

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)					
<ul style="list-style-type: none"> Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system If you are a new employee and your payroll is E-People you will only have an Employee # (E-People) 				Expense Date From: _____ To _____ Travel Period from: _____ To _____ (if applicable) Out-of-Province Travel	
Name: _____		Position (Title): Resident Physician			
Location: _____		Dept: _____		DOFA Level: N/A (if applicable)	
		Union: PARA		Business Phone #: _____	
				Ext: _____	
Employee # (E-People): _____					

SECTION E: FINANCE CODING & TOTAL CLAIM											
CAPITAL PROJECT CODING ONLY →		Project Number _____		Project Task Number _____							
		Expenditure Organization _____		Expenditure Type _____							
Total - Section B: Travel - Pg 2			Total - Section C&D: Other & Foreign Expenses - Pg 3			TOTAL REIMBURSEMENT					
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	
2A					103	0788	71880100001	61530000		Total Section C&D	
2B										Less Cash Advance	
2C										TOTAL CLAIM	
2D											
				**User to enter Coding & \$ Amounts							
				NOTE: This section auto fills from page 2A, 2B, 2C & 2D							
				NOTE: These fields do not automatically fill for Section C & D							

SECTION F: AUTHORIZATION											
<p>I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.</p> <p>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.</p> <p>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Travel, Hospitality and Working Session Expenses Policy - Document# 1122</p> <p>I, by signing this form, attest that I am compliant to all the above statements</p> <p style="text-align: center;">Employee Signature: _____ Date _____</p> <p>I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.</p> <p>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.</p> <p>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.</p> <p>Approved By (PRINT ONLY): <u>K YbXmi JHW Y`</u> DOFA Level FG Position # 00029619Á Phone # 587-774-7467 Ext</p> <p>I, by signing this form, attest that I am compliant to all the above statements</p> <p style="text-align: center;">Signature: _____ Title MEO Coordinator Date _____</p> <p>I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.</p> <p>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.</p> <p>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.</p> <p>Approved By (PRINT ONLY): _____ DOFA Level _____ Position # _____ Phone # _____ Ext</p> <p>I, by signing this form, attest that I am compliant to all the above statements</p> <p style="text-align: center;">Signature: _____ Title _____ Date _____</p>											

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

*If **NOT** claiming any expenses in Sections C or D, this page does **NOT** have to be submitted.*

SECTION C: OTHER EXPENSES	Emp # (E-People)	Page 3
----------------------------------	------------------	---------------

- **Expenses to be claimed in this section include but are not limited to:** Hospitality & Hosting, Working Sessions, Recruitment, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.
→ If expenses are for *travel, gas, etc., go to Section B on pg 2*.
- **ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!**

*****Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E*****

Date dd-mmm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED . If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bal Unit	Location	Functional Centre	Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
		103	0788	71880100001	61530000					
		103	0788	71880100001	61530000					
		103	0788	71880100001	61530000					
		103	0788	71880100001	61530000					
		103	0788	71880100001	61530000					

SECTION D: FOREIGN CURRENCY **ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$** (conversion not indicated on receipt/statement)
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 exchange rate using the date of expense [Bank of Canada Currency Converter](#) → **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**

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Completion of the "Cost Effective Method Used" Column is REQUIRED . If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
		103	0788	71880100001	61530000					

Rationale is Required for expenses that are not Cost Effective
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

Expenses Paid (Retain a copy for your records)
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization