



11/5/17

Visa Summary Form

VISA Summary Form Guidance

Please use the following guidance to complete the Visa Summary Form. This guidance will assist to ensure accuracy, completeness and compliance to meet internal and external requirements.

- 1. Fill in Full Name of Cardholder.
 - 2. Enter VISA statement date.
- Did you incur expenses on your VISA during the month? Yes No If yes, complete #3 to #5 below, else complete #5 only.
- 3. Complete one line for each expense on VISA statement.
 - 4. Ensure the following is accurate / well detailed. Assess the supporting documentation provided to ensure receipts and other backup are complete and legible. Also ensure that itemized receipts or detailed invoices have been provided.
 - i. Date agrees to the support
 - ii. Account coding
 - iii. There is a clear and detailed business purpose – It should be sufficient to enable a third party to clearly understand the business purpose of the expense, what was purchased and why.
 - iv. Other agency or employee expense claim identified & if yes, repayment included or instructions on who to invoice.
 - 5. Were there any trips or projects during the statement period where expenses were not paid on this VISA? i.e. Paid through P-Card, Marlin Travel, Personal Expense, etc. Yes No
If yes, please complete Activity Summary (2nd to last page) by listing the expenses, how they were paid and attach copies of the receipts/invoices.

Employee Information

Cardholder Name: Visa Statement Date: (yyyy-Mon-dd)

Please record expense(s) in the sections below. To add additional expense lines click the "+" button to the left of the date field and one will be automatically inserted below it. Multiple expenses will be carried over onto the next page. To remove expenses click the "-" button to left of the date field and the **last expense added will be removed.**

Expense(s) Lock Balancing Unit, Site Code, Functional Centre Fields

+	Date	Expense Type	Balancing Unit	Site Code	Functional Centre	Secondary Account
-						

Business Purpose (Do not include abbreviations)	Vendor Name/Details	Gross Amount	GST	Subtotal	Tip	Total Amount
				\$0.00		\$0.00

Guest Names: Number of Guests: Check box if guest list more than 11. Please attach list to form.

Detailed Receipt attached: Yes No Other Agency / Personal expense Yes No Repayment Provided: Yes No Amount:

Finance use only: Disclose (Y/N), if no, explain: Yes No

11/5/17



Totals

Total Amount:	\$0.00	* If no detailed receipt is attached, an attestation must be completed and accompany the VISA summary form. **If an expense was incurred that is to be paid by another agency or was a personal expense, repayment must accompany the VISA summary form or details provided on the agency that is to be billed. Please provide information in the table below.
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Other Agency Expense(s)

Agency Name	Address	Attention to	Amount to be billed

Acronym Legend

AHS		
Alberta Health Services		

Authorization

I hereby acknowledge that I have read and understand the "Travel, Hospitality and Working Session Expenses Policy" of Covenant Health and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid purposes for Covenant Health. I confirm that the expenses submitted in this claim have not been previously claimed by me or on my behalf from Covenant Health or any other organization.

Card Holder Signature	Date (yyyy-Mon-dd)
	2017-Apr-20

Approval

Prepared By (first last)	Signature	Date (yyyy-Mon-dd)
Karen Chittan		2017-Apr-20

Approved By (first last)	Signature	Date (yyyy-Mon-dd)
Patrick Dumelle		2017-May 5



Visa Summary Form

Activity Summary for Statement End Date: Enter Date

This section is required to be completed for expenses incurred during the period paid through means other than VISA e.g. paid through P-Card, Marlin Travel, Personal Expense, etc. Please complete Activity Summary by listing the expenses, how they were paid and attach copies of the receipts/invoices.

Expense Type <small>(Select from Drop Down)</small>	Date of Expense <small>(yyyy-MM-dd)</small>	Paid Via <small>(Select from Drop Down)</small>	Amount	Business Purpose	Additional Comments
Meals	2017-Apr-10	Employee Expense Claim	\$47.50	Meal Per Diem for travel to Banff Mineral Springs for Meetings.	see TAF for more details
Accommodation	2017-Apr-10	Marlin Travel	\$132.41	Accommodation for travel to Banff for meetings at the Mineral Springs Hospital.	see TAF for more details



Visa Summary Form

Written Attestation

This form is to be used if a detailed receipt is not available per the policy. The maximum amount of eligible expenses that is reimbursed through a written attestation is \$200.

