



# Travel and Employee Expense Claim

Period From: **Nov 22, 2018**

Period To: **Nov 30, 2018**

- 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.



### Travel and Employee Expense Claim

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#### Employee Information (please print)

Employee Last Name	Employee First Name	e-People ID	Position Title	Union/OOS	Phone Number	
<input type="text" value="Dunning"/>	<input type="text" value="Sandra"/>	<input type="text" value="[REDACTED]"/>	<input type="text" value="Executive Assistant"/>	<input type="text" value="Out of Scope"/>	<input type="text" value="735-7505"/>	
Employee Address	City/Town	Province	Postal Code	Department Name	Site	Travel Location
<input type="text" value="c/o 1100 Youville Drive West"/>	<input type="text" value="Edmonton"/>	<input type="text" value="AB"/>	<input type="text" value="T6L5X8"/>	<input type="text" value="Executive Administration"/>	<input type="text" value="GNCH"/>	<input type="text" value="AB"/>

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			
-	<input type="text" value="11/12/2018"/>	<input type="text" value="Supplies"/>	<input type="text" value="9 0 1"/>	<input type="text" value="8 0 9 8"/>	<input type="text" value="7 1 1 1 0 1 0 1 0 4 2"/>	<input type="text" value="4 9 5 0 0 0 0 0"/>	<input type="text"/>			
Business Purpose (Do not include abbreviations)			Vendor Name/Details			Subtotal	GST	Total	Tip	Total
<input type="text" value="Tableclothes for Acute Care Luncheon potluck with Jan Schimpf, Karen Macmillan and Scott Baerg's direct reports"/>			<input type="text" value="Dollar Tree&lt;br/&gt;6525 - 28 Avenue NW&lt;br/&gt;Edmonton AB T6L 6N3"/>			<input type="text" value="\$15.00"/>	<input type="text" value="\$0.75"/>	<input type="text" value="\$15.75"/>	<input type="text"/>	<input type="text" value="\$15.75"/>
						(Before Tip)		(if applicable)		

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

+	Date	Expense Type	Balancing Unit	Site Code	Functional Centre	Secondary Account	Exchange Rate			
-	<input type="text" value="2018-Nov-22"/>	<input type="text" value="Supplies"/>	<input type="text" value="9 0 1"/>	<input type="text" value="8 0 9 8"/>	<input type="text" value="7 1 1 1 0 1 0 1 0 4 2"/>	<input type="text" value="4 9 5 0 0 0 0 0"/>	<input type="text"/>			
Business Purpose (Do not include abbreviations)			Vendor Name/Details			Subtotal	GST	Total	Tip	Total
<input type="text" value="Tableclothes /napkins/spoons/tray for Acute Care Luncheon potluck with Jan Schimpf, Karen Macmillan and Scott Baerg's direct reports"/>			<input type="text" value="Dollar Tree&lt;br/&gt;4404 - 17 Street NW&lt;br/&gt;Edmonton AB T6L 0C1"/>			<input type="text" value="\$25.00"/>	<input type="text" value="\$1.25"/>	<input type="text" value="\$26.25"/>	<input type="text"/>	<input type="text" value="\$26.25"/>
						(Before Tip)		(if applicable)		

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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**Expense Claim(s)**

Lock Balancing Unit, Site Code, Functional Centre Fields

+	Date	Expense Type	Balancing Unit	Site Code	Functional Centre	Secondary Account	Exchange Rate
-	2018-Nov-22	Employee Recognition	9 0 1	8 0 9 8	7 1 1 1 0 1 0 1 0 4 2	6 9 5 0 0 0 0 3	

Business Purpose (Do not include abbreviations)	Vendor Name/Details	Subtotal	GST	Total	Tip	Total
Candy Canes for Christmas events at the Grey Nuns Hospital (Business Case Attached) received at a discount \$1.99 each instead of regular price of \$4.99 each	Shoppers Drug Mart Unit 417, 2331 - 66 Street NW Edmonton AB T6K 4B4	\$35.82	\$1.79	\$37.61		\$37.61
		(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.
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**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
-	2018-Nov-22	Local Travel	9 0 1	8 0 9 8	7 1 1 1 0 1 0 1 0 4 2	6 2 3 1 0 0 0 0

Business Purpose (Do not include abbreviations)	Origin	Destination	KM Travelled	Mileage Rate	Total
Travel to Dollar Tree on 17 street and back to Grey Nuns Hospital to drop off supplies.	GNC#	Dollar Tree	10.4	0.505	\$5.25

**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**  
**[Expense.Claims@covenanthealth.ca](mailto:Expense.Claims@covenanthealth.ca)**





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Totals		
Sub-Total A (Expense Claims):	\$79.61	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):	\$5.25	Driving to and from work is not considered business travel and cannot be claimed.
<b>Total (A + B):</b>	<b>\$84.86</b>	

#### 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)
	2018-Dec-07

#### Approval

Approver Last Name	Approver First Name	Job Title	DOFA Level
<input type="text" value="Macmillan"/>	<input type="text" value="Karen"/>	<input type="text" value="SOO Acute Services GNCH"/>	<input type="text" value="C03"/>

Approver Signature	Date (yyyy-Mon-dd)
	2018-Dec-07

#### 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**  
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Google Maps

Grey Nuns Community Hospital to 4404 17 Street Northwest, Edmonton, AB

Drive 5.4 km, 12 min

AS.4  
10.8

### Grey Nuns Community Hospital

10707 16 St NW Northwest, Edmonton, AB T6E 5G7

#### Take 58 St NW to 34 Ave NW E

↑ 1. Head east toward 58 St NW

3 min (450 m)

↑ 2. Continue straight

17 m

↑ 3. Continue onto 58 St NW

260 m

150 m

#### Continue on 34 Ave NW E to 21 St NW

↘ 4. Turn right onto 34 Ave NW E

7 min (4.6 km)

↙ 5. Use the left 2 lanes to turn left onto 34 St NW N

2.2 km

↘ 6. Turn right onto 38 Ave NW

1.1 km

1.3 km

#### Continue on 21 St NW to your destination

↙ 7. Turn left onto 21 St NW

1 min (400 m)

↘ 8. Turn right

250 m

↙ 9. Turn left

100 m

ⓘ For more information, see [Google Maps Help](#)

60 m

### 4404 17 St NW

4404 17 St NW Northwest, Edmonton, AB T6E 5G7

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan