLAR STATE		
ZD									<i>*</i>	TOTAL CLAIM	. \$440.55	
				\$90.00	urasu.	o enter Codin	"User to enter Coding & \$ amounts		\$350.55			
					NOTE	These fields d	These fields do not automatically fill for Section C&D	rill for Section Ca	1	A Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of		
SE	CTION	SECTION F Authorization	ation							Se	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	r
if ap	plicable, loyee an	print the nar	If applicable, <u>print</u> the name of the person ( <u>other than claimant</u> ) that prepared the clarin along with phone number so if there are any quastions contact can be easily made. Employee and approval signatures required as well as DOEA based described as well as DOEA based described as well as DOEA based described as well as DOEA based described as well as DOEA based described as well as DOEA based described as well as DOEA based described as well as DOEA based described described as well as DOEA based described described as well as DOEA based described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described describ	than claimant) that	prepared the	claim along wi	th phone number	so if there are any	questions contact can	tan	Accounts British	A COMPANY AND A STATE OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE ASSESSMENT OF THE A
Clair	m Prepa	Claim Prepared by (PRINT ONLY)	CONLY) Deigre Rainey	ev ev	o in in in in in in in in in in in in in	unifolial isvery	promise authority levery and Position # of the approver.	ne approver.		-	ayable .	
, P	t ac Ada.	if that the ex	1-6-1-1					Phone	-hone # 407-8009	and ware		
ore.	iousiy cla	aimed by me	previously claimed by me open my behalf from Alberta Health Services or other organization.	e in accordance to a Iberta Health Servic	applicable polities or	able policies and was I	curred on Alberta	Health Services	susiness and have not	Oraniza (		~~~
Emp	loyee Si	Employee Signature	AN					Date	5114			
l her	reby cert roved cla	lify that I have	I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Roll Approved claim form with receipts should be sent by the approver directly to accounts by the form	s and they are in act the approver di	cordance with	the applicable	ance with the applicable policies (Rollcy #'s CF-03, CF-04)	s CF-03, CF-04).				
Аррі	roved By	V (PRINT ONL)	Approved By (PRINT ONLY) Mike Conroy			POEA	DOFA Level 3,	Position # And Service	61616	* 40000		· ·
Sign	Signature					<u> </u>	100	nton Zone	1 3 7 TO X	1	Ext.	
App	roved By	Approved By (PRINT ONLY)	Q			DOFA Level		Position #	era en en en en en en en en en en en en en	Dhone # //	Ž,	
Sign	Signature		)	2	1		Title			V = anon	EXT	
				/	/		4 .60			nale		<del></del> 1
				7	1	/	5					
09704 pos(Rev2011-12)	?ev2011-1;	( <del>2</del>										
			-		•	1						~
					SCHOOL SELL SANTED STORY	à.						

s.17(1), 17(4)(g)(i)

s.17(1), 17(4)(g)(i)

EXPENSE CLAIM DETAILS

**Enter Finance Coding** 

71110100064 101 • 0300 •

Emp # (E-People

Emp # (Legacy)

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.

NOTE: If expenses do not fail into these categories (such as relocation, continuing education, business insurance), go to SECTION C Select from dropdown menu (column Province) where expenses were incurred (Out of N.America = Inter'). SECTION B Travel Expenses

,_					····	· · · ·	 	/	ĄF	PF	PL	_[(	C/	۱۲	۱٦	Γ (	CC	)F	Υ		,	<u> </u>		
	MATIONA	(kgm)																						Total Kms
		Fuel					·																	
	;	Taxi	00 250	\$45.00	\$45.00																		2	
	Rental	Car.													į									
		ialou																						
Airford	Alliare Duoi Di	Parking																						
	ropdown)	w/o receipt or par diem														•								_
Meal	(Select type from dropdown)	w/recelpt																						
	1	Type								_														O TATOLOGIC
What is	travel																		<u></u>					Ē
Province,	US, or	Out of N.America	AB	av	ą.																			
Date Purpose of Travel Province, What is	55 characters maximum	(length of shaded area)	Taxi to Airport	Taxi from Airport to home																				
Date	dd-mmm-yy		16-May-12	18-May-12	+									26										

B=Breakfast=\$10 L=Lunch=\$12 D=Dinner=\$21 A=ALL MEALS=\$43 BL=Breakfast & Lunch=\$22 BD=Breakfast & Dinner=\$31 LD=Lunch & Dinner=\$33 MEAL PER DIEM RATES

Note, total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form \$90.00 Enter on page 1 TOTAL TRAVEL \$

\$90.00

Mileage \$ Travel \$ Subtotal

Enter \$0.505 OR rate per Union Agreement

- 2A of 3 -

s.17(1), 17(4)(g)(i)

s.17(1), 17(4)(g)(i)

Emp # (Legacy)

Page

**EXPENSE CLAIM DETAILS** 

Emp # (E-People) ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated

SECTION C Other Expenses

• if expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business Insurance, miscellaneous expenses are claimed in Section C - Other Expenses.

Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section • If <u>NOT</u> claiming any expenses in **Sections C or D**, this page does <u>NOT</u> have to be submitted.

				,		ממצירתו ווויר	Section Colonial Section of page 1 Section E	ic lotal of	n page 1 St	ction E	•
Date dd-mmm-yy	Purpose of Expense 70 characters maximum	ense dmum		Finance Coding	Coding	Secondary/ Expense	Continuing Education Select type from	GST is ON till slip/receipt, enter total	GST is NOT on till slip/receipt, enter total		
		מופט/	Bai Unit	Location	Functional Centre	(8 characters)	dropdown menu (if applicable)	column WITH GST	amount is this column	nis OTHER\$	
											_
											1
											1
											_
					-						<i>,</i>
										~	<b>\</b> P
											了  一
											<u> </u>
											<i>ر</i>
26											\\ \
6											N I
SECTION	SECTION D Foreign Currency	ONLY ENTER If foreign cur		IIS SECTION	ON IF AMOUNT NO	OT CONVERTE	IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)	version not ind	licated on rec	eipt/statement)	
Please click o	Please click on the following link for the Bank of Canada	5	on on one	lide Dooll	ממוואפו ופח ום כיכוו	a on your receip	The case of the section B or Carly a on your receipt, enter expense in CDN \$ in either Section B or C as applicable.	DN \$ in either S	Section B or C	as applicable.	/ I
exchange rate	exchange rate using the date of expense	Bank of Canada Currency Converter	cy Convert	ter →	Select foreign cou then select c	intry in 'From cel onvert which wil	t foreign country in 'From cell', and Canadian Dollar in 'To cell', Enter date of expense in both date then select convert which will give the exchange rate - enter this amount in exchange rate column	r in 'To cell', Ent ite - enter this an	ter date of exp nount in excha	Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column	<u>'</u>
Date	Purpose of Expense	ense	:	Finance Coding	Coding	Secondary/ Expense	Foreign Currency	Currency	Evrhance		1
ag-mmm-yy	(length of shaded area)	ırea)	Bai Unit	Location	Functional Centre	eg. 41000000 (8 characters)	Amount	Type	Rate	Canadian Value *	
18-May-12	Mayo Clinic Tour (hotel and breakfast expenses)		101	0300	71110100064	62014001	343.34	Sn	1.0210	\$350.55	1
				i							T
											_
											_

Expenses Paid (Retain a copy for your records)

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization -3 of 3 -

P.H.E.S. 7/1	10135 - 31 Avenue
ADMIN. 465-8500 FAX: 462-2722	Edmonton, Alberta 16N 1C2  462-4444  THANK YOURS
Date: NEW Amount/Mont	THANK YOU/MERCI
Driver/Chauffeur: Bryan	of \$45.10 Car/Voiture # 9949
From/De	G.S.T. # 135/53/04 To/A:
The state of the section is a second section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the	PLEASE CALL AGAIN AU PLAISER DE VOUS REVOIR

YELLOW CAR	780-462-3456
GST#	GST #R100403070
Date John John	Amount: <u>45-00</u>
Driver	Car #:
From:	
To Lingues	
 . 10135 – 31 Avenue, Edmor	nton, AB T6N 1C2

Marriott.
ROCHESTER

101 SW First Avenue, Rochester, MN 55902 • (507) 280-6000 • Marriott.com/RSTMC

COLEMANMILL Name	ER/GLEND	139.00 05/18/12 Rate Depart	07:24 17	B85 17330 CT# GROUP
		05/16/12 Arrive	20:38 Time	•
10030 107TH	STREET	PASSPORT:	/YYYYYYY	
ALBERTA Address	CA 55902			RW#:
* REFERENCI	· 经净有多多类的。	CHARGES   CREDI	S I	BALANCE DUE
ROOM	707. 1	139.00		
STATETAX	707, 1		e 6 #	
VINO		16.87	defant	
ROOM	707, 1	139.00	•	
STATETAX	707, 1	15.81	1. +	
VINO	00044329	16.85 Suak	gazi	•
CCARD-VS	•	343	3.34	
LED TO:	VISA	XXX	XXXXXXXXX	(XXXXXX
		•		.00
	10030 107TH  ALBERTA  Address  REFERENCE  ROOM  STATETAX  VINO	10030 107TH STREET  ALBERTA CA 55902  Address  REFERENCE  ROOM 707, 1 STATETAX 707, 1 VINO 00044176 ROOM 707, 1 STATETAX 707, 1 STATETAX 707, 1 VINO 00044329 CCARD-VS	05/16/12	Rate   Depart   Time   ACC   05/16/12   20:38

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK! SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (Annual Rate 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature .

Rev. 02/11

To secure your next stay, go to Marriott.com

Alberta Health
Services

# TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

AMS - Edmonton Accounts Peyabla

SEP 13 2822 Oaquest

s.17(1), 17(4)(g)(i) to 11-Jul-12 Travel Period from: 13-Apr-12 Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system 17(1), 17(4)(g)(i) Enter employee # (old) and Employee # (E-People) if your payroll has 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) Position (Title) VP, UAHS SECTION A - Employee Details (for AHS Staff ONLY) Mame Glenda Coleman-Miller

\								Employee # (E-People)	-People)	Employee # / sauch	
<b>,</b> /	Location UAH	AH		Dept Site Administration	ration		Union	Ritinge	Bisiness Dhone 4 407 coon	in a second	
	What is you	ir former lena	What's your former lenacy region forder to Aus.	O AUG Server HALL				SCATTLE STATE OF THE SCATTLE STATE OF THE SCATTLE SCATTLE STATE OF THE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE SCATTLE	RODO-104 # BUILD	EXI Out-of	Out-of-Province Travel Yes
		Sher interest	ark region (piror n	o Arts consolidati	¿(wo		Please click	in cell and select fr	Please click in cell and select from dropdown menu	Capital Health	1
	SECTION	E Finance C	SECTION E Finance Coding & Total Claim	alle.					777		
	CAPITAL	PROJECT CO	CAPITAL PROJECT CODING ONLY 3	Project Number	ımber			Project	Project Took Minnies		
				Expenditur	Expenditure Organization	uc uc			Expenditure Type		
		Total - Sec	Total - Section B - Travel - Rg 2	Pq 2	Tota	I - Section	C&D - Other &	Total - Section C&D - Other & Foreign Evangan Ban	D-3		
	Pg Bal	Location	Functional Centre	TOTAL STATE	Baj Unit	Location	Functional	Sacondary/	200	TOTAL REIMBURSEMENT	URSEMENT
>	2A 101	0300	71110100064	N In I			Centre (FC)	Expense	E 5	Total Section B	81.11.18
	28									Total Section C&D	
	2C				1					Less Cash Advance	
	20										
										TOTAL CLAIM	<u>∞</u> .
				27:15	"User!	o enter Codin	"User to enter Coding & \$ amounts			100	
					NOTE	These fields o	ic, not automatically	NOTE: These fields do not automatically fill for Section C&D			
	SECTION	SECTION F Authorization	llon						VIII	4000	
	if applicable,	print the name	of the person (other	' than claimant) that t	repared the	dalm along w	Ob phone him hos	Contract of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	if applicable, print the name of the person (other than claimant) that prepared the claim along with phone him has a second to the person (other than claimant) that prepared the claim along with phone him has a second to the person (other than claimant) that prepared the claim along with phone him has a second to the person (other than claimant) that prepared the claim along with phone him has a second to the person (other than claimant) that prepared the claim along with phone him has a second to the person (other than claimant) that prepared the claim along with phone him has a second to the person (other than claimant) that prepared the claim along with phone him has a second to the person of the person (other than claimant) that prepared the claim along with the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of		12 P
	Employee an	d approvat sign	Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.	vell as DOFA level (d	elegation of a	uthorty level)	and Position # of t	ou il triere are any q he approver.	idestions contact can be		July stung
	Cialm Prepar	Ciaim Prepared by (PRINT ONLY)	MLY Deldre Rainay	\( \text{in} \)				Phone #	Phone # 407.8000	O	
	i hereby certii préviously da	fy that the experimed by me or	hereby certify that the expenses listed above are in accordance to applicable policies and w previously claimed by me or on my behalf from Alberta Health Services or other organization	re in accordance to as	policable poli	cies and was l	incurred on Alberta	Health Services bu	i hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health. Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other covarization.		1200
Ż	Employee Signature	gnature	Miller	The same	10118	102		Date	11000		, i
	I hereby certit Approved clai	fy that I have re Im form with red	hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #s CF-03, CF-04). Approved claim form with reneints should be east by the	is and they are in acc	ordance with	the applicable	9 policies (Policy #	3 CF-03, CF-04).	11 8 PM		
	Approved By	Approved By (PRINT ONLY) MIKE CORTON	Mike Corror	n oy use approver our	activ to Accou	ints Payable f	or processing.	1	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		
	Signature		30	*		, 100 1,	<b>7</b>	*	303767	Phone # 7-4589	9 Ext
	Approved By	Approved By (PRINT ONLY)					life SVP, Edmonton Zone	nton Zone		Date 5-8 7/	1/2
	Signature				1	DOFA	DOFA Level	Position #		Phone #	Ext
	Marin Phenocentry abooks	Taken and the Control of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the St	- The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	7		<b>,</b>	Title			Dote	