Date of Expense (yyyy-Mon-dd)	Expense Type (select from drop down)	Amount

Reason(s) for missing receipt(s)

Authorization

I hereby acknowledge that I have read and understand the "Travel, Hospitality and Working Session Expenses Policy" of Covenant Health and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid purposes for Covenant Health. I confirm that the expenses submitted in this claim have not been previously claimed by me or on my behalf from Covenant Health or any other organization.

Employee Signature	Date (yyyy-Mon-dd)

Approval

Approved By (first last)	Position Title	DOFA Level	Signature	Date (yyyy-Mon-dd)



A. Travel Particulars

Employee Last Name Heisler	Employee First Name Owen	Employee ID [REDACTED]	Department Medical Affairs	Site Tawa
Business Phone # 59983	Travel Coordinator Name (if applicable)	Business Phone #	Destination Banff	
Travel Dates From: 2017-Apr-09 To: 2017-Apr-10 (yyyy-Mon-dd) (yyyy-Mon-dd)		General Ledger Code to be charged		
Balancing Unit 9 0 1	Site Code 0 0 2 0	Functional Centre 7 1 1 1 0 1 0 6 0 0 0	Secondary Account 6 2 3 1 2 0 0 0	
Business Purpose of Trip (Do not include abbreviations) Site visit at the Banff Minerals Springs Hospital and attendance at the Medical Directors meeting.				

B. TRAVEL EXPENSE SUMMARY (Please estimate costs in the currency they will be incurred).

Travel Expenses	Currency	Paid Via (Marlin, P-Card, Employee Expense, Visa etc.)	Estimate of Costs	Actual Cost (Must be within 10% of estimate for each category)	Percentage Exceeding Estimate	Approver Initial (for costs exceeding 10% of estimate)
1. Registration			\$0.00	\$0.00	0.00%	
2. Airfare			\$0.00	\$0.00	0.00%	
3. Rental Vehicle			\$0.00	\$0.00	0.00%	
4. Out of Town Mileage			\$0.00	\$0.00	0.00%	
5. Accommodation Charge (Estimate=quote + 17% estimated taxes)		Marlin Travel	\$250.00	\$132.41	0.00%	
6. Meals (refer to policy)		Expense Claim	\$47.50	\$47.50	0.00%	
7. Other Expenses. Describe other below. (eg: parking, park pass, incidentals etc.) Describe here: Parking in Banff		Expense Claim	\$25.00	\$0.00	0.00%	
8. Special Circumstances. Please describe details below. (eg: preferred seating for medical or other reasons, urgent travel arrangements, accommodation exceeding guidelines).			\$0.00	\$0.00	0.00%	
Total Travel Costs			\$322.50	\$179.91		

C. AUTHORIZATION

Employee Signature 	Date (yyyy-Mon-dd) 2017-03-02	Description of Special Circumstances (if applicable)
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D. APPROVAL

Approver Last Name Dumolite	Approver First Name Patrick	Additional Approval Last Name	Additional Approval First Name
Approver Signature 	Date (yyyy-Mon-dd) 2017-Mar-06	Additional Approval Signature	Date (yyyy-Mon-dd)
Job Title President & CEO	DOFA Level C01	(only required if actual costs exceed 10% of estimated)	

Please submit approved and completed Travel Approval Forms that contain Airfare, Accommodation, and Vehicle Rental expenses to: Marlin Travel at covenant@marlintravel.ca, or fax (780) 426-5759

If applicable, please also attach this Travel Approval Form to any expense claim or P-Card statements submitted to Accounts Payable.

Best Western Plus SIDING 29

(403) 762-5575

P. O. Box 1387
453 Marten Street
Banff, AB T1L 1B3

C/O 04/10/2017 01:06 PM ET

Registered To:
HEISLER, OWEN DR
PERCY HUNT TRAVEL GROUP INC.

