

AS 7/17/17

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 | 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 . |
| Sheila Smith | 27 June 2017 <small>(yyyy-Mon-dd)</small> | |

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 | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Gross Amount</th> <th style="width: 15%;">GST</th> <th style="width: 15%;">Subtotal</th> <th style="width: 15%;">Tip</th> <th style="width: 15%;">Total Amount</th> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">\$0.00</td> <td></td> <td style="text-align: center;">\$0.00</td> </tr> </table> | | Gross Amount | GST | Subtotal | Tip | Total Amount | | | \$0.00 | | \$0.00 |
| Gross Amount | GST | Subtotal | Tip | Total Amount | | | | | | | | | | | | |
| | | \$0.00 | | \$0.00 | | | | | | | | | | | | |
| Guest Names: | | | | | Number of Guests | <input type="checkbox"/> Check box if guest list more than 11. Please attach list to form. | | | | | | | | | | |
| Detailed Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Other Agency / Personal expense <input type="checkbox"/> Yes <input type="checkbox"/> No | | Repayment Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount: | | | | | | | | | | |
| Finance use only: Disclose (Y/N), if no, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | |

AS 7/17/17

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 <i>(Select from Drop Down)</i> | Date of Expense <i>(yyyy-Mon-dd)</i> | Paid Via <i>(Select from Drop Down)</i> | Amount | Business Purpose | Additional Comments |
|---|--|---|---------------|---|----------------------------|
| Parking | 2017-Jun-28 | Employee Expense Claim | \$6.00 | Cov Hlth Board Meeting/Sisters GN Leaders Meeting | |
| Parking | 2017-Jun-28 | Employee Expense Claim | \$12.00 | Cov Hlth Board Meeting | |
| | | | | | |
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| | | | | | |



- 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 | Employee First Name | e-People ID | Position Title | Phone Number | Travel Location |
| Smith | Sheila | [REDACTED] | VP & CFO | 780-342-8297 | AB |
| Employee Address | City/Town | Province | Postal Code | Site | Department Name |
| 6th floor Harley Court | Edmonton | AB | | Harley Court | Finance |

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-Jun-28 | Parking | 9 0 1 | 0 0 2 0 | 7 1 1 1 5 1 0 0 0 0 0 | 6 2 3 1 0 0 0 0 | | |
| Business Purpose (Do not include abbreviations) | | Vendor Name/Details | | Subtotal | GST | Total | Tip | Total |
| Covenant Health Board meeting & Sisters GN Leaders Meeting | | Impark | | \$6.00 | | \$6.00 | | \$6.00 |
| | | | | | | (Before Tip) | (if applicable) | |
| Guest Names: | | | | | | Number of Guests | <input type="checkbox"/> Check box if guest list more than 11. Please attach list to form. | |

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-Jun-28 | Parking | 9 0 1 | 0 0 2 0 | 7 1 1 1 5 0 0 0 0 0 0 | 6 2 3 1 0 0 0 0 | | |
| Business Purpose (Do not include abbreviations) | | Vendor Name/Details | | Subtotal | GST | Total | Tip | Total |
| Covenant Health Board Meeting | | | | \$12.00 | | \$12.00 | | \$12.00 |
| | | | | | | (Before Tip) | (if applicable) | |
| Guest Names: | | | | | | Number of Guests | <input type="checkbox"/> Check box if guest list more than 11. Please attach list to form. | |



Travel and Employee Expense Claim

Period From:

Jun 1, 2017

Period To:

Jun 30, 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.

| Totals | | |
|-------------------------------|----------------|--|
| Sub-Total A (Expense Claims): | \$18.00 | 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): | \$0.00 | Driving to and from work is not considered business travel and cannot be claimed. |
| Total (A + B): | \$18.00 | |

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)

Kristen Koser (for Sheila Smith)

2017/07/04

Approval

Approver Last Name

Approver First Name

Job Title

DOFA Level

Dumelle

Patrick

President & CEO

C01

Approver Signature

Date (yyyy-Mon-dd)

[Signature]

2017-JUL-05

Owen Heisler on behalf of Patrick Dumelle.

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) |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|------------------------|----------------------|----------------------|----------------------|----------------------|
| Business Office Clerk: | Last Name | First Name | Signature | Date (yyyy-Mon-dd) |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

Cal Health Board
Meeting
RECEIPT - Susan
Impark lot 262 grey
License Plate Number
Shelby Davis
South heads
Meeting

Expiration Date/Time
05:28 PM
JUN 28, 2017

Purchase Date/Time: 02:28pm Jun 28, 2017
Total Parking: \$5.71
Total GST: \$0.29
Total Due: \$6.00
Total Paid: \$6.00
Ticket #: 09496430
SN #: 510013351286
Setting: Lot 262
Mach Name: Meter 2

[Redacted]
Auth #: 05358S
gst #887315638RT0006
NO IN AND OUT PRIVILEGES

PARKING RECEIPT

Cal Health Board
Meeting
RECEIPT Meeting
Impark lot 262
License Plate Number
Shelby Davis
South heads
Meeting

Expiration Date/Time
02:20 PM
JUN 28, 2017

Purchase Date/Time: 06:20am Jun 28, 2017
Total Parking: \$11.43
Total GST: \$0.57
Total Due: \$12.00
Total Paid: \$12.00
Ticket #: 04740463
SN #: 510013351286
Setting: Lot 262
Mach Name: Meter 2

[Redacted]
Auth #: 04140S
gst #887315638RT0006
NO IN AND OUT PRIVILEGES

PARKING RECEIPT