

Official Administrator and Executive Expense Report

Name Don Sieben
Title Chair, Audit & Finance Advisory Committee
Location Edmonton
 Expenses submitted during the month of May 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
May-14	Expense Claim	Meetings				20	20			
Total			\$ -	\$ -	\$ -	\$ 20	\$ 20	\$ -	\$ -	\$ -

Total for the Month \$ 20

Maximum daily single meal expense claimed in the month
 Maximum daily base hotel rate claimed in the month
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention	
T4/ANR Applicable? - If yes, indicate line & amt	

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

Name:	Don Sieben Professional Corporation	Vendor#	(Unknown)	Expense Period	Month:	May-14
Address:		City:		Province:	AB	
Postal Code:		Country:		Phone #:		
Reason for Expense Not Business Case						

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Segment ID	Location (if applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300004	45000000	\$0.00
Travel Expense (E)	101	0005	71110300004	62212000	\$0.00 20.00
Other (D)	101	0005	71110300004	41090000	\$0.00
TOTAL PAYMENT					\$0.00 20.00

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 3: AUTHORIZATION

I, the undersigned, hereby authorize and warrant on all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

I warrant that the expenses being claimed are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services.

I warrant that the expenses being claimed have not been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Claimant: Don Sieben
Signature: *Don Sieben*
Date: 5/24/14
Phone#: [Redacted]

I, the undersigned, hereby authorize and warrant on all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

I warrant that the expenses being claimed are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services.

I warrant that the expenses being claimed have not been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved by: [Signature]
Position Title/Program Group: [Redacted]
Date: June 2/14
Phone#: [Redacted]

Signature: [Signature]
Official Administrator: [Redacted]
DOFA Level: [Redacted]
Position#: [Redacted]

All claims and related expenses will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.

For more information, questions or concerns about this collection, visit our website at www.albertahealthservices.ca.

For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB, T2W 3N2. Attention: Lou DeCoste

Deborah Rhodes
Deborah Rhodes, Acting CFO

Created: November 01, 2013
Rev 2 off April 17, 2014

Carry forward from Section 1

Name:	Don Sieben	Vendor# (if known)		Expense Period Month:	41760
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Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section above

SECTION 4A: OFFICIAL ADMINISTRATOR & COMMITTEE MEMBER - TRAVEL EXPENSE CLAIM

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
21-May-14	Audit and Finance Advisory Committee Meeting - parking	Yes						\$20.00		
Total: (amount auto fills to page 1)				\$0.00		\$0.00	\$0.00	\$20.00	\$0.00	0.00

OA COMMITTEE MEMBER Mileage Rate	0.505	Total Mileage	\$
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For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste

PLACE ON DASH THIS SIDE UP

Imperial Parking Canada Corp. Lot 383-2/ 10001 - 107 Street
GST 88731-5638-RT0001

Expires

21 May 14
06:00 PM

Paid
\$ 20.00C

Entry time 21 May 14 09:27 AM
04484 451401*3409

PLACE ON DASH THIS SIDE UP

VALID ONLY IF PROPERLY DISPLAYED
ON STREETSIDE DASHBOARD

THIS SIDE UP

KEEP THIS
PORTION

Expires

21 May 14
06:00 PM

Paid
\$ 20.00C

RECEIPT

PROOF OF PURCHASE