Room # 302-A
Conf # 391918244-01
Arrival 04/09/17
Departure 04/10/17
Room Type SQ1-1 QUEEN
Guests 1 / 0
Payment Amex
Acct

(780) 425-8611

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
04/09/17	bbm	RC	ROOM CHRG REVENUE			\$119.10
04/09/17	bbm	9	G.S.T			\$6.07
04/09/17	bbm	91	TOURISM LEVY			\$4.86
04/09/17	bbm	92	TOURISM IMPROVEMENT FEE			\$2.38
05/01/17	ET	AX	PAYMENT AMEX			\$132.41
Balance Due						\$0.00

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

X _____
GUEST SIGNATURE

GST# 105971881 RT0001

Each Best Western(®)branded hotel is independently owned and operated.

Invoice#0001

Signature



Travel and Employee Expense Claim

Period From: **Apr 3, 2017**

Period To: **Apr 28, 2017**

- Cheque (if amount greater than \$100)
- Petty Cash Request (if amount less than \$100)

For further detail about claims, please view the [Travel Hospitality and Working Session Expenses Policy -Document IV-5](#)

Note: This form will be returned if not completed correctly and legibly.

Employee Information (please print)

Employee Last Name Heisler	Employee First Name Owen	e-People ID [REDACTED]	Position Title Chief Medical Officer	Phone Number 59940	Travel Location AB
Employee Address 3033 66 Street	City/Town Edmonton	Province AB	Postal Code T6K 4B2	Site Tawa	Department Name Medical Affairs

Please record expense and mileage in the sections below. To add additional expense lines, click the "+" button to the left of the date field and one will automatically be inserted. Multiple expenses will be carried over onto the next page. To remove an expense, click the "-" button to the left of the date field and the last claim added will be removed.

You can also use the **Lock Balancing Unit, Site Code, Functional Centre Fields check box** to use the same values for these fields throughout this form. Check the box first and then enter the Balancing Unit, Site Code, and Function Centre values. Once entered, you just need to click the box on each separate expense line and the fields will automatically populate with the values that were first entered. To enter in unique values for an individual expense, un-check the box and enter the desired values.

Expense Claim(s) Lock Balancing Unit, Site Code, Functional Centre Fields

+ / -	Date	Expense Type	Balancing Unit	Site Code	Functional Centre	Secondary Account	Exchange Rate
-	2017-Apr-10	Per Diem - Full Day	9 0 1	0 0 2 0	7 1 1 1 0 1 0 6 0 0 0	6 2 3 1 2 0 0 0	

Business Purpose (Do not include abbreviations) Travel to Banff Mineral Springs Hospital for all day meetings. <i>Please refer to Travel approval form for details.</i>	Vendor Name/Details	Subtotal \$47.50	GST	Total \$47.50	Tip	Total \$47.50
		(Before Tip)		(if applicable)		

Guest Names: _____ Number of Guests: Check box if guest list more than 11. Please attach list to form.

Mileage - Business Kilometer Rate for Personally Owned Vehicle Lock Balancing Unit, Site Code, Functional Centre Fields

(Rates applicable \$0.505 per KM equal to or less than 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement.)

+ / -	Date	Expense Type	Balancing Unit	Site Code	Functional Centre	Secondary Account
-						

Business Purpose (Do not include abbreviations)	Origin	Destination	KM Travelled	Mileage Rate	Total

Please submit approved completed employee reimbursement forms to:
Corporate Accounts Payable, 5th Floor, Harley Court, 10045 - 111 Street NW, Edmonton, Alberta T5K2M5 or E-mail to
dilshad.feerasta@covenanthealth.ca



- Cheque (if amount greater than \$100)
- Petty Cash Request (if amount less than \$100)

For further detail about claims, please view the [Travel Hospitality and Working Session Expenses Policy -Document IV-5](#)

Note: This form will be returned if not completed correctly and legibly.