-1013-

09704 pos(Rev2011-12)

<u>APPLICANT</u> COPY 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 Mileage (km) 300.00 Total Kms Fuel s.17(1), 17(4)(g)(i) NOTE: If expenses do not fall into these categories (such as relocation, continuing education, business insurance), go to SECTION C 8.09 63 OHO S E G 8. 9 ટુ Taxi 6 Rental \$ 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. 633.5F 63251 Hotel \$50.06 \$21.00 🗸 \$60.60 \$15.00 \$14.00 Bus/LRT Parking \$12.50 Ç Airfare 860.09 \$60.00 \$4.50 \$10.00 \$40.00 \$347.00 Emp # (E-People) w/o receipt or per diem (Select type from dropdown) Meal Select from dropdown menu (column Province) where expenses were incurred (Out of N.America = Inter'l). wireceipt \$10.17 \$10.17 Ensure separate lines are used for claim items that differ in Province, US and Out of North America. Type SUBTOTALS m Meeting Meeting What is Meeting Meeting Meeting travel related Project Meeting Meeting Educ Educ Educ Educ Educ Educ to? 71110100064 Province, N.America US, or Out of AB ВA AB AB AB AB AB. ည္ထ မ္မ မ္က ပ္ထ AB ဥ္ထ AB AB 101 • 0300 • CNA Annual Meeting & Biennial Convention - Vancouver NARP Meeting in Red Deer - Dr. Jindal, Deanna, Glenda Taxi from Airport - CNA Annual Meeting - Vancouver Parking at Edm Economic Development Luncheon Parking at Airport - Winning for Gamma Knife Tour Parking at Physician Recruitment Planning session Taxi to Airport - CNA Annual Meeting - Vancouver Taxi to Airport - CNA Annual Meeting - Vancouver 55 characters maximum Taxi to Hotel - CNA Annual Meeting - Vancouver (length of shaded area) Purpose of Travel Parking at Finance Meeting - Matrix Hotel Parking at Provincial Senior Leadership NARP Meeting in Red Deer - Parking Taxi to Airport - Nursing Leadership **Enter Finance Coding** NARP Meeting in Red Deer dd-mmm-yy 17-Apr-12 Date 13-Apr-12 12-Jun-12 14-Jun-12 16-Jun-12 17-Jun-12 25-Apr-12 17-Jun-12 20-Jun-12 20-Jun-12 20-Jun-12 11-Jul-12 11-Jul-12 11-Jul-12

MEAL PER DIEM RATES

Note, total will auto fill into pg 1. Section E, if form completed electronically - Additional pg 2s can be found at end of form

\$151.50 989-188 A 下 二 大

Mileage \$ fravel \$ Subtotal Enter on page 1 TOTAL TRAVEL \$

300.00 \$0.505

Enter \$0.505 OR rate per Union Agreement

s.17(1), 17(4)(g)(i)

s.17(1), 17(4)(g)(i)

က

Page

Emp # (Legacy)

EXPENSE CLAIM DETAILS

SECTION C Other Expenses

Emp # (E-People) ALL "OTHER" expenses listed below <u>MUST</u> have a secondary/expense code indicated!

• If expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business Insurance, miscellaneous expenses are claimed in Section C - Other Expenses.

If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

**APPLICANT COPY** OTHER \$ TOTAL <u>Subtotal</u> "Other Expenses" for <u>each</u> functional centre separately and enter <u>each subtotal</u> into column "Section C Total" on page 1 Section E GST is NOT on till slip/receipt, amount is this enter total column amount in this column GST is ON till slip/receipt, enter total WITH GST Select type from dropdown menu Continuing Education (if applicable) Secondary/ eg. 41000000 (8 characters) Expense Functional Centre Finance Coding Location Bal Unit 70 characters maximum Purpose of Expense (length of shaded area) Date

SECTION D Foreign Currency  If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.  Please click on the following link for the Bank of Canada Currency Converter  Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date ce the schange rate - enter this amount in exchange rate column  Date  Purpose of Expense  Finance Coding  Secondary!  Secondary!  Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary	NTO CDN \$ (conversion not indicated on constitution)	nter expense in CDN \$ in either Section B or C as applicable.	Select foreign country in From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will can also calls	will will give till exchange rate - enter this amount in exchange rate column	
Canada Bank of Canada (	TER IN THIS SECTION IF AMOUNT NOT CONVERTED !!	Currency has been converted to CDN \$ on your receipt, e	Cy Converter > Select foreign country in 'From cell', a		
Please click or exchange rate	NO T		Bank of Canada		Purpose of Expense
	SECTION	Please click or	exchange rate		Date

į, Canadian Value Exchange Currency Foreign Currency Amount eg. 41000000 (8 characters) Expense Functional Centre Location Bal Unit 70 characters maximum (length of shaded area) dq-mimm-yy

Expenses Pald (Retain a copy for your records) Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

-3 of 3-

real people.

11.80 West Hastings Street Vancouver, BC V6E 4R5 Tel: (604) 697-0202 Fax: (604) 697-0123

#### Mrs Glenda Coleman-Miller

s.17(1), 17(4)(g)(i)

#### Invoice

Invoice date

6/20/2012

Invoice number

69683

Our reference

CCC-FC89064 /A

**HST Number** 

101035467 RT0022

Room Charge Municipal Room Tax Harmonized Sales Tax Room Room Service Breakfast 7243	Non-Respons	ive  1 1 1 1	Unit Price 0.00 3.72 6.00 179.00 3.58		31.00 31.72 6.00	not
Municipal Room Tax Harmonized Sales Tax Room Room Service Breakfast 7243		i <b>v</b> e	3.72 6.00 179.00		3.72 6.00 179.00	not
Municipal Room Tax Harmonized Sales Tax Room Room Service Breakfast 7243			6.00 179.00		6.00	
Municipal Room Tax Harmonized Sales Tax Room Room Service Breakfast 7243		1 1 1	179.00		179.00	A CALL AND AND AND AND AND AND AND AND AND AND
Municipal Room Tax Harmonized Sales Tax Room Room Service Breakfast 7243	1	1 1 1				, ,
Harmonized Sales Tax Room Room Service Breakfast 7243	n	1	3 58			
Room Service Breakfast 7243	1	1			3.58	
Room Service Breakfast 7243			21.91		21.91	
		1	3.00	•	3.00	
Room Service Breakfast 7243		1	14.00		14.00	
Λ	Non-Responsive	1	3.00		3.00	notinchedi
Harmonized Sales Tax Other 7243	,	1	2.04		2.04	
	Non-Responsive	1	2.00		2.00	indudi
Room Charge		1	179.00		179.00	
Municipal Room Tax		1				
	•	1				
	•	1				
		1				
larmonized Sales Tax Room		1	21.91		21.91	
			Total invoice	ce	678.23	
/S Auth: 096247					-678.23	_
17(1), 17(4)(e.1)					632.5	i
	Room Service Breakfast 7243  Harmonized Sales Tax Other 7243  Room Charge Municipal Room Tax Harmonized Sales Tax Room Room Charge Municipal Room Tax Harmonized Sales Tax Room Armonized Sales Tax Harmonized Sales Tax	Room Service Breakfast 7243  Non-Responsive Harmonized Sales Tax Other 7243  Non-Responsive Room Charge Municipal Room Tax Harmonized Sales Tax Room Room Charge Municipal Room Tax Harmonized Sales Tax Room And Charge Municipal Room Tax Harmonized Sales Tax Room Municipal Room Tax Harmonized Sales Tax Room Municipal Room Tax Harmonized Sales Tax Room	Room Service Breakfast 7243  Non-Responsive 1  Harmonized Sales Tax Other 7243  Non-Responsive 1  Room Charge 1 Harmonized Sales Tax Room 1 Room Charge 1 Harmonized Sales Tax Room 1 Room Charge 1 Harmonized Sales Tax Room 1 Room Charge 1 Harmonized Sales Tax Room 1 Harmonized Sales Tax Room 1 Harmonized Sales Tax Room 1 Harmonized Sales Tax Room 1 Harmonized Sales Tax Room 1	Non-Responsive   1   14.00	Non-Responsive   1   14.00	Non-Responsive   1   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00

Subtotal

678.23

Mrs Glenda Coleman-Miller

s.17(1), 17(4)(g)(i)

#### Invoice

Invoice date

6/20/2012

Invoice number

69683

Our reference HST Number CCC-FC89064 /A

101035467 RT0022

Date

Description

Quantity

**Unit Price** 

Total (CAD)

Total Paid

-678.23

Total Due

0.00

**Total HST** 

71.49

I agree that my liability for any charges incurred by me 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 of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X

WARP Meeting Red Deer

Your Friends at Restaurant 2705 106-4217 50th Ave. Red Deer Manngers. Margaret, Terri Small Coffee Small Coffee 891-12 Grain Bottle Water Toested Deposit Sugar Sugair

\$0.00

\$0.00 \$0.70 \$1.15 \$20.00 300 Cashier It was great seeing you today! Thanks for your visit! S0.48 PST: Plain Cruths Main Cruchs Bg1-CinnRais 274 274 Inasted GrandTotal: Toasted Change Due: Subtotal: Orive Thru CASH:

Visit www telltimhorions.com Wed Jul 11,2012 12:31:43 Receipt # : 27203€ Hop did we do? 087 #846710473

REPRINT RECEIPT

PENTED BY INTERNAL PAKTAN. JANAM PAGE FAKAME

PCF 1st F7 13/04/12 20:12 Receipt 025203

Skort-term marking tkt DL - No. s 17/1

Can-T5J 2T2 Edmonton Tax CodeCA5%

Edmonton Alfroorts

PLACE FACE UP ON DASH

Expiration Date/Time
EXP 06:00AM

11/04/12 07:15 - 17(1), 17(4)(g)(j) 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 07:14 - 14/04/12 0

04/17/12 13:33 LB

Rate: \$15 - EB + Evg Payment Type: Card

Purchase Date/Time: 08:40am Jun 12, 2012

fotal Parking: \$14,28

Total gst: \$0.72 Total Due: \$15.00 Total Due: \$15.00

tuth #: 01051/

SN #: 100008450006 Aul Softing: Lot 161 Mach Name: Weter 1 GS7 #887315638RT0001

888 994 4

Och Mile Cah Inde

Thanks Dig

HAW VIII

s.17(1), 17(4)(e.1)

**⊺**cta] Qe U

ind. Tax \$21.00 \$21.00

s.17(1), 17(4)(e.1) Merch:82005340013 Auth:044069 Type: Swiped Payment Received VISA

AE APPECIATE W JONE AGAIN

Sub Total

\$0.10 \$1.15

Finance

TOWN PAKER

\$0.00 \$0.70 \$1.15

\$0.00

Auth #: 010545

Setting: Lot 161 Mach Name: Moter 1 Visa Ticket # 56001100

Rate: \$15 - EB + Payment Type:

