

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: (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
-	March 26, 2019	Parking-Provincial	9 0 1	0020-Corporate	71110101047 - VP Mission Ethics Spirituality	62312000-Travel Staff Provincial

Business Purpose (Do not include abbreviations) <i>Invited to speak at CHSO conference</i>	Vendor Name/Details Edmonton Airports - Parking
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Gross Amount	GST	Subtotal	Tip	Total Amount
\$71.43	\$3.57	\$75.00		\$75.00

Guest Names:

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 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

Expense(s)

+	Date	Expense Type	Balancing Unit	Site Code	Functional Centre	Secondary Account
-	April 24, 2019	Miscellaneous	9 0 1	0020-Corporate	71110101047 - VP Mission Ethics Spirituality	69500003 - <i>AP Expense Clearing</i>
Business Purpose (Do not include abbreviations)			Vendor Name/Details			
Bereavement Floral Bouquet for Employee [REDACTED]			Swish Flowers			
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 checked="" 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						

Gross Amount	GST	Subtotal	Tip	Total Amount
\$86.00	\$4.30	\$90.30		\$90.30

Totals

Total Amount:	\$165.30	<p>* 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.</p>
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Other Agency Expense(s)

Agency Name	Address	Attention to	Amount to be billed

Acronym Legend

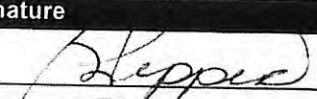

AHS	CHSO	
Alberta Health Services	Catholic Health Sponsors of Ontario	

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)
	2019-May-01

Approval

Prepared By (first last)	Signature	Date (yyyy-Mon-dd)
Gretel Pepper		May 1, 2019
Approved By (first last)	Signature	Date (yyyy-Mon-dd)
Patrick Dumelle		MAY 08 2018



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, 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
						+
						+
						+
						+
						+
						+
						+
						+
						+
						-



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 Self	Employee First Name Gordon	Employee ID [REDACTED]	Department Mission, Ethics & Spirituality	Site TAWA Centre
Business Phone # 780.735.9596	Travel Coordinator Name Gretel Pepper <small>(if applicable)</small>	Business Phone # 780.735.9597	Destination Toronto, ON re: CHSO Conference	
Travel Dates From: 2019-Mar-24 To: 2019-Mar-26 <small>(yyyy-Mon-dd) (yyyy-Mon-dd)</small>		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 1 0 4 7	Secondary Account 6 2 3 1 2 0 0 0	
Business Purpose of Trip (Do not include abbreviations) Invitation to speak at CHSO Conference				

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			\$0.00	\$0.00	0.00%	
2. Airfare		VISION	\$750.00	\$ 699.35	0.00%	disclosed in mar 2019
3. Rental Vehicle			\$0.00	\$0.00	0.00%	
4. Out of Town Mileage			\$20.00	\$0.00	0.00%	
5. Accommodation Charge (Estimate=quote + 17% estimated taxes)			\$500.00	\$0.00	0.00%	
6. Meals (refer to policy)			\$0.00	\$0.00	0.00%	
7. Other Expenses. Describe other below. (eg: parking, park pass, incidentals etc.)		VISA	\$100.00	\$ 140.55	0.00%	
Describe here: C. \$ 65.55 + \$ 75.00) Taxi - disclosed in mar 2019						
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			\$1,370.00	\$0.00		

C. AUTHORIZATION

Employee Signature 	Date (yyyy-Mon-dd) 2019-Feb-27	Description of Special Circumstances (if applicable)
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D. APPROVAL

Approver Last Name Dumelle	Approver First Name Patrick	Additional Approval Last Name	Additional Approval First Name
Approver Signature 	Date (yyyy-Mon-dd) MAR 01 2018	Additional Approval Signature	Date (yyyy-Mon-dd)
Job Title Chief Executive Officer	DOFA Level C01	<small>(only required if actual costs exceed 10% of estimated)</small>	

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.

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

PGF 2nd Fl 26/03/19 19:00
Receipt 073653

Short-term parking tkt
HL - No. 002661
24/03/19 07:07
26/03/19 19:00
Period 2d11h54
(Tax) *Toronto CHSO*

\$75.00

Total *parking*
\$75.00

Payment Received *trip*
VTSA \$75.00

Merch: 82005340013
Auth: 030542
Type: Swiped

Sub Total \$71.43
Tax 5% \$3.57

00017235 - 1/1

Gretel Pepper

Subject:

FW: Swish Flowers - Terwillegar Receipt For Order #88614



The Shoppes of Terwillegar Gardens
14225 23 Avenue
t. 780.437.7493
f. 780.437.7583
www.swishflowers.com
flowers@swishflowers.com
GST No. 856935606

*Family
Appreciation
from MESTeam*

Sales Receipt

24/04/2019 3:09 pm

Ticket: 220000088614
Register: Swish Flowers - Terwillegar
Employee: Register
Customer: Gretel Pepper

Item	#	Price
Vases/Containers	1 x	\$15.00
Fresh Flowers	1 x	\$55.00
In City Delivery Delivery to:	1 x	\$16.00
		Subtotal \$86.00
		GST (\$86.00 @ 5%) \$4.30
		Total Tax \$4.30
		Total \$90.30

PAYMENTS

VISA \$90.30

Non-perishable merchandise in original condition may be exchanged within seven days of purchase when accompanied by a receipt. All discounted items, sale items, consumable goods, bath, and body are final sale. All seasonal items are final sale.

Thank You Gretel Pepper!