Totals		
Sub-Total A (Expense Claims):	\$47.50	Reimbursement requests must be accompanied by receipt(s). Scanned copies of receipts are acceptable but the employee must retain originals for review.
Sub-Total B (Mileage):	0	Driving to and from work is not considered business travel and cannot be claimed.
Total (A + B):	\$47.50	

Authorization

I hereby acknowledge that I have read and understand the "Travel, Hospitality and Working Session Expenses Policy" of Covenant Health and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid purposes for Covenant Health. I confirm that the expenses submitted in this claim have not been previously claimed by me or on my behalf from Covenant Health or any other organization.

Employee Signature

Date (yyyy-Mon-dd)

 / 2017 - Apr - 20 /

Approval

Approver Last Name	Approver First Name	Job Title	DOFA Level
Dumelie /	Patrick /	President & CEO	C01

Approver Signature

Date (yyyy-Mon-dd)

 / 2017 May - 5 /

Petty Cash Request (all claims under \$100 are to be submitted to the business office at or near your site. If there is no business office available to you, the claims can be submitted to accounts payable for processing)

Petty Cash Received By:	Last Name	First Name	Signature	Date (yyyy-Mon-dd)

Business Office Clerk:	Last Name	First Name	Signature	Date (yyyy-Mon-dd)

Please submit approved completed employee reimbursement forms to:
 Corporate Accounts Payable, 5th Floor, Harley Court, 10045 - 111 Street NW, Edmonton, Alberta T5K2M5 or E-mail to
dilshad.feerasta@covenanthealth.ca



Travel and Employee Expense Claim

Period From: **Apr 3, 2017**

Period To: **Apr 28, 2017**

- Cheque (if amount greater than \$100)
- Petty Cash Request (if amount less than \$100)

For further detail about claims, please view the [Travel Hospitality and Working Session Expenses Policy -Document IV-5](#)

Note: This form will be returned if not completed correctly and legibly.

Top 10 ways to get your expense claim processed faster

It is important to Covenant Health that the expense claim process is straightforward and quick for our staff. Here are 10 tips for completing your claims that will help you get reimbursed faster.

1. **Complete the first section of the expense claim:** don't forget to list your name, employee ID (e-People ID), address, site and date range for the expenses (top of the first page of your expense claim).
2. **Provide a detailed business purpose:** please state the business purpose clearly so that someone unfamiliar with your work can understand the nature of the expense.
3. **Avoid abbreviations:** please write all abbreviations out in full or summarize in the legend below.

Acronym legend

AHS			
Alberta Health Services			

4. **Include the account codes:** please include account codes for each expense you claim. Account codes can be obtained from your Manager.
5. **Include itemized receipts:** if you are missing an itemized receipt, please obtain a copy from the vendor or provide a signed attestation to submit with the claim.
6. **Include an attestation for lost receipts of \$200 or less:** please fill out an attestation and attach it to the expense claim if you lose a receipt for \$200 or less.
 - Please ensure you and the approver both sign the attestation form
 - If the receipt exceeds \$200, we can only reimburse up to the \$200 limit
7. **Attach a travel approval form when applicable:** please attach a travel approval form for travel that isn't part of your typical duties (travel to conferences, seminars, galas, etc.).
 - Please complete the estimated versus actual costs comparison on the travel approval form before you submit it
 - Please make sure you and the approver both sign the travel authorization form
 - If the actual costs for any line item are greater than the estimate by more than 10%, please make sure the approver reviews and approves the additional expense.
8. **Ensure signing authority is in line with Delegation of Financial Authority (DOFA):** the person who approves your expense claim must have the authority to sign for the expense codes, as per DOFA. Please use the DOFA Hierarchy & Account Lookup Tool to search for the appropriate approver here: <http://intraweb01.albertahealthservices.ca/cade/covhierarchy/default.aspx>.
9. **Take claims under \$100 to the business office:** all claims under \$100 should be submitted to the business office at or near your site. If there is no business office available to you, the claims can be submitted to accounts payable for processing.
10. **Don't wait too long to submit your claim:** claims must be submitted on a monthly basis.