Total Parking: \$14.28
Total gst: \$0.72
Total Due: \$15.00
Total Paid: \$15.00

Expiration Date/Time: 06:00am Jun 13, 2012 Purchase Date/Time: 08:40am Jun 12, 2012

mpark Lot 161 RECEIPT

\$0,70

\$3.68

Meter , Lut add

\$0.00

\$10.17

7:31A JUN 14

ime:

210 013

Card:

Guest Copy

s.17(1), 17(4)(e.1)

LACE THIS

Ì

Z Z

36888 0001

COST NO USE STOCKEN

DISPLAY THIS SIDE UP ON DASHBOARD APPLICANT COPY

DETACH RECEIPT FROM TICKET

AMOUNT PAID \$ 14.00







0717298 N TRANSFERABLE 0717298 RECEIPT GST # R1081028. 780-462-4444 PRESTIGE PRESTIGE 0000 CABS 780-462-4444 135153104 135153104 Date: Driver: Driver From From: To: CASTERNATIONAL To: 10135 - 31 Avenue, Edmontton, AB T6N 1C2 10135 - 31 Avenue, Edmonton, AB T6N 1C2 DATE: TIKE: VEHICLE: DRIVER#: JOB #: Opera ayment Thanks for your business! GST# 85695 1769 RT0001 MMM. aerocarservice, ca 604, 298, 1000 1, 888, 821, 0021 17-06-2012 20:04 20 CASH Wighend Limousine 70646 8 60 I 5 43 8 8628 **空 B** SIGNATURE TOTAL

DUPLICATE - DRIVER'S COPY	684-731-1111
	CHECKER
	CAB

Ŧ 8

€

CARD: EXPIRY: 2812/86/28 14:48 15:14 1686 873888-45824179754 8842 VJSA C AP824832 46,6 888

BLACK TOP, AND CHECKER CAB 684-731-1111

P   B   E   S   T   T   G   E
-------------------------------

10135 - 31 Avenue Edmonton, Alberta T6N 1C2

ADMIN. 465-8500 FAX: 462-2722

462-4444 THANK YOU/MERCI

/Amount/Montant \$ >0 Date Car/Voiture # Driver/Chauffeur: G.S.T. #

From/De:			
-	MosterCont	VISA	en Route

PLEASE CALL AGAIN AU PLAISER DE VOUS REVOIR



Accounting Services 10th Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J 3E4

## Payment Requisitio

I PAYEE INFORMATION (Check one only)	☐ Vendor		Ø₽	imployee (EE i	number )
Invoice Date 23-Dec-05 (DD-MMM-YY)	Invoice Number			s.17	(1), 17(4)(g)(i)
Vendor Number (or S.I.N.)	Payee Name Glei	nda Co single	. /er		
Address S.	.17(1), 17(4)(g)(i)	i i i		City	
Province/State	Postal Code			Country	
II PAYMENT DETAILS \				<u> </u>	
Reason for payment Mileage & Parking - Novem	nber - December, 2005	5 (68.5 3.18)		PO#	
Is this a contract payment?	(Attach copy of contra	nct if Servers	>rward	led) 🛭 No	
If this is a contract payment, what is the contract da	ate?			Vumber	
Have goods / services been received?	es, When?			☐ No	
Are original attachments to be mailed with cheque?	(Note 2)	Yes		** * * *	· • • p.ma
II EXPENSE CODES (IN ORACLE FINANCIAL	SYSTEM FORMAT)		nts m	oust provide Co	mplete Coding)
al Unit Location Functional Centre g. 201 e.g. 9000 e.g. 71135050044	Account e.g. 69500001			GST if	Total Payment
201 0002 71110101001	624100	52		applicable	23.9
01 0002 71110101001	624100	2/1		1	21.0
			<u> </u>		21.0
Capit	al Hearc				
REC		+			
JAN	0 3 2006				
ACC	OUNTS				
Canadian U.S. Other	ABLE TOTAL	\$44	· —		\$44.9
AUTHORIZATION					
onfirm that the above items have not been prev	iously paid and the ex	xpens	only t	o Capital Heal	th husiness
equisitioned by (Print name) Aileen Savage				Phone # 7	
(Signature) 100	TI)aal.		<u> </u>	Date 23-D	
proved by (Print name) Glenda Coleman-Mil	iler	Sé,		Phone # 7	
(Signature)					•
proved by (Print name) Joanna Paylyskyn	Jan- 2		`, <b>-</b>	Date 33 Phone # 7	-Dec-05
(Signature)	$\angle$	<u> </u>	· <del></del>	<del></del>	33-4101
THORIZATIONS SHOULD BE IN ACCORDANCE	WITH SIGNING ALTE			Date	
THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF TH	THUS DIGITING AUTH	IOKII	NUME	BER FINANCE	4.1

1) 2) 3) 4)



# MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Program	Employee Name		
1000		Location	Payroll #
I PXPC - 1	Klanda Colancia, Millal	PNL	e,
	Alexan Alexan- Miller	<u> </u>	

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

112	
Month	Year
Marcenel	
INOUTMEN	$\frac{1}{2}$
LI TOVOITA Z	

Date	KM	Parking	Date	KM	Parking	Date	KM	Parking	Date	КМ	Parking
1	9.5		9			17	16		25		
2			10	12		18			26		
3			11			19		ī	27	·	
4	· · · · · · · · · · · · · · · · · · ·		12			20			28		
5			13			21			29		
6			14	·		22			30	6	600
7			15			23	_ ·		31		
8			16	10	500	24					•
•		•		Ţ.,	7 .					570	1100

Total 53.5 1/00

Declaration: I hereby certify that the mileage and parking charges listed above were incurred on Capital-Health business and that the amount has not been previously claimed by me or on my behalf.



# MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Program			<u>a</u>
riogiani	Employee Name	Location	Payroll #
EVIT	Manual / ml	Pari	. 431011#
ENCL	Islenda Weman-11/11/11	' I NHH	
	1		<u>-</u>

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month	Year /
	1.54
1 1 1000000 10/	Janes
LIRENUSER	

Date	KM	Parking	Date	KM	Parking	Date	KM	Parking	Date	КМ	Parking
1			9			17			25		
2	9	400	10			18			26		
3			11			19			27		
4			12			20	,•,		28		
5	****		13	16		21			29		
6			14			22			30		
7.			15			23			31		
8	6	600	16			24					

Declaration: I hereby certify that the mileage and parking charges listed above were incurred on Capital Health business and that the amount has not been previously claimed by me or on my behalf.

Total

TO SOLUTION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

TO AND TANK

TO AND TANK

DISPLAY FACE UP ON DASH

TO AND TANK

DISPLAY FACE UP ON DASH

TO AND TANK

DISPLAY FACE UP ON DASH

TO AND TANK

TO AND TANK

DISPLAY FACE UP ON DASH

TO AND TANK

TO AND TANK

DISPLAY FACE UP ON DASH

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND TANK

TO AND T

280



Accounting Services 10th Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J 3E4

# **Payment Requisition**

Capital Heal. RECEIVED JAN 0 3 2005 ACCOUNTS PAYABLE	I PAYE	E INFO	RMATION	(Check one on	ıly)	☐ Vendor [	] Patient	☐ Employee	(EE number	)
Vendor Number (or S.I.N.)   Payee Name Glenda Coleman-Miller	Invoice Da	te <b>12-D</b> e	e <b>c-05</b> (E	DD-MMM-YY)		Invoice Number		S	.17(1), 17(4)(s	r)(i)
Province/State Postal Code Country  II PAYMENT DETAILS  Reason for payment Expenses for Open House, December 2005 PO # Is this a contract payment? Yes (Attach copy of contract if not previously forwarded) No No If this is a contract payment, what is the contract date? Number  Have goods / services been received? Yes, When? 1-Dec-05 No No  Are original attachments to be mailed with cheque? (Note 2) Yes No  III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)  Ball Unit Location e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010 e.g. 2010	Vendor Nu	mber (or	S.I.N.)			Payee Name Glene	da Coleman-M		11/(1), 1/(1)(8	,,,(-,
Reason for payment Expenses for Open House, December 2005  Is this a contract payment?	Address			_	s.17(1	), 17(4)(g)(i)		City		
Reason for payment Expenses for Open House, December 2005  Is this a contract payment?	Province/S	tate				Postal Code		Country		<del></del>
Is this a contract payment?	II PAYM	ENT DE	TAILS					<u>                          </u>		
If this is a contract payment, what is the contract date?  Have goods Services been received?	Reason for	paymen	Expens	ses for Open H	ouse, De	cember 2005		PO#		
Have goods / services been received?	Is this a co	ntract p	ayment?		☐ Yes	Attach copy of contrac	t if not previously	forwarded)		<del></del>
Are original attachments to be mailed with cheque? (Note 2)	If this is a Q	ontract p	ayment, v	hat is the contr	act date?		····	Number		
III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)    Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison	Have good	s / servi	ces been	received?	⊠ Yes,	When? 1-Dec-05	ettere		☐ No	•
Ball Unit Location e.g. 9000 e.g. 71135050044 e.g. 69500007 Sub-Total applicable Total Paymen e.g. 71135050044 e.g. 69500007 S169.11 S16  Capital Heal.  RECEIVEL  JAN 0 3 2005  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS	Are original	attachme	ents to be	mailed with che	eque? (N	lote 2) 🔲 Yo	es 🔲 N	<u> </u>	<u></u>	
Bal Unit Location e.g. 701 e.g. 9000 e.g. 7113055044 e.g. 69500001 Sub-Total applicable Total Paymen e.g. 7113055044 e.g. 69500007 S169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$169.11 \$16	III EXPEN	SE COD	ES (N) C	RACLE FINAN	ICIAL SY	STEM FORMAT)	(Departn	ents must provid	de Complete Codi	ng)
201 0002 711110101001 69500007 \$169.11 \$169.11 \$169.11  Capital Hear  RECEIVEL  JAN 0 3 2005  ACCOUNTS  VAUTHORIZATION  Confirm that the above items have not been previously paid and the expenses related only to Capital Health business.  Requisitioned by (Print name) Alleen Savage  (Signature Ully Savage  (Signature Ully Savage  Phone # 735-5272  Date 19-Dec-05  Phone # 735-5271  (Signature) Capital Health Date OS							Expens	e GST	if Total Br	
REGEIVED  JAN 0 3 2005  ACCOUNTS  ACCOUNTS  AUTHORIZATION  Confirm that the above items have not been previously paid and the expenses related only to Capital Health business.  Requisitioned by (Print name) Alleen Savage  Phone # 735-5272  (Signature Ull Suvagl  Phone # 735-5271  (Signature) Alleen Coleman-Miller  Phone # 735-5271  (Signature) Alleen Savage  Date 30 Date - OS			7111101	01001			<u> </u>	иррисс		\$169.1
REGEIVED  JAN 0 3 2005  ACCOUNTS  ACCOUNTS  AUTHORIZATION  Confirm that the above items have not been previously paid and the expenses related only to Capital Health business.  equisitioned by (Print name) Alleen Savage  (Signature Will Savage  Phone # 735-5272  (Signature Will Savage  Phone # 735-5271  (Signature)  Phone # 735-5271  (Signature)  Date 30 Dec 05	-									
ACCOUNTS  ACCOUNTS  ACCOUNTS  ACCOUNTS  AVABLE  TOTAL \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$169.11  \$16				- An.	grama province de sample en estados e	Capital Hear				
ACCOUNTS    ACCOUNTS   ACCOUNTS   ACCOUNTS   ACCOUNTS   AVABLE						ECEIVED				
Canadian U.S. Other TOTAL \$169.11 \$169.11  VAUTHORIZATION  confirm that the above items have not been previously paid and the expenses related only to Capital Health business.  requisitioned by (Print name) Aileen Savage  (Signature Ulln Savage  (Signature Ulln Savage  Phone # 735-5272  Date 19-Dec-05  Phone # 735-5271  (Signature) Cleman-Miller  Date 20 - Dec - OS					12 E E E E E E E E E E E E E E E E E E E	JAN 0 3 2005				
Canadian U.S. Other TOTAL \$169.11 \$169.11  AUTHORIZATION  confirm that the above items have not been previously paid and the expenses related only to Capital Health business.  requisitioned by (Print name) Aileen Savage  (Signature Ulln Savage  Phone # 735-5272  Date 19-Dec-05  Phone # 735-5271  (Signature) Cleman-Miller  Date 30 - Dec-05					Signatura de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya della companya della companya de la companya de la companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della compa	ACCOUNTS				
Canadian U.S. Other TOTAL \$169.11 \$169.  AUTHORIZATION  confirm that the above items have not been previously paid and the expenses related only to Capital Health business.  equisitioned by (Print name) Aileen Savage Phone # 735-5272  (Signature Ull Surage Date 19-Dec-05  pproved by (Print name) Glenda Coleman-Miller Phone # 735-5271  (Signature) Capital Health business.  Date 19-Dec-05  Phone # 735-5271  Date 20 - Dec - OS				·	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S		en processor			
AUTHORIZATION  confirm that the above items have not been previously paid and the expenses related only to Capital Health business.  requisitioned by (Print name) Alleen Savage  (Signature Ull Savage  Phone # 735-5272  Date 19-Dec-05  Phone # 735-5271  (Signature) Clint name) Glenda Coleman-Miller  (Signature) Date 40 Dec-05	☐ Canadian		U.S.	Other	D:122.17775.00-10-	TOTAL	\$169.11			\$169.11
requisitioned by (Print name) Aileen Savage  (Signature White Savage Date 19-Dec-05  pproved by (Print name) Glenda Coleman-Miller Phone # 735-5271  (Signature) Saleman Della Date 20 Dec-05	/ AUTHOR	RIZATIO	N	······································						
Phone # 735-5272  (Signature Ull Savage Date 19-Dec-05  pproved by (Print name) Glenda Coleman-Miller Phone # 735-5271  (Signature) Savage Date 30 Dec-05	confirm tha	t the abo	ove items	have not beer	n previou	sly paid and the ex	penses related	d only to Capita	I Health busines	
pproved by (Print name) Glenda Coleman-Miller  (Signature) Seleman Della Date 20 Dec - 05			<u>-</u> -	<del></del>	<del> </del>					
pproved by (Print name) Glenda Coleman-Miller  (Signature) Section Dellar Date 20 - Dec - 05		(Sig	gnature	illon 5	/ X7 1/71	98		Date	19-Dec-05	·
(Signature) Seleman Miller Date 20 Dec - 05	pproved by	(Prir	<del>∤∕</del> nt name)	Glenda Colem				Phor	ne# <b>735-5271</b>	***************************************
Aleman Piller				50,		$\mathcal{M}$	180.			75
	proved by	(Prin	nt name)	Joanna Pawlys	hyn X		<u>elar</u>	<del></del>		
(Signature) 23 le 05 Date		(Sig	ınature)		4		23 /11			
UTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1	JTHORIZAT			E IN ACCORD	ANCE WIT	TH SIGNING ALITH		<del></del>		
otes:  All employee payments will be made electronically based on payroll banking information.  All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.  Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week.	otes: All employed All cheques	payment	s will be ma	de electronically b	ased on pa	yroll banking information	OT he pulled and	returned to departm		`

