

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, Vision 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.
<input type="text" value="Owen Heisler"/>	<input type="text" value="2018-Nov-27"/> <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
+	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Purpose (Do not include abbreviations)	Vendor Name/Details	Gross Amount	GST	Subtotal	Tip	Total Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>	\$0.00

Guest Names:	<input type="text"/>	Number of Guests	<input type="text"/>	<input type="checkbox"/> Check box if guest list more than 11. Please attach list to form.
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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: <input type="text"/>
Finance use only: Disclose (Y/N), if no, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>			

12/10/18

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.

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)

Approval		
Prepared By (first last)	Signature	Date (yyyy-Mon-dd)
Karen Chilton	<i>Karen Chilton</i>	2018-Dec-03
Approved By (first last)	Signature	Date (yyyy-Mon-dd)

Activity Summary for Statement End Date: 2018-Nov-27

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, Vision 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 (Select from Drop Down)	Date of Expense	Paid Via (Select from Drop Down)	Amount	Business Purpose	Additional Comments	Add/ Subtract Row
Accommodation	2018-Nov-15	Vision Travel	\$132.31	Meetings with Mineral Springs Hospital Physicians.		+
						+
						-



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 <i>(yyyy-Mon-dd)</i>	Expense Type <i>(select from drop down)</i>	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 <i>(yyyy-Mon-dd)</i>

Approval

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



A. Travel Particulars

Employee Last Name Heisler	Employee First Name Owen	Employee ID [REDACTED]	Department CMO - Medical Affairs	Site Tawa
Business Phone # 59983	Travel Coordinator Name (if applicable)	Business Phone #	Destination Banff	
Travel Dates From: 2018-Nov-15 To: 2018-Nov-16 (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 4 0 0 0		
Business Purpose of Trip (Do not include abbreviations) Banff - Mineral Springs Hospital to attend meeting with Calgary Zone AHS Re Surgery at MSH site.				

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

Travel Expenses	Currency	Paid Via (Vision, 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	CDN	Non-PO	\$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)	CDN	Vision Travel	\$300.00	\$132.31	0.00%	
6. Meals (refer to policy)	CDN	Expense Claim	\$47.50	\$0.00	0.00%	
7. Other Expenses. Describe other below. (eg: parking, park pass, incidentals etc.) Describe here: Parking	CDN	Visa	\$50.00	\$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			\$397.50	\$0.00		

C. AUTHORIZATION

Employee Signature <i>[Signature]</i>	Date (yyyy-Mon-dd) 2018-Oct-26	Description of Special Circumstances (if applicable)
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D. APPROVAL

Approver Last Name [Signature]	Approver First Name C. D. [Signature]	Additional Approval Last Name	Additional Approval First Name
Approver Signature <i>Patrick Demele</i>	Date (yyyy-Mon-dd)	Additional Approval Signature	Date (yyyy-Mon-dd)
Job Title CEO	DOFA Level C00	(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: Vision Travel at covenant@visiontravel.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 11/16/2018 09:07 AM JE

Registered To:
HEISLER, OWEN
VISION TRAVEL DT ONTARIO-WEST

(780) 425-8611

Room #	105-A
Conf #	296457906-01
Arrival	11/15/18
Departure	11/16/18
Room Type	QQNS-2 QUEENS NC
Guests	1 / 0
Payment Acct	Amex [REDACTED]

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
11/15/18	DMA	RC	ROOM CHRG REVENUE			\$119.00
11/15/18	DMA	9	G.S.T			\$6.07
11/15/18	DMA	91	TOURISM LEVY			\$4.86
11/15/18	DMA	92	TOURISM IMPROVEMENT FEE			\$2.38
11/16/18	JE	AX	PAYMENT AMEX			\$132.31
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# [REDACTED]

Signature