

### **AHS Board and Executive Expense Report**

Name Dr. Brenda Hemmelgarn Title AHS Board Vice-Chair

**Location** Calgary

Expenses submitted during the month of May 2016

							Travel (1)						
ммм-үү	Source Document	Purpose	Ai	rfare	Me	als	Accommodation	Oth Trav		Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
May-16 May-16	Expense Claim Direct Billing	Meetings Meetings		375					128	128 375			
Total			\$	375	\$	-	\$ -	\$	128	\$ 503	\$ -	\$ -	\$ -

**Total for** 

the Month \$ 503

Maximum daily single meal expense claimed in the month \$ - Maximum daily base hotel rate claimed in the month \$ - Non economy air travel in the month \$ -

#### 1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

#### 2) Professional Development

Includes conference, seminar and course registration fees and material

#### 3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

#### 4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.



AHS - AP Processing - Internal Use Only	
Voucher #	7.695=
Naming Convention	
T4A/NR Applicable? - If yes, indicate line & ami	

# **BOARD MEMBER** EXPENSE CLAIM FORM

-				LVI LIAOT	CLAII	II FOR	IA1			
SECTIO	N 1: PAY	EE INFORM	ATION							
Name:	Dr. Bren	da Hemmelg	am				Expens Month:	e Period	April/May 2016	
Address:						City:	Calgar	у		
Province:	AB	,		Postal Code:			Country		Canada	
Reason for	Expense	Attendance a	at Board Meetin	g on April 28-29,	2016 and (	ouncil of (	Chairs Meetir	ng on Ma	ay 4, 2016	3.
SECTION	I 2: FINA	NCE CODIN	G & TOTAL C	LAIM				~		
Descr	nodal	Com/BU/O	Location (if applicable)		Functional entre/Prima	у.	Expe Second		(Note T	<u>Total</u> als column will auto fill)
Meals (A)		101	0005	71	11030000	0	4500	0000		\$0.00
Travel Exp	(B+C+E)	101	0005	71	11030000	0	6221	2000		\$126.15
Other (D)		101	0005	71	11030000	0	4109	0000		\$0.00
				TOTAL AMOUN	T PAYABI	E BY ACC	OUNTS PA	YABLE		\$128.15 V of
				SECTION 3:	AUTHOR	ZATION				
l attest the ex my behalf from	penses encio n Alberta He	sed in this claim a aith Services or a	are for valid busine: ny other Organizati	that pertain to these e ss purposes for Albert ion. ed by using a cost effe	a Health Serv	ces Board an	d that this clain	n has not	been previo	usly claimed by me or on
Claimant (Pr Dr. Brenda		jarn	Signature: I, b	y signing this form, sided:	that I sm compli	n! to sill the abo	rve atateineista	Date Nr.17	111	Phone#
attest the exp	enses enclos	sed in this claim a	re for valid busines	f that pertain to these s purposes for Alberta other Organization.						nce with such policies.

form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information, and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

14th Floor, North Tower, Se Deborah Rhodes, VP Corporate Services & CFO

Position # DOFA Level: 1: Jennifer Hamstra

Name:	Dr. Brenda Hemmelgarn							Expense Period Month:	April/May	2016
Comp	letion of the "cost effective n						ect "No" in t	his column, Furt	her Expla	nation is
Rational	e is Required for expenses	that are	not Cos	t Effect	ive: (sı	upporting an	alysis and doo	cumentation must be	attached to	this form)
SECTION	4A: BOARD MEMBER - T	RAVEL E	XPENSE	CLAIN	1					
	Description: (include purpose	Cost		Allowance			Accom-	Transportation	Other	
Date	of trip, mode of travel, starting point, details of	Effective method	Allowance		With Receipt		modation (B)	(Flight, Car Rental, Fuel, Parking, Taxi)	(Itemize)	Mileage km (E)
	expenditure)	used?	Meal Type	Allow- ance	Meal Type	With Receipt	(B)	(C)	(5)	
28-Apr-16	Parking to attend Board Meetings.	Yes						\$22.00	/	
29-Apr-16	Parking to attend Board Meetings.	Yes						\$38.85	/	
4-May-16	Parking at Calgary International Airport to attend Council of Chairs Meeting in Edmonton.	Yes						\$29.35	1	
4-May-16	Taxi from YEG to Council of Chairs meeting in Leduc.	Yes						\$20.70	/	
4-May-16	Taxi from Meeting in Leduc to YEG.	Yes						\$17.25		
		-22.1								