"7T ~	AT 89 .05 DEP	S.R. VIOGNIER	DEP IN 1	0 9.29 ea Mult OTTAGE CHD.	00D, S.BLAN AT 89 .05 DEP	2 0 0.05 ea Unit Price CAT 89 .05 DEP 1 @ 10.19 ea Mu]+ 4 / 54 94	0 9.19 ea Over 1	tel B. SHIRA CAT 89 .05 DEP 1 0 7.89 es limit Price	89 .05 DEP 13.19 ea Mult 6	ENKELL TROC	Init Price P Mult /	ROCK ?	. MERLOT 0.05 ea Unit Price 89 .05 DEP	** Minimum age verified ** 2 0 15.29 es Wollt / 2 7 sq 14	the real Canadian Liquorstore Refunds within 14 days with rece Your Cashier is MIKE
11.79 G 0.05	0.10	15,98 6		18.58 G	10.19 G		₹ <b>2</b> 82 •	13,19 G 0.05	0.10	20.38 6		19.58	6.3		receipt

Cash Change Due Total Tax Paid

10.89

Balance Due Cash

169.11

7.0% 6.5.1.891353898



Accounting Services 10th Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J 3E4

# **Payment Requisition**

	□ Vandas □	Patient 🛛 E	Employee (EE nui	mber )
I PAYEE INFORMATION (Check one only)		·		
Invoice Date 14-Feb-06 (DD-MMM-YY)	Invoice Number		s.17(1), 1	7(4)(g)(i)
Vendor Number (or S.I.N.)	Payee Name Glenda	<del></del>		
Address	s.17(1), 17(4)(g)(1	1)	City	
Province/State	Postal Code		Country	
II PAYMENT DETAILS				
Reason for payment Re-imbursement of CCNSE P	ower Breakfast Expe	nse	PO#	· · · · · · · · · · · · · · · · · · ·
Is this a contract payment?	(Attach copy of contract i	f not previously forwa	rded) 🔲 No	
If this is a contract payment, what is the contract date	<b>X</b>		Number	
Have goods / services been received?   Yes,	When? 16-Jan-06		☐ No	257
Are original attachments to be mailed with cheque? (	Note 2)	s 🛭 No	· ·	Commence
III EXPENSE CODES (IN ORACLE FINANCIAL S	YSTEM FORMAT)	(Departments	must provide Cor	nplete Coding)
Bal Unit   Location   Functional Centre   e.g. 201   e.g. 9000   e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
e.g. 201 e.g. 9000 e.g. 71135050044 201 0002 71110101001	61030000	\$20.00		\$20.00
Capital Health				
RECEIVED				
FEB Z Z 2223				
ACCOUNTS				
PAYABLE				
☑ Canadian ☐ U.S. ☐ Other	TOTAL	\$20.00		\$20.00
IV AUTHORIZATION		1		
I confirm that the above items have not been previ	ously paid and the ex	penses related or	nly to Capital Hea	Ith business.
Requisitioned by (Print name) Aileen Savage				735-5272
P. D. C.	wal		Date 14-	Feb-06
Approved by (Print name) Glenda Coleman-Mil	<del>- 1</del>		Phone #	735-5271
(Signature)	- 7m	1000x	Date [5	-FEB -06
Approved by (Print name) Joanna Pawlyshyn	yan io		Phone #	<del>-</del>
(Signature)	1	7 to 06	Date	
AUTHORIZATIONS SHOULD BE IN ACCORDANCE			UMBER FINANCI	≣ 4.1
Notes:  1) All employee payments will be made electronically based or 2) All cheques and attachments will be mailed out by Accounting 3) Fully completed payment requisitions received in Accounting 4) Incomplete/improperly authorized payment requisitions	n payroll banking information ng Services. Cheques will l g Services by MONDAY, 4:	n. NOT be pulled and retu 00 p.m. will be process	rned to departments	77.

	Canadian College of Health Service Executives Collège canadien des directeurs de services de sant	, North	ern Alberta	Chapter Pov	ver Breakfa	RECEIPT
Date: January 16, 2006						ember 🏻
Received	i From:	Glenda Co	leman-Miller		N	on Member   udent
Session 1	Session 2	Session 3				Session 7
			X			
Total: \$	5\$20.00			Individual Sess Students: All 6 Sessions:	ions:	M=\$20 NM=\$30 M=\$10 NM=\$15 M=\$96 NM=\$154



Accounting Services 10th Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J 3E4

## **Payment Requisition**

I P	AYEE INFOR	RMATION (Check one only)	☐ Vendor ☐	Patient 🗵	Employee (EE n	number
Invoice	Date 17-Ma	ar-06 (DD-MMM-YY)	Invoice Number		s.17(1	), 17(4)(g)(i)
Vendo	r Number (or	S.I.N.)	Payee Name Glenda	a Coleman-Miller		·
Addres	s		s.17(1), 17(4)(g)(i)		City	
Provinc	ce/State		Postal Cod		Country	
il PA	YMENT DE	TAILS				
Reason	n for paymen	t Re-imbursement for CARNA	Conference Registra	tion	PO#	
ls this	a contract p	payment? Yes	(Attach copy of contract	if not previously forwa	arded) 🛭 N	0
If this is	s a contract p	payment, what is the contract date	?		Number	, 1 141
Have g	oods / servi	ices been received? Yes	, When?		Ν	o
Are orig	ginal attachm	nents to be mailed with cheque?	(Note 2)	es 🛭 No		· · · · · · · · · · · · · · · · · · ·
III EX	PENSE CO	DES (IN ORACLE FINANCIAL S	YSTEM FORMAT)	(Departments	s must provide C	omplete Coding)
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	0002	71110101001	61030000	\$240.75		\$240.75
<del></del>					lai Hoalth	- Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Comp
				MAR	2 8 2005	
				Acc	COUNTS	200-000 CO
				RA	YABLE	
⊠ Can	adian [	U.S. Cther	TOTAL	\$240.75		\$240.75
IV AU	THORIZATION	ÓN				
l confir	m that the a	bove items have not been previ	iously paid and the ex	cpenses related or		
Requisit	tioned by (P	rint name) Aileen Savage			Phone #	‡ 735-5272
• .	(8	Signature) Wille To	avage		Date 17	7-Mar-06
Approve	ed by (P	rint name) Glenda Coleman-Mil	ler (		Phone #	‡ 735-5271
	(8	Signature) Elle	man - 7	Juller	Date /	7-mar-06
Approve	ed by (P	rint name) Joanna Pawlyshyn	<u> </u>		Phone #	735-4101
	(5	Signature)	3	2 Mar 0 6	Date	
AUTHO	RIZATIONS	SHOULD BE IN ACCORDANCE	WITH SIGNING AUTH	IORITY POLICY N	IUMBER FINANC	DE 4.1
2) All cl 3) Fully	heques and atta	ents will be made electronically based or achments will be mailed out by Accountin ment requisitions received in Accountin perty authorized payment requisitions	ng Services. Cheques will l g Services by MONDAY, 4:	NOT be pulled and retuing the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the proces	urned to departments sed that week.	s for mailing.



# RN Prid nd Professionalism

April 22 = 2 The V2 - dir

10135 - 1 1.

nce & General Meeting	
<b>ා</b> ර	
tonton	
.a <del>†</del>	

contact information	
Name: Glenda Coleman-1	h ²
Address: Rm 1108, ATC ROYAL	XANDRA HOSPITAL
City/Town: Edmonton Provinc.	Postal Code:
Diversi	735-5271
Phone - Fim: (	nan @ cha .ab.ca
Fax: (780 735-5273 E-mail: 1-17(1) 17(4)(-2)(1)	more Care
CARNA Reg. #:	institution): o bring to the attention of CARNA or the hotel.
Please specify any special needs (i.e.: diet, accessibility) th	o bring to the attention of Great at of the
registration – deadline for all registrations is April 15.	
Earlybird Full Conference Registration - On or be (Includes all conference sessions, lunches and one	20 \$225 + 15.75 GST \$240.75 Gala Awards Dinner)
Regular Full Conference Registration - After Mar (Includes all conference sessions, lunches and one	\$275 + 19.25 GST \$294.25 Gala Awards Dinner)
Student Registration (Includes all conference sessions on both days, lun	\$75 + 5.25 GST \$80.25 OT include ticket to the Gala Awards Dinner)
I would like to sponsor a student to attend the cor (Includes all conference sessions on both days, lun	\$75 + 5.25 GST \$80.25 OT include ticket to the Gala Awards Dinner)
I will attend the CARNA Annual General Meeting (Noon – 2 p.m., Includes lunch)	oril 20 No charge
I require extra ticket(s):	
Individual CARNA Awards Gala ticket(s) on Apr	+ 4.25 GST= \$65.00 x (of tickets)
this is a fragrance free conference	Total
Tickets/confirmation of registration will not be m	ration is tax deductible. reived prior to April 1, 2006
Requests for refunds will not be considered unless	reived phot to April 1, 2000
payment (CARNA GST # R106692643)	
My cheque for \$ 240.75 and made payable t	enclosed
My cheque for \$ 240 will follow by mail.	
Please charge \$to my VIST	MasterCard American Express
Card #:	Expiry Date(mm/yy):
Name of card holder:	re of card holder:
please complete this order form and return to 2006 CARNA Conference Box 31051, Namao Centre, Edmonton, AB T5Z 3P3 Fax:(780) 401-3085	Accommodation: Rooms are available at a special rate of \$129 ./double occupancy. To guarantee this rate, book your room before 1 20, 2006, by calling the Westin Hotel at 780.426.3636 or 1-800-IN1. Please indicate you are attending the College and Association gistered Nurses of Alberta Conference.

