

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.
Trevor Small	2021-Jun-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										
-	2021-May-01	Membership Fees	9 0 1	0020-Corporate	71110101045 - SOO Seniors Care & Environme	66020000-Membership Fees										
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 style="text-align: center;">\$50.00</td> <td></td> <td style="text-align: center;">\$50.00</td> <td></td> <td style="text-align: center;">\$50.00</td> </tr> </tbody> </table>		Gross Amount	GST	Subtotal	Tip	Total Amount	\$50.00		\$50.00		\$50.00
Gross Amount	GST	Subtotal	Tip	Total Amount												
\$50.00		\$50.00		\$50.00												
RBC Annual fee		RBC														

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					

Totals		
Total Amount:	\$50.00	* 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)
Magda McCaughey		2021-Jul-22
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
						+
						+
						+
						+
						+
						+
						+
						+
						+
						+
						-

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>

Balance Reporting - Transaction Reports - Credit Card

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Credit Card Statement

Mylene Magsino , COVENANT HEALTH

Report Creation Date: Jul 02, 2021 11:03:35AM ET

Statement for: Transactions since last statement

Statement DetailsLast Statement Date: **May 27, 2021**Payment Due Date: **Jun 14, 2021**Last Statement Balance: **50.00**Minimum Payment: **50.00****Balance Details**Current Balance: **0.00**Credit Limit: **10,000.00**Last Payment Date: **Jun 14, 2021**Last Payment Amount: **50.00**Account: XXXXXXXXXX Trevor Small-Bus Visa Currency :CAD

Transaction Date	Posted Date	Description	Debit	Credit
Jun 14, 2021	Jun 14, 2021	AUTOMATIC PAYMENT - THANK		50.00
TOTAL:			0.00	50.00

*** End of report ***

Mylene Magsino

From: Magda McCaughey
Sent: Friday, July 23, 2021 2:31 PM
To: Mylene Magsino
Subject: SLT VISA Statement June 2021
Attachments: Trevor Small_Jun2021-generate statement later.pdf; June 2021 VisaSummaryForm.pdf

Trevor had no charges on his visa.

Thanks
m

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

From: Mylene Magsino <Mylene.Magsino@covenanthealth.ca>
Sent: Thursday, July 22, 2021 9:41 AM
To: Magda McCaughey <Magda.McCaughey@covenanthealth.ca>
Subject: RE: SLT VISA Statement June2021

Hi Magda,

I believe I forgot to send you Trevor's statement for June. So sorry for that.
Please see attached and please complete his SLT Submission package the soonest time possible.

Thank you.

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

**Please note that I am currently working from home and would be best reached through e-mail.
I am at the office only on Tuesdays. Thank you 😊*