For payment please submit to:

\$0.00

**BOARD MEMBER Mileage Rate** 

14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

\$0.00

\$0.00

0.505

\$128.15

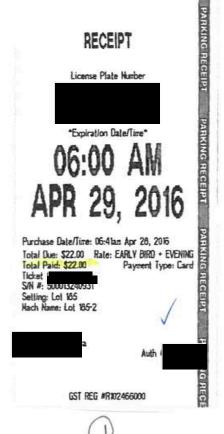
\$0.00

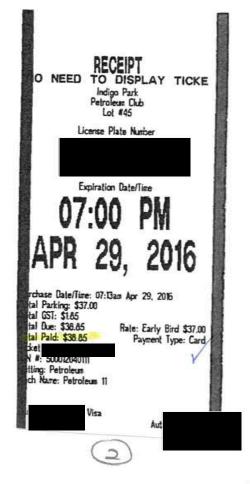
**Total Mileage** 

Created: November 01, 2013 Rev 8 eff December 17, 2015 0.00

Total: (amount auto fills to page 1)

(í





CALGARY AIRPORT AUTHOR 2000 AIRPORT ROAD T2E6H5 CALGARY AB 22627513 1111

PURCHASE

1111

17:58:05 Card Type VI

Name: BRENDA R HEIRIELGARN A0000000031010

Visa Credit

Trace #

05-04-2016

Acct Exp

Inv. # Auth

RRN 001150012

Total

APPROVED-THANK YOU

Retain this copy for your records Customer copy

3

YELLOW CAB 10135 31 AVENUE NW EDMONTON AB T6H-162 786-462-3456

Ierm Id:4502412478204 Item #:1463 Visa Credit PUPCHASE Op:1d:213314 Card #:

AID: A0000000031010

APPROVED

THUOMA TIP

CAD\$18.00 CAD\$2.70 ========

TOTAL

CAD\$20.70



BOOK ON LINE AT EDHTAXI.COM THANK YOU FOR BEING OUR GUEST

GST 108403070

Dale: 2016/05/04 | limp: 08:06:15 Response: AUTH

\*\*\*CUSTOMER COPY\*\*\*



AB 4608 101 ST NW 7809897099 ATS GROUP EDMONTON



9F205AE7542AE33C EC2DCFA5ED5F35C9 0080008000-E800 0080008000-F800 Ш A0000000031010 0 You APPR AUTH#

RETAIN THIS YOUR RECORDS

1

IMPORTANT

COPY FOR

CARDHOLDER COPY



# **Expense Report Direct Bill Summary**

### Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

### **Expenses Paid Directly to Third Party Vendors:**

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

### **Direct Bill Report**

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- · Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- . Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period:

YES

Name :	Brenda Hemmelgarn	Reporting Period for the Month of : May-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amo	unt Paid
4-May-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to attend Council of Chairs Meeting (Invoice	Marlin Travel		375.17
Total Paid in the	Month			3. 17 3.	s	375.17

MARLIN TRAVEL

O-O PERCY HUNT TRAVELGROUP INC

MAIN FLOOR, 9929 108TH ST.

EDMONTON, AB T5K 1G8

GST Reg#: 885101915

Branch: Agent:

To: ALBERTA HEALTH SERVICES

SUITE 800, NORTH TOWER

10030-107 ST **EDMONTON AB CA T5J 3E4** 

Invoice Number:

Date:

April 25, 2016

Page:

1/2

Our Reference:

## INVOICE

For

MS BRENDA HEMMELGARN

AC

Wednesday, May 4, 2016

K Air

AIR CANADA

From: CALGARY

EDMONTON INTL AB

Stops:

To:

0 Arrival: 04May16

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2C

Flight: 8130

W CLASS

07:00 AM Equipment: D8 (300 SERIES)

07:53 AM

Mile(s) Flown: 163

Air Air

AIR CANADA

From: EDMONTON INTL AB To:

CALGARY

AB

Stops:

0 Arrival: 04May16

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 4D

Flight: 8169

**OCLASS** 

04:50 PM Equipment: DH4

05:40 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEE

Tax:

300.21

Ticket Total:

74.96 375.17 To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER

10030-107 ST EDMONTON AB CA T5J 3E4 Invoice Number:

Date:

April 25, 2016

Page:

Our Reference:



# INVOICE

Total:

Grand Total: 375.17

Less Credit Card Payments: 375.17

Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00