CI FNDA D COLEMAN-MILLER	s.17(1), 17(4)(g)	792 DATE 16032006
ROYAL BANK OF TERWILLEGAR HEIGHT	ed faity CANADA TS BRANCH	Sayon 75  100 DOLLARS Descript features included.  Details on back.  Saleman - Miller

s.17(1), 17(4)(e.1)



Register: 86 Mart7.

#### **Travel & Employee Expense Claim Form**

- <u></u>			(III Canadi	\$.17(1), 1	7(4)(g)(i)		
Name:	Glenda Cole	man-Miller	Employee Num	oer:	Union Nar	ne:	
Position	: Senior Op	perating Officer	-	Department: RAH	Exec		
Busines	s Phone: 7	35-5271	Period From:	to			
		se attach receipts). Do no . Complete details on the			ealth or reim	bursed / reimburs	able by
Bal Unit e.g. 201		Functional Centre e.g. 71135050044	Account e.g. 6950000	Non-Canadian	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	61030000			\$300.00	
		`					
		Caskellaa	in a reliable Security (2 40) Bibliotechia				
		AECEN					
		MAD 1 A O					
-		MAR 1 9 20			R		
Less Cas	sh Advance	ACCOUNT	6		47		
Total					_	\$300.00	
vill be use	ed to proces	is form is collected under ss your claim.		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
		the expenses listed above my behalf from Capital He			iness and h	ave not been prev	iously
Employe	e Signature	: Daler	an- O	miller Date:	: March 15,	2007	
						<del></del>	

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Joanna Pawkyshyn (Print name)	Title: V.P. & C.O.O. (July 4	Phone # 735-4101
(Signature)	15mm 07	Date
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

#### NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

#### EXPENSE COAMY DECARA

#### **Recommended Coding**

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
March 2/07	Registration for Healthy Mothers & Healthy Babies Conference in Calgary - May 2007			\$300.00			
•							
				·			
			<del> , </del>				
						** *	
					·		
·							
			,				
		·					
						Total km	
			Rat	1	Section 2 – Trave	l below @	
Totals				\$300.00			

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$10.75 (if the departure time is earlier or the return time is later than 1.00 p.m.)

Dinner

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Trave

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of
  approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies
  otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following
  requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.



Healthy Mothers, Healthy Babies: How to Prevent Low Birth Weight May 23 to 25, 2007 The Sheraton Suites Calgary Eau Claire

## RECEIPT GST # R124072513

Date	Receipt No.
03/06/2007	A000058

Payer:

Glenda Coleman-Miller

Royal Alexandra Hospital, 10240 Kingsway Avenue

Edmonton, AB T5H 3V9

Inv No.	Description		Total Fees Tax	Applied Amount	
A0000062	Registration for Glenda Coleman-Mille Healthy Mothers, Healthy Babies	er for the event:	\$300.00	\$300.00	
		GST = \$0.00	Total Fees w/Tax	\$300.00	
	Visa		Total Paid \$3		
<del>1</del>	s.17(1), 17(4)(e.1)		Total Applied	\$300.00	
			Unapplied Balance	e 0.00	

Thank you for your payment received on 03/06/2007.

Note: If you paid by credit card, your statement will read BUKSA Assoc. (780) 436-0983 Edm.

Healthy Mothers, Healthy Babies: How to Prevent Low Birth Weight

c/o BUKSA Conference Management and Program Development Suite 307, 10328 - 81 Avenue NW Edmonton AB T6E 1X2

Phone: (780) 436-0983 ext. 229 Fax: (780) 437-5984 E-mail: lowbirthweight@BUKSA.com

Advance Program and Registration

# **A Consensus Development Conference on**

# Healing Moiners -Healing Balies

# How to Prevent Low Birth Weight

May 23 to 25, 2007 Sheraton Suites Calgary Eau Claire Calgary / Alberta / Canada

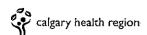
Hosted By:



INSTITUTE OF
HEALTH ECONOMICS















Reimburge - 18 Dec

## Travel & Employee Expense Claim Form

。(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: Glenda Coleman-Miller			Employee Numbe	er:	Union Name:				
Position	: Senior Op	erating Officer	Department: RAH - Exec						
Busines	s Phone: 7	35-5271	Period From: Oct	to December 200	)6				
xpenses nother o	Paid (pleas	se attach receipts). Do no . Complete details on the	t include amounts other side of the fo	paid by Capital He	ealth or reim	bursed / reimburs	able by		
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included		
201	0002	71110101001	62410000			\$95.00	. 🛚		
201	0002	71110101001	62410000			137,17	X		
				e cestal l	lealth -	96-32			
						A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR	C		
					8 2007				
				1 6	uints I				
Less Cas	h Advance		•	ACX	ABLE	(191.32	/ [		
Fotal				A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA		\$232:17			
ill be use	d to proces	is form is collected under is your claim. the expenses listed above							
		my behalf from Capital H							
Employer	Signature	Doll.	ran - The	l la Date	December	19 2006			

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Joanna Pawlyshyn (Print name)	Title: V.P. & C.O.O.	Phone # 735-4101
(Signature)	- 02 JMC 60	Date
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

#### NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be
  processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

### EXPERSECEMENT

#### Recommended Coding

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- •~ Mileage 62410000
- Course Registration & Materials 61030000

		· .		1 -	i	1	
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Sept. 06	Parking - not previously reported				\$12.00	1	
October 2006	Mileage and Parking				15.00	1	40
November 2006	Mileage and Parking				37,00	1	72
December 2006	Mileage and parking				31.00		112
-							
			-				
		-					-
			÷ .		:		
		1					•
					-		
			Rat	te as outlined in	Section 2 – Trave	Total km	224 0 _ 4 ²
Rate as outlined in Section 2 – Travel below @  Totals \$95.00							

#### **EXPENSE LIMITS**

#### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers: or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

adding erm



Program

Employee Name

# MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Location

Payroll #

Total 40

EX	LC.	1961	nda.	Col	eman-	Incl	61	KHT		]	<u> </u>
NOTI	Reve docu	the employe enue Canada imentation v	e's resp , Progr vhich s	oonsibilit am Mana hows the	y to mainta gement, or date, desti	in adeq Finance	uate reco e upon re and km tra	quest. You i	antiate all must be a ach of you	mileage ble to pro ur trips.	
				ls.				Capital Control	i risalit		
Month				Year	<b>~</b>	ſ		JAN	0 8 2007	7.15.12.00 (A.C1004)	
<u>s</u>	(P) [C	) <u>(</u>			2001	0	<i>;</i>	Ü	OUNTS YABLE	E.	٠.
Date	KM .	Parking	Date	KM	Parking	Date	KM	Parking	Date	KM	Parking
1			9	• • •		17			25		
2			10			18	8	60.00	26		
3			11	16	4.50	19	)		27		
4			12	16	4.50	20			28		
5			13			21			29		
6	***		14			22			30		
7			15			23			31		
· 8 (	Sept)	1200	16			24					

Declaration: I hereby certify that the mileage and parking charges listed above were incurred on Capital Health business and that the amount has not been previously claimed by me or on my behalf.

WANTED TO THE WALL

TELUS PARKADE GST INC. R#122388333

TH 1070/3

060CT18 16:21 001 002 060CT18 14:47

ngaga Bagas

TAM ESSON

68088

Tittl 504403

88938 01422

75:71 70/1/01 75:61 70/11/01 10/10/01 15:50 10/10/01 15:50

10/11/00 00:03 At 1

\$6.00 \$6.00 \$6.134 #151611

MANAGED BY IMPERIAL PARKING



Program

Employee Name

## MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Location

Payroll #

Total

(E)	Œ	Glen	da	Gol	eman	- Mi	ller	RAH			<u>.</u>
NOTI	Reve	the employe enue Canada umentation w ing to and fro	, Progr vhich s	oonsibilit am Mana hows the	y to mainta gement, or date, desti	in adeq Finance nation a	uate reco upon re and km tra	rds to substa quest. You r avelled on ea	antiate al nust be a ich of yo	able to pro ur trīps.	claims to
Mont)	· · ·	ber		Year	<del>300</del> 6			T.C	1 Maria		
			<b></b>		· · · · · · · · · · · · · · · · · · ·			ACC FAN	OUNTS (ABLE	NOTE THE PROPERTY OF	·.
Date 1	KM	Parking	Date 9	KM	Parking	Date 17	KM	Parking	Date 25	KM	Parking
2			10	14	5.40	18			26		
3		·	11			19		,	27		
4			12			20			28	16	10.50
5		1 00	13		`	21	8	7.00	29		
6	16	600	14			22			30		
7	1		15			23			31		
8	40	80	16			24					

Declaration: I hereby certify that the mileage and parking charges listed above were incurred on Capital Health business and that the amount has not been previously claimed by me or on my behalf.

s.17(1), 17(4)(e.1)

1. AP 06:00pm OV 21,2006

. 10 ± 000201

AU# 001 iC# 000027@

\$0007.

::Uvz i,2006 .127am Lirchase Ti

Early Bird \$7.00

00000

Lot 0002-161 GE 1 734 See & RY0001 Machine Seed #GREGOTORY

EXPIRY HOTE AND TIME

06:00pm

21,2006

LOT#

00020161

Questions/Comments Call 780-420-1976 NEW YORK DISENSE

IMPARK

DATE 28/11/06

G.S.T. #88731 5638 RT0001

Ü 

Total Fee CASH PAID

*** ្តហ្វហ្វហ្វ ខ្លួន ខ្លួន ខ្លួន

TM 2

Chash Tender Change the

88888

C AUTHOUS BOUNDED ON THE TIME THE SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO 53 TIME ?

297



## MILEAGE AND PARKING CLAIM FORM (WITHIN REGION)

Program	Employee Name			Location	Payroll #
FXEC	Glenda	Coleman	Miller	RAH	
					17(1) 17(4)(9)(1)

NOTE: 1) It is the employee's responsibility to maintain adequate records to substantiate all mileage claims to Revenue Canada, Program Management, or Finance upon request. You must be able to provide documentation which shows the date, destination and km travelled on each of your trips.

2) Driving to and from work is not considered business travel and must not be claimed.

Month	Year
December	2006

Capital Health JAN 0 8 2007 ACCOUNTS PAYABLE

Date	КМ	Parking	Date	км	Parking	Date	KM	Parking	Dat	e KM	Parking
1			9			17			2	5	
2			10			18	16	10.50	2	6	
3			11	16		19			2	7	
4	16		12			20	<u> </u>		2	8	
5	16		13	16		21			2	9	
6			14			22			3	0	
7	16	6.75	15			23			3	1	
8	16	13.75	16	•		24				<u> </u>	
		· .				•			Tot	al //2_	31.00

Declaration: I hereby certify that the mileage and parking charges listed above were incurred on Capital Health business and that the amount has not been previously claimed by me or on my behalf.

