

### 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 <b>last expense added will be removed</b> .
Rosa Rudelich	2020-Oct-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										
-																
Business Purpose (Do not include abbreviations)		Vendor Name/Details			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <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> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;">\$0.00</td> <td></td> <td style="text-align: center;">\$0.00</td> </tr> </tbody> </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="text"/> <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: <input type="text"/>										
Finance use only: Disclose (Y/N), if no, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No																

APPROVED

By Tamaryn at 2:20 pm, Nov 23, 2020

Totals		
<b>Total Amount:</b>	<b>\$0.00</b>	<p>* If no detailed receipt is attached, an attestation must be completed and accompany the VISA summary form.</p> <p>**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>

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)
Magda McCaughey	Please see e-mail submission	2020-Nov-10
Approved By (first last)	Signature	Date (yyyy-Mon-dd)

**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
Other (specify)	2020-Sep-17	P-Card	\$79.80	Bereavement flowers for a staff member from Operations Team	Magda McCaughey's P-card	+
						+
						+
						-

**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>

## Thank you for your order

Hi Magda,

Just to let you know — we've received your order [REDACTED], and it is now being processed:

**[REDACTED] (September 17, 2020)**

Product	Quantity	Price
Bright Vase Arrangement	1	\$60.00
<b>Subtotal:</b>		\$60.00
<b>Shipping:</b>		\$16.00 via Local Delivery (Edmonton AB Area Only)
<b>GST:</b>		\$3.80
<b>Payment method:</b>		Credit Card
<b>Total:</b>		\$79.80
<b>Note:</b>		Please deliver after 10am

**Order Delivery Date - Thanks so much for your order today! We are processing orders in order of receipt. Indicate your preferred date below and we will do our best to accommodate. If we have not contacted you, your order will be ready for pickup or delivery on the date requested. Note that we are open for curbside pickup Wednesday-Sunday 11-5 and deliveries are available Monday-Saturday. We are sorry, but we are unable to guarantee exact delivery times, only dates. Thanks! : 18-09-2020**

Recipient's Phone Number [REDACTED]

**Card Message :** Thinking of you during this difficult time. Our warmest condolences to you and your family. with Love Rosa, Owen, Magda, Natasha, Karen, Faryn

### Billing address

*Covenant Heath  
Magda McCaughey  
7319 -29ave  
Edmonton AB T6W 1Y1*

### Shipping address

*Ashley Carlson*  
[REDACTED]

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Zocalo – Flowers, Gifts and Cafe in Little Italy. Edmonton, Alberta Canada.

## **Mylene Magsino**

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**From:** Magda McCaughey  
**Sent:** Tuesday, November 10, 2020 5:07 PM  
**To:** Mylene Magsino  
**Subject:** FW: SLT VISA Statement October 2020  
**Attachments:** Rosa Rudelich\_Oct2020 VISA Statement.pdf; October 2020 VisaSummaryForm.pdf

Hi Mylene, no charges for Rosa Rudelich.

Take care  
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Magda McCaughey  
Executive Assistant to  
Rosa Rudelich, Chief Operating Officer (COO)  
Trevor Small, Interim Senior Operating Officer, Seniors Care, Environmental Supports &  
Capital Management

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**From:** Mylene Magsino  
**Sent:** Friday, October 30, 2020 3:28 PM  
**To:** Magda McCaughey <Magda.McCaughey@covenanthealth.ca>  
**Subject:** SLT VISA Statement October 2020

Good afternoon,

Attached are your SLT member's July visa transactions. Please note the following before submitting your visa packages:

- If there are no charges on your report (just a payment), please fill out and submit the Visa Guidance Summary so we know if there were any other charges not incurred on the visa but maybe elsewhere like employee expenses, Vision travel etc.
- If you have any costs that require a Travel Approval form attached, please ensure that there is second signature whenever there is at least one line item that has an estimated cost greater than 10% of actual.
- Please ensure you consider any P-Card expenses that relate to your SLT member on the Activity Summary page (these seem to frequently be omitted).

- Please ensure that you date your Visa Summary's, approval page, and Guidance Summary's with the date October 27, 2020 (this is the current month statement end date) and submit it to [Mylene.Magsino@covenanthealth.ca](mailto:Mylene.Magsino@covenanthealth.ca) (cc [Tamaryn.vanderVaart@covenanthealth.ca](mailto:Tamaryn.vanderVaart@covenanthealth.ca) )

The deadline for submission to Accounts Payable for review is Thursday, November 05, 2020. If you cannot meet the deadline for any reason, please let us know.

Thank you and have a good day!

**Mylene Magsino**  
Covenant Health  
Finance, Accounts Payable  
Suite 151, 7319 – 29<sup>th</sup> Avenue NW.  
Edmonton, AB T6K 2P1  
tel. (780)342-8327  
fax (780)496.1308  
email: [Mylene.Magsino@covenanthealth.ca](mailto:Mylene.Magsino@covenanthealth.ca)