20000 88488

INIVERSITY OF ALBERTA HOSPITAL B3 AVE

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE



NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

CREDIT CARD NUMBER

s.17(1), 17(4)(e.1)



RECEIPT

GST # R108102831



(In Canadian Dollars)

# AWA

Travel & Employee Expense Claim Form

<del></del>	s.17(1), 17(4)(g)(1)					
Name: Glenda Coleman-Miller	Employee Number:	Union Name:				
Position: Senior Operating officer	Departmen	nt: Patient Care Administration				
Business Phone: 735-5271	Period From: February 4 to February 7, 2007					

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62414000		na start out them	\$901.42	
			منصدر المعرفية المعرفية المعرفية المعرفية المعرفية	Gapital+lea	Simple Committee (3		
		1	on and the second	RECEIV			
				FEB 26 7	007		
		<u>.</u>		ACCOUN	TS		
				PAYAB			
Less Cas	h Advance					And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
Total						\$901.42	) -

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health busing	less and have not been proviously
claimed by me or on my behalf from Capital Health or other organization.	cos and have not been previously
	· ·

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed 31.86

Date: February 22, 2207

Approved By: Joanna Pawlyshyn (Print name)	Title: V.P. & C.O.O.	Phone # 735-4101
(Signature)	237eb07	Date
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

**Employee Signature:** 

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

### EXPENSE ALLATMODE FAYES.

### **Recommended Coding**

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

					·		Т
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage kn
Feb. 7	Nursing Leadership	\$751.90	\$11.52	& Materials	#400.00		<del></del>
	Conference - Ottawa Please note - Hotel Bill includes Meals		V11.02	<u> </u>	\$138.00	<u> </u>	
	irciddes ivieais						1
			-				
					·		
						ļ	
						<u> </u>	
		-					
			-				
							<del></del>
				<u> </u>			
				<u> </u>		Total km	
			Rate a	s outlined in S	Section 2 – Trave	l below @	
otals		\$751.90	\$11.52		\$138.00		

#### **EXPENSE LIMITS**

#### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of: Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch Dinner

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$19.20 (if the departure time is earlier or the return time is later than 6.30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Travel advance may be requested provided travel expenses are likely to exceed \$500.

the westin ottawa 11 colonel by drive ottawa, ontario kin 9h4 canada phone 6i3.560.7000 fax 6i3.560.7359 westin.com/ottawa

guest

guest	n en e			tra	vel agent/charge to
Mrs Gle	nda Coleman-mille	room	1729		
		rate	259.00	•	
	lexander Hospital	no. pers.	1		
10240 K		folio	167697	EX-A	
	n, AB T5H 3B9	page	1.		
Canada		arrive	04-FEB-07	7	
GNUR07		depart	07-FEB-07		
		payment	VI		
date .	felerence.	To the following property see			
04-FEB-07	RT1729	Room			169.00
04-FEB-07	RT1729	G.S.T. Ro	oom 6%		10.14
04-FEB-07	RT1729	P.S.T. Ro	,		8.45
04-FEB-07	RT1729	DMF Fee 2	<b>*</b>		
04-FEB-07	RT1729	GST On DN			4.78
04-FEB-07	1522	Casual Re			0.29
05-FEB-07	RT1729	Room		· ·	53.00
05-FEB-07	RT1729	G.S.T. Ro	om 6% ~	·	169.00
05-FEB-07	RT1729	P.S.T. Ro			10.14
05-FEB-07	RT1729	DMF Fee 2			8.45
05-FEB-07	RT1729	GST On DM		nciva	4.78
05-FEB-07			- v	1151 V C	0.29
05-FEB-07	2435	HighSpeed	Internet		20.16
05-FEB-07	2435		ternet Tax	•	12.95
05-FEB-07	761A	00 00 2 111		s.17(1), 17(4)(g)(i	0.78
05-FEB-07	761A	Telenhone	Tax GST 6%	5.17(1), 17(1)(6)(1	1.50
06-FEB-07	RT1729	Room	IUX ODI 00		0.09
06-FEB-07	RT1729	G.S.T. Roo	om 62		259.00
06-FEB-07	RT1729	P.S.T. ROO			15.54
06-FEB-07	RT1729	DMF Fee 2.			12.95
06-FEB-07	RT1729	GST On DMF			7.33
06-FEB-07	939A	CD1 OII DME			0.44
06-FEB-07	.966A		0002 17:22	.17(1), 17(4)(g)(i)	1.50
0 0 F115 ()		244	0005 17:28 S	\ /; \ \ /\ <b>\\</b> /\-/	1.50
07-FEB-07	VI	Visa	Non Dognongiyo		
	· <del>-</del>	vioa	Non-Responsive	830.7	5~
		Total Charge	c c		5 151.90
		rotal Credit		830.7	
e.	·	Balance Du		830.7	
~		parance Du	C	0.0	0

** continued on the next page **

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature	
-	

Mrs Glenda Coleman-miller FOLIO 167697 04-FEB-07



the westin ottawa 11 colonel by drive ottawa, ontario kln 9h4 canada phone 613.560.7000 fax 613.560.7359 westin.com/ottawa

guest

travel agent/charge to.

Mrs Glenda Coleman-miller	room	1729
	rate	259.00
Royal Alexander Hospital	no. pers.	1
10240 Kingsway	folio	167697 EX-A
Edmonton, AB T5H 3B9	page	2
Canada	arrive	04-FEB-07
GNUR07	depart	07-FEB-07
	payment	VI

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

#### EXPENSE REPORT SUMMARY

Date	Other	Total	Payment
04-FEB-07	245.66	245.66	0.00
05-FEB-07	228.14	228.14	0.00
06-FEB-07	356.95	356.95	0.00
Total	830.75	830.75	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

GST Summary for your stay:

Room Revenue GST:	36.84
Food & Beverage GST:	2.46
Phone/Fax/Copy Services GST:	0.09
Other Revenue GST:	0.00
Total GST for your stay:	39.39

The Westin Ottawa GST vendor # 861336493RT002

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signáture____

As a Starwood Preferred Guest vou have earned at least 1233 Starpoints for this visit

Mrs Glenda Coleman-miller s.17(1), 17(4)(g)(i) FOLIO 167697 04-FEB-07



PPLICANT COPY	 8.35	0.10 0.61 0.81	11.52	8,48	
Cash# (613) 241-7642 Cash# (613) 241-7642 Serv: Amy Table: 21B Bill# 93 #Clients: 1 2007/02/07 10:55	I CORA'S SPECIAL I REGULAR COFFEE	Sub Total; GST %6.00 PST %8.00 Total:	11.52 The second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second contr	Change: TAX 874124001	Thank You Have a great davi

CHARGE TO		ACCOUNT NO				17(4)(e.1)
	÷.		•		- / (-),	1,(1)(011)
04/04			100	1. 4°		
			Y/E/L	<b>/L/0/W</b> /c	<i>≋®</i> (780)	462-3450
COLEMAN	NILLER	2.25 m		ERATION (78		462-444
		_	AUTH.		DAIV	EA UNIT NO.
6.SJ# 133	361.782	-	TIME		0 0 7	02107
FROM	1440			2	459	328
TC			Disease Club Burnational		FARE	52-
PRINT NAME			MasterQard		INTL	
s.17(1)	), 17(4)(g)(i)	n/,	VISA		GRATUITY	800
CUSTOMER'S SIGNATU	RECENTION	-Mille	AMERICAN EXCRES		TOTAL	00 be



## Travel & Employee Expense Claim Form

	riedilii		(In Canadian	n Dollars) s.17(1), 17	7(4)(g)(i)			
Name:	Gienda Cole	man-Miller	Employee Numbe		Union Na	me:		
Position	: Senior Op	perating Officer	Department: Executive					
Busines	s Phone: 7	35-5271	Period From: Feb	. 27 <b>to</b> February 2	27, 2007			
Expenses another o	nbursed / reimburs	sable by						
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	0002	711101001	0001E26	696009	000	\$2,087.86	⊠	
		ساند تقديم تقان تقاملان خدة حساب بال						
		- TENED						
·	Property of the second		Score and Score	r	•		. 🗆	
		MAR 0 8 2007	الما المعادل الما المعادل الما المعادل الما المعادل الما المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعا					
		ACCOUNTS	المتعاد المتعاد					
Less Cas	sh Advance	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	section.					
Total		Constitution				\$2,087.86	×	
vill be use 	ed to proces ————————————————————————————————————	is form is collected under ses your claim.  the expenses listed above my behalf from Capital He	were incurred on (	Capital Health bus	`		<u>~</u>	
Employe	e Signature	6 Celema		Date:	: March 5, 2	2007		
		nave reviewed the expense	s and rate at whic	h mileage is being	claimed.		·	
Approved		a Pawlýshyn	Title: V.P. & C.O	0.0. (Q1 Non Ob	rely)	Phone # 735-410	1	
(Signature)		AB-	07	Non-06	7	Date		
Approved (Print name)	l By:		Title:			Phone #		
(Signature)						Date∖		

#### NOTE:

Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

#### EXPENSECAMINI DE CARLS

#### Recommended Coding

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)

• Catering - 69600

- Meals 6241000
- Mileage 62410.0
- Course Régistra

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials
February 27/07	Farewell Dinner for Linda Keehn - 20 Guests		\$2,087.86	
				-
		:		
		•		
,				
			İ	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				<del>.</del>
				·
		<del></del>		
			Rate	as outlined
otals		\$2,087.86		

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Die

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7

Lunch.

\$10.75 (if the departure time is earlier or the return time is later than \$19.20 (if the departure time is earlier or the return time is later than

Dinner \$19.20 (if the departure time is earlier or the return time is later than For meal expenses that exceed the above amounts, the supervisor may approve higher amounts.)

reasonable:

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and info organizations whose representatives attended the lunch/dinner meeting.

#### 2 Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there and otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance v.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condirequirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at 3
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### 3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

rials - 61030000

on \$	Other	Mileage kn
		<b>.</b>
		,
		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
		·
-		
	Total km	
Travel	below @	

e of:

ots, provided these are

or the names of the individuals or

r the first 15,000 kilometers of re collective agreement specifies

Ith Policy.
ent and meeting the following

er.



(

#### From the desk of Marg Zapf

Attendees at Linda Keehn's Dinner (February 27, 2007)

Keehn, Linda Pawlyshyn, Joanna Aguillon, Gail Armstrong, Marilyn Brady-Fryer, Barb Bremer, Ronna Coleman-Miller, Glenda Devlin, Maria Dickout, Bill Janes-Kelley, Selikke Lee, Karr-Ming MacVicar, Cindy Rees, Steve Stefaniuk, Lois Westwood, Wanda Yu, Rose Zapf, Marg

Darda, Reverdi Davey, Doug Young, Susan

20 people

RAN lenn

		_			
$\Lambda$	пι	$\sim$ $^{\wedge}$	$\mathbf{N}$	CO	$\Box \lor$
$\Delta P$	$\mathbf{P}$		. 1/1	( .( )	$\mathbf{P}$

APPLIC		COP	Y								
CHARACTERS REST 10257 105 Street EDMÜNIUN, AB. 15u 1E3 (780) 421-4100 GST# 89206-4429	Tb) 101/1 Chk 7604 Gst 19	Feb27'07 07:36PM 19 @ 63.00		s.17(1), 17(4)(e.1)     UFEN *** ENTREE 20.00	2 @ 44.00 2 @ 44.00	1.WOLF BLSSCHARD 88.00 7 B.BRUSSET @ 36.00 252.00 17 CAPEFE @ 2 75 46 75		Subtotal 1683.75	Service Chry 303.08 68T 101.03	08	WELCOME TO CHARACTERS!
CHABACTEDO DECT	UNEST - 105 STREET EDMONTON, AB.		( 7		Auth Code: 035743 Cheuk 7604	lable: Server: 110 SNOW S GLENDA COLEMAN-MILLER	Subtotal: 2087.86	GRATUITY	TOTAL	SIGNATURE	** Merchant Copy **



## Travel & Employee Expense Claim Form

(In Canadian Dollars)  $\circ$  17(1) 17(4)(g)(i)

r				3.17(1),	17(十八多八)			
Name:	Glenda Cole	man-Miller	Employee Numb	per:	Union Na	me:		
Position	n: Senior Op	perating Officer		Department: RAH	- Executive		2	
Busines	s Phone: 7	35-5271	Period From: Fe	eb. 2 to Feb. 2, 200	7.			
Expenses	s Paid (plea organization	se attach receipts). Do no . Complete details on the	ot include amount	s paid by Capital He form	ealth or rein	nburse	ed / reimburs	sable by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate		nadian \$ ncluding GST)	✓ if GST included
201	9000	71110601001	62414000				\$318.00	×
			Capital Hoalth					
			ECEIVE					
		13	MAR' N. 9 2007			.,		
			A TEN INTE	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l				
Less Cas	sh Advance	Active (illinging	PAYABLE				2	
Total				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	/	7	\$318.00	$\boxtimes$
The inforn will be use	nation on the	is form is collected under s your claim.	section 4 of the F	Regional Health Aut	horities (Mi	nister	ial) Regulation	on and
i hereby o	certify that to by me or on	the expenses listed above my behalf from Capital H	were incurred on ealth or other orga	Capital Health bus anization.	iness and h	ave n	ot been prev	iously
Employe	e Signature	Calema	n- Dh	ller Date	: February 2	28, 200	)7	
hereby ce	ertify that I h	nave reviewed the expens	es and rate at whi	ch mileage is being	claimed.			
Approved (Print name)		il Hufty	Title: Acting	Diractor, C	il al 14	Phon	e#735-	80FO
(Signature)	Saul.	44/		, , ,		Date	Marl	
Appròveø (Print name)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	no touch	Title: VPs (	LO.		Phone	e#	
(Signature)	1 Mille	a Varel				Date		
OIE:		-						

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

#### EXPENSECEANT DETAILS

#### Recommended Coding

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Feb. 2/07	Re-imbursement for Registration - SHN Conference - Montreal			\$318.00			
	,						·
							<u> </u>
1, = .							
						<u> </u>	
	*						
-							
· .							
							<u> </u>
					•	··	· · · <u></u>
						Total km	
ratala			Rate		Section 2 - Travel	below @	
Totals				\$318.00			

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2 Trave

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way, or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- · Includes all forms of transportation costs, including taxis and buses for local travel.
- · Driving to and from work is not considered business travel and cannot be claimed.

#### Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.



Safer Healthcare Now! Learning Series IV March 27 to 28, 2007 Le Centre Sheraton Montréal Hotel

# **RECEIPT**GST # 86867 4003 RT 0001

Date	Receipt No.
02/02/2007	S000001

Payer:

Glenda Coleman-Miller Royal Alexandra Hospital 10240 Kingsway Avenue Edmonton, AB T5H 3V9

Inv No.	Description	Total Fees	Tax	Applied Amount
S0000004	Registration for Glenda Coleman-Miller to attend:	\$300.00	\$18.00	\$318.00
	Safer Healthcare Now! Learning Series IV			

GST = \$18.00	Total Fees w/Tax	\$318.00
Visa:	Total Paid	\$318.00
s.17(1), 17(4)(e.1)	Total Applied	\$318.00
	Unapplied Balance	0.00

Thank you for your payment received on 02/02/2007.

Note: If you paid by credit card, your statement will read BUKSA Assoc. (780) 436-0983 Edm.

BUKSA ASSOCIATES SUITE 307, 10328-81 AVE EDMONTON AB

s.17(1), 17(4)(e.1) cons

CARD TYPE UISA
DATE 2007/02/02
TIME 0511 12:27:26
RECEIPT NUMBÉR
M34537\$98-001-201-001-0

PURCHASE: TÖTAL-CAD

\$318.00

## APPROVED

AUTH# 017715

01-027

THANK YOU

CHREHOLDER COPY



## Travel & Employee Expense Claim Form

(In Canadian Dollars)

_	
Mortseal -	29/07

Capital Health	

Name: Glenda Coleman-Miller	Employee Number:	Union Name:		
Position: Senior Operating Officer	Departmen	t: RAH - Exec		
Business Phone: 735-5272	Period From: March 25 to March 29, 2007			

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110601001	42414000	)		\$859.43	×
						•	
			. : :	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	a. :		
				ital Health			
Less Cas	h Advance						
Total			A	R 2 6 2007		\$859.43	×

The information on this form is collected under section 4 of the Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health	business and have not been previously
claimed by me or on my behalf from Capital Health or other organization.	

Date:

Employee Signature:

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

	Phone # -B5-0768
(Signature) and Audit	Date April 11/07
Approved By Title: VP4 CLO	Phone # 735-0615
(Signature)	Date April 13/04

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

## EXPENSE SAMP DETAILS

#### **Recommended Coding**

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
March 26	SHN Conference - Montreal				\$40.00		
March 29	SHN Conference - Montreal				40.00		
March 29	SHN Conference - Montreal		8.87				
March 25- 29	SHN Conference - Montreal	770.56					
		-			-		
						· · · · · · · · · · · · · · · · · · ·	
						Total km	
			Rate	as outlined in	Section 2 - Trave	i below @	
Totals		\$770.56	\$8.87		\$80.00		

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.



# Le Centre Sheraton H Ô T E L MONTRÉAL

1201 BOUL RENÉ-LEVESQUE OUEST, MONTRÉAL, QUÉBEC, CANADA H3B 2L7 TÉL [514] 878-2000 FAX [514] 878-3958 SHERATON.COM/LECENTRE

N	Mrs Glenda Coleman-miller	CHAMBRE TARIF NO. PERS, .	1818 159.00 1		A VOYAGE C
M	Royal Alexander Hospital 10240 Kingsway Edmonton, AB T5H 3B9 Canada PSI3E	FOLIO PAGE ARRIVEE DEPART PAIEMENT	395293 1 25-MAR-07 29-MAR-07 VI	EX-A 19:24	DE CHARGER À

DATE	REFERENCE	DESCRIPTION	DEBIT CREDIT
20		Non-Responsive	<b>/5:00</b>
2 F MAD			
2 5 MAD - 07			فتبيينه
25-MAR-07	RT1818	Frais Chambre/Room Charge	159.00
25-MAR-07	RT1818	Taxe Touristique	4.77
25-MAR-07	RT1818	TPS/GST 6%	9.83
25-MAR-07	RT1818	TVQ/PST 7.5%	13.02
25-MAR-07			400000
25-MAR-07		Non-Responsive	
25-MAR-07			4
26-MAR-07	RT1818	Frais Chambre/Room Charge	159.00
26-MAR-07	RT1818	Taxe Touristique	4.77
26-MAR-07	RT1818	TPS/GST 6%	9.83
26-MAR-07	RT1818	TVQ/PST 7.5%	13.02
26-MAR-07	13173520	Casual Restaurant	20.00
26-MAR-07	13173520	TPS/GST- 6.0%	1.02
26-MAR-07	13173520	TVQ/PST- 7.5%	1.36
27-MAR-07	RT1818	Frais Chambre/Room Charge	159.00
27-MAR-07	RT1818	Taxe Touristique	4.77
27-MAR-07	RT1818	TPS/GST 6%	9.83
27-MAR-07	RT1818	TVQ/PST 7.5%	13.02
27-MAR-07	461A	0006 12:41 $s.17(1), 17(4)(g)(i)$	1.49
27-MAR-07	461A	Tax - GST Other	0.09
27-MAR-07	461A	Tax - PST Other	0.12
27-MAR-07			
27-MAR-07		Non-Responsive	-
27-MAR-07		1	ويتنان
28-MAR-07	RT1818	Frais Chambre/Room Charge	159.00
28-MAR-07	RT1818	Taxe Touristique	4.77
28-MAR-07	RT1818	TPS/GST 6%	9.83
28-MAR-07	RT1818	TVQ/PST 7.5%	.13.02
	** contin	ued on the next page **	

Je consens et m'engage personnellement à payer ce compte si l'entreprise ou tout autre tierce partie facturée omet de payer les montants dûs en tout ou en partie. I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature

Mrs Glenda Coleman-miller FOLIO 395293 25-MAR-07 MEMBRE DE A STARWOOD PREFERRED QUEST



## Le Centre Sheraton

H Ô T E L MONTRÉAL

1201 BOUL RENÉ-LEVESQUE OUEST, MONTRÉAL, QUÉBEC, CANADA H3B 2L7 TÉL [514] 878-2000 FAX [514] 878-3958 SHERATON.COM/LECENTRE

N	Mrs Glenda Coleman-miller	CHAMBRE TARIF NO. PERS.	1818 159.00		GEYAGE DE
O M	Royal Alexander Hospital 10240 Kingsway	FOLIO PAGE.	395293 2	EX-A	E C H
	Edmonton, AB T5H 3B9 Canada	ARRIVEE DEPART	25-MAR-07 29-MAR-07	19:24	A R G E R
	PSI3E	PAIĒMENT	VI		À

29-MAR-07 VI Visa 934.16-

Total Charges Total Credits Balance Due 0.00

Afin de mieux vous servir, nous avons imprime` ce folio comme solde`. Quoique ce folio pre`sente un solde de ze`ro, il est possible que des operations supple`mentaires ne soient impute`s quapres votre de`part. Nous tenons a` vous informer que toutes ces e`ventuelles ope`rations seront solde`es par la carte de cre`dit pre`sente`e lors de votre enregistrement a l`hotel. Il est de votre responsabilite d`acquitter l`ensemble des ope`rations porte`es sur votre folio

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

** continued on the next page **

Je consens et m'engage personnellement à payer ce compte si l'entreprise ou tout autre tierce partie facturée omet de payer les montants dûs en tout ou en partie, l'agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature

Mrs Glenda Coleman-miller
FOLIO 395293 25-MAR-07
MEMBRE DE (2) STARWOOD PREFERRED GUEST

<u>က</u> လ 217101 0.47 217010 0.62 **\$ B . B 7** 5.99 8915 07 8:55 ***** MONTREAL MORPORT MONTR. *** olege 1 29MAR'07 *** / 2 Deufs ROTIFS . Sous-Total Sous-Tota 7.78 T.P.S 8.25 T.V | Montant | JAMPON 3096 Alba 1 CAFE CAFE € CV

217010 0.472 217010 0.62**W** 8 8 7 TM 7.78 T.P.S. 8.25 T.V.Q. Montant Du

************************** S.V.P. PAYEZ AU SERVEUR

*** S.v.P. Payez a. Serveur *** *** Merci de Votre Visite *** ***SERVICE NON COMPRIS ****
**** TIPS NOT INCLUDED **** *** A La Prochaine ***

> Chauffeur — Driver Auto No-Départure Departure Amount Montant Date -

-ie Travail

Vignette No 🗡

DE/FROM

, MTO:

24673

Nº permis de travail / Work permit No

N° Vignette / Cum No.

Signature du conducteur / Driver's signature

d N

Signature du client / Customer's signature

Taxi Para-Adapté

277.3344 pour personne en fauteuil roulant

Transport en accompagnement
 Transport pour hémodyalise

Transport médical



## **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

Name.				· · · · · · · · · · · · · · · · · · ·			_	
Name:	Glenda Cole	man-Miller	Emplo	yee Numbe	f:	Union Na	me:	
Position	n: Senior Op	perating Officer		<u>.</u>	epartment: Exec			
Busines	s Phone: 7	35-5271	Period	From: Apri	18 <b>to</b> April 18, 20	007		· · · · · · · · · · · · · · · · · · ·
Expenses another c	s Paid (plea organization	se attach receipts). Do no . Complete details on the	t include	amounts r	aid by Canital He		nbursed / reimburs	able by
Bal Unit e.g. 201			Account No		Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62410	0000	696000	00	\$298.07	
· 			[	Capital i	leaith Authority			
				FE	EVED			
				MAY	0 22007		,	
				A (%)	SOUNTS			
Less Cas	h Advance				YARLE			
Total			· <u>····································</u>	* 7	9.03		\$298.07	
						•	Ψ=00.01	
l hereby o	ertify that t	s form is collected under s s your claim. he expenses listed above my behalf from Capital He	were inc	urred on Ca	anital Health busi		histerial) Regulatio	en and
l hereby o	ertify that t	s your claim.	were inc	urred on Ca	apital Health busi zation.	ness and h	histerial) Regulation	en and
I hereby oclaimed b	certify that to by me or on Signature:	s your claim.	were inc alth or o	urred on Ca ther organi	apital Health busing zation.  Date:	ness and h	histerial) Regulatio	en and
I hereby c claimed b Employee	ertify that to by me or on Signature:	he expenses listed above my behalf from Capital He	were inc alth or o	te at which	apital Health busing attion.  Date: mileage is being	ness and h	histerial) Regulation	en and
I hereby of claimed be the claimed be the claimed be the claimed by the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of the claim of th	ertify that to y me or on Signature:	he expenses listed above my behalf from Capital He	were inc alth or o	te at which	apital Health busing attion.  Date: mileage is being	ness and h	histerial) Regulation ave not been previ	en and
I hereby celaimed being celaimed being celaimed being celaimed being celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaimed celaim	ertify that to y me or on Signature:	he expenses listed above my behalf from Capital He	were inc alth or o	te at which	apital Health busing attion.  Date:	Ol /	histerial) Regulation ave not been previous $\gamma$ $\rho$ $\phi$ $\phi$ $\phi$ Phone # 735-4101	en and

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

#### EXPENSE CALAIM GEGARYS

#### **Recommended Coding**

- Lecal Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
April 18/07	Dinner Expenses for Ambulatory Care Director Recruit - Glenda Coleman- Miller, Joanna Pawlyshyn and Dr. W. Dickout		\$298.07				
· · · · · · ·							
,	• .						
		-					
						Total km	
			Rate	as outlined in	Section 2 - Travel	below @	
otals			\$298.07				

#### **EXPENSE LIMITS**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way, or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Care candidate Granna + Dr. D.

ner creme in respective in rivers for Year Dr. D4652055 Sharett hell Employees ID: II

Pre-Auth

MASTERCARD The Residual Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t

Seq#: 1870616011 G

s.17(1), 17(4)(e.1)

Amount:

268 Bi

Lp.

30.00

Total:

\$ 298.07

001/ APPROVED 015561

16-10---

26:16:01

Customer Copy SORRENTING'S GIFT CORDS THE SEARCE WITH Thank you very much

THANK YOU FOR JOINING US AT SORRENTINGS G.S.T.#889541298

11 TOBY

TBL 17/1 CHK 830 APR18'07 06:14P	GST 4
2 GF GL.RED 2 GLS.BARCO REALE 3 GF GL.WHITE 2 PANNA MIN.WATER 2 GF EN CROUTE 1 GF PRAWNS 1 GF SOUP 2 GF ARTIC CHAR 2 GF CHICKEN 1 GELATO VANILLA 1 .TEA 1 COFFEE	16.00 24.00 24.00 13.90 24.00 13.00 7.00 64.00 7.50 2.75 2.75
SUBTOTAL G S T TOTAL DUE 268	252.90 15.17 :_O 7

PLEASE PAY SERVER THONK - YOU



## Travel & Employee Expense Claim Form

		, s	(In Cana	dian Dollars]7(]	1), 17(4)(g)(i)	)	
Name: (	Glenda Cole	man-Miller	Employee Nu	ຫber:	Union	Name:	W 7 h
Position	ı: Senior Op	erating Officer		Department	Exec		
Busines	s Phone: 7	35-5271	Period From:	April 26 <b>to</b> Apr	il 29, 2007		
		se attach receipts). I . Complete details o			oital Health or r	eimbursed / reimburs	sable by
Bal Unit e.g. 201		Functional Cent e.g. 7113505004	tre Account	Non-Cana		Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62414000			\$838.65	⊠
	( ************************************	Capital Health Authe	rity			73	
		RECEIVE					
	:	HAY 0 4 2007					
	and the second	ACCORNIS					
Less Cas	sh Advance	PAYABLE					
Total	-			<u>, ', , , , , , , , , , , , , , , , , , </u>		\$838.65	′ 🗵
		is form is collected ι s your claim.	under section 4 of the	e Regional Hea	lth Authorities	(Ministerial) Regulati	on and
I hereby o	certify that to by me or on	the expenses listed a my behalf from Capi	above were incurred ital Health or other o	on Capital Heal ganization.	ith business ar	d have not been prev	riously
Employee	e Signature	Dem	)		Date: ()/ -	May-07	
hereby ce	ertify that I h	/ nave reviewed the ex	penses and rate at w	hich mileage is		"	
Approved		a Pawlyshyn	Title: V.P. 8	C.O.O.		Phone # 735-410	1
(Signature)			12-	OIM	h 07	Date	
Approved			Title:		V _h	Phone #	
(Signature)			· ·		, de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la co	Date	
OTE:			· · · · ·				

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

#### EXPERSECUANT DETAILS

#### **Recommended Coding**

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals.	Course Registration & Materials	Transportation \$	Other	Mileage km
ACEN Conference - Toronto Taxi - Airport to Hotel - Toronto				\$52.00		
Taxi - Hotel to Airport - Toronto				50.00		
Car Park - Edm. Airport				34.00		
Metropolitan Hotel Toronto - Includes Room Service, Internet Access	612.18	70.03			20.44	
	,					
,		Rato	as outlined in	Section 2 - Trave		·
	\$612.18		as outmouth			\$838.65
	Purpose of Trip & Location)  ACEN Conference - Toronto Taxi - Airport to Hotel - Toronto Taxi - Hotel to Airport - Toronto Car Park - Edm. Airport  Metropolitan Hotel Toronto - Includes Room Service, Internet Access	Particulars (Describe Purpose of Trip & Location)  ACEN Conference - Toronto Taxi - Airport to Hotel - Toronto  Car Park - Edm. Airport  Metropolitan Hotel Toronto - Includes Room Service, Internet Access  612.18	Particulars (Describe Purpose of Trip & Location)  ACEN Conference - Toronto Taxi - Airport to Hotel - Toronto  Car Park - Edm. Airport  Metropolitan Hotel Toronto - Includes Room Service, Internet Access  Taxi - Hotel to Airport  Metropolitan Hotel Toronto - Includes Room Service, Internet Access  Rate	Particulars (Describe Purpose of Trip & Location)  ACEN Conference - Toronto Taxi - Airport to Hotel - Toronto  Car Park - Edm. Airport  Metropolitan Hotel Toronto - Includes Room Service, Internet Access  Internet Access  Registration & Materials  Registration & Materials  Registration & Materials	Particulars (Describe Purpose of Trip & Location) ACEN Conference - Toronto Taxi - Airport to Hotel - Toronto Taxi - Hotel to Airport - Toronto Car Park - Edm. Airport Metropolitan Hotel Toronto - Includes Room Service, Internet Access    Internet Access	Particulars (Describe Purpose of Trip & Location) ACEN Conference - Toronto Taxi - Airport to Hotel - Toronto Taxi - Hotel to Airport - Toronto Car Park - Edm. Airport Metropolitan Hotel Toronto - Includes Room Service, Internet Access    Fig. 20.44

#### **EXPENSE LIMITS**

#### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- · Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

# APPLICANTICOPYTEL

Guest Signature

PAGE

29APR,07

1

Glenda Coleman-Miller Academy of Cdn Exc Nurses Royal Alexandra Hospital c/o 10240 Kings Way Edmonton, Ab T5H 3V9

Ar/#N/Dp 26APR,07/ 3/29APR,07

Folio# 013113

Ck-Out 29APR,07 7:50a IR

FT2

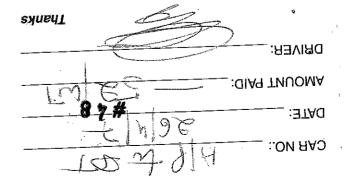
L# Date Cx/Room 001 26APR 1 /1423 002 26APR 1 /1423 003 26APR 1 /1423 004 26APR 1 /1423 005 26APR 1 /1423 006 26APR 1 /1423 007 26APR 1 /1423 008 26APR 1 /1423 009 27APR 1 /1423 010 27APR 1 /1423	Description Room Service GST-Room Service PST-Food Rm Serv PST-Bev Rm Serv Group Room PST-Room GST-Room DMF	Reference 9947 9947 9947 9947 Rm 1423 Rm 1423 Rm 1423 Rm 1423 Rm 1423	35.35+ 1.74+ 1.36+ 1.20+ 179.00+ 8.95+ 10.74+ 5.37+	
011 27APR 1 /1423 012 27APR 1 /1423 013 27APR 1 /1423 014 27APR 1 /1423 015 27APR 1 /1423 016 27APR 1 /1423	Internet Access Room Service GST-Room Service PST-Food Rm Serv	000-000-0000 L 33 33 Non-Responsive	10.22+ 5 27.30+	K F
017 27APR 1 /1423 018 27APR 1 /1423 019 27APR 1 /1423 020 27APR 1 /1423 021 28APR 1 /1423 022 28APR 1 /1423 023 28APR 1 /1423 024 28APR 1 /1423 025 28APR 1 /1423 026 29APR /1423	PST-Room	Rm 1423 Rm 1423 Rm 1423	179.00+ 8.95+ F 10.74+ F 5.37+ 10.22+ T 179.00+ 8.95+ F 10.74+ F 5.37+ 714.01-	NA NA NA NA NA NA NA NA

702.65

BALANCE

.00

GST#	R136359	494	NET AMOUNT	GST	PST	GROSS AMOUNT	
A	0.0000	Room GST	.00	32.22+	.00	32.22+	
F	0.0000	F&B GST	.00	3.57+	.00	3.57+	
R	0.0000	Room PST	.00	.00	26.85+	26.85+	
${f T}$	6.0000	Telephone	20.70+	1.24+	.00	21.94+	
X	0.0000	F&B PST	.00	.00	5.17+	5.17+	
			624.26+			624.26+ SUBT	T.
		$ ext{TOTAL}$	644.96+	37.03+	32.02+	714.01+	
TOTAL 644.96+ 37.03+ 32.02+ 714.01+							



SS Th SS
)T (I
ΕE
D\
<b>&gt;</b>

in official of the about the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st HERFEMENT, 01 /h f/k )W 0 027 THINK YUD CHILD LESUITE ACCORDING TO CARDHOLDER 1.014 JMEM 6 COLEMAN MILLER \$ 34,06 AUH. \$30583917-305-085 2007/04/29 13:63:34 099902

MERCHANT CUPY

Length of stay: 3 Dy. 3 Hr. 13 Min. APPLICANT COPY hank you for your patronage!

** Open 24 hours **

** Thank you ** accepted total 8.3.T. 6.00 % 34,00 **\$** 1,92 **\$** 

015100 pay warking tricket 3/ 26.04.07 03:50 - 28.04.47 13:03 34,00 \$

> Still Dist 1. 温温

ASTA

Receipt no. 0172/0780/00802 29.04.67

Car park 0000001009 Phone: (780)890-8439 并在院安安大照天 A) X (780)890-8329

HIME STUDIES CONTINUES A MUSICINA MERCHANISM STATE LANGE

s.17(1), 19(4)(e.1)

60669677007799



## **Travel & Employee Expense Claim Form**

	· · · · · · · · · · · · · · · · · · ·	-i.	(In Canad	ian Dollars)	s 17(1)	17(4)(g)(	(i)	•	
Name: Glenda Coleman-Miller			Employee Number: Union Name:						
Position	Position: Senior Operating Officer			Department: Executive					
Busines	s Phone: 7	735-5271	Period From: J	une 27 <b>to</b> J	lune27, 2	008			
Expenses another of	s Paid (plea organization	se attach receipts). Do no . Complete details on the	t include amount other side of the	s paid by C form	apital He	ealth or rein	nbursed / reimb	ursable by	
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 6950000	Non-Ca 1 Curre		Rate	Canadian \$ (including GST)	✓ if GST included	
201	0002	711101001	62410000				\$100.0	00 🖾	
						de Health	STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE		
				2,120,120	F.S. Braze	/RIVE	i.d		
Less Cas	h Advance			14 14 14 14 14 14 14 14 14 14 14 14 14 1	JUL.	1 4 2008	-25.00 ft Feet Triples		
Total AGCOUNT				CABLE	\$100.00				
I hereby o	ed to proces ertify that t	is form is collected under is your claim. he expenses listed above my behalf from Capital He	were incurred on	Capital He	ealth Aut	horities (Mi			
	e Signature:	Gileman	odre	len	Date:	July 3, 200	)8	<u> </u>	
hereby ce	rtify that I h	ave reviewed the expense	s and rate at whi	ch mileage	is being	claimed.			
Approved By: Joanna Pawlyshyn (Print name)  Title: V.P. & C.O.O.				Phone # 735-41	 I01				
(Signature) 10 DV - 08						Date			
Approved By: Title:					Phone #				

#### NOTE:

(Print name) (Signature)

Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.

Phone #

Date

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

## EXPENSIONAL SORYS

#### **Recommended Coding**

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
June 27/08	Farewell Gift for Gayle Burnett			a materials		\$100.00	
· · · · ·							
<del></del>			<del></del>	-			
					-		
		<del>-</del>	·				
				1			
-	ė, į						
			<del></del>				
							<del></del>
				<del> </del>			
			<u> </u>				
		-					
				<u> </u>		Total km	<del></del>
			Rate	as outlined in			
Rate as outlined in Section 2 – Travel below @							

#### **EXPENSE LIMITS**

#### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Dinner

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

File Copy

Jun 27, 2008 11:44 AM

2409463 KATRINA V

EvelineCharles Salons Spas Shop online at EvelineCharles.com! GLENDA COLEMAN-MILLER CLIENT # 10372311

Non-Responsive

Description

Each Tota1

\$17.00 \$17.00

\$0.00

...Recommended by: JULIE T

\$12.00 \$12.00

...Recommended by: JULIE T

61ft Card

\$100,00 \$100.00

Sub-Total GST Shipping & Handling Transaction Total		\$129.00 \$1.45 \$0.00 \$130.45
Description VISA	Ref #	Value \$130.45
···		
Payment Total		\$130.45

Your Next Appointment Is... Tue, Jul 8, 2008 @ 11:00 AM

Chanse Due

Final sale Items include oft Cards, Gift Sets, Sale Items, Cosmetic ing Tools and Cosmeti c Brushes. EvelineCh. hair dryer and flat i from carry a 1 year limited warranty. Any other unused EvelineCharles product can be returned fo r an exchange or credit within 14 days when acco mpanied with the receipt.

GST #13639 6710 RT0001

Client Copy