

## AHS Board and Executive Expense Report

**Name** Dr. Brenda Hemmelgarn  
**Title** AHS Board Vice-Chair  
**Location** Calgary

Expenses submitted during the month of June 2016

### Travel (1)

| MMM-YY       | Source Document | Purpose  | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
|--------------|-----------------|----------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| Jun-16       | Expense Claim   | Meetings |         |       |               | 131          | 131          |                              |  |           |
| Jun-16       | Direct Billing  | Meetings | 271     |       | 155           |              | 426          |                              |  |           |
| <b>Total</b> |                 |          | \$ 271  | \$ -  | \$ 155        | \$ 131       | \$ 557       | \$ -                         | \$ -   | \$ -      |

**Total for the Month** \$ 557

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 145  
 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.



Employee # [Redacted]

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

## BOARD MEMBER EXPENSE CLAIM FORM

| SECTION 1: PAYEE INFORMATION |   |              |            |                       |        |
|------------------------------|---|--------------|------------|-----------------------|--------|
| Name:                        | Brenda Hemmelgarn                                 |              |            | Expense Period Month: | Jun-16 |
| Address:                     | [Redacted]  | City:        | [Redacted] |                       |        |
| Province:                    | [Redacted]  | Postal Code: | [Redacted] | Country:              | Canada |
| Reason for Expense           | Attendance at Board Meetings on June 02-03, 2016. |              |            |                       |        |

| SECTION 2: FINANCE CODING & TOTAL CLAIM         |             |                          |                           |                        |  |
|---|-------------|--------------------------|---------------------------|------------------------|--|
| Description                                     | Corp/BU/Org | Location (If applicable) | Functional Centre/Primary | Expense/Secondary Acct | Total (Note: This column will auto fill) |
| Meals (A)                                       | 101         | 0005                     | 71110300000               | 45000000               | \$0.00                                   |
| Travel Exp (B+C+E)                              | 101         | 0005                     | 71110300000               | 62212000               | \$130.70                                 |
| Other (D)                                       | 101         | 0005                     | 71110300000               | 41090000               | \$0.00                                   |
| <b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b> |             |                          |                           |                        | <b>\$130.70</b>                          |

| SECTION 3: AUTHORIZATION   |  |      |            |
|--|--|------|------------|
| I attest that I have read and understand all applicable policies that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.  |  |      |            |
| I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. |  |      |            |
| I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.   |  |      |            |
| Claimant (Print Name)  | Signature: I, by signing this form, attest that I am compliant to all the above statements | Date | Phone#     |
| Dr. Brenda Hemmelgarn  | <i>See below for signature</i>   |      | [Redacted] |

|   |                              |  |            |
|---|------------------------------|--|------------|
| I attest that I have read and understand all applicable policies of that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.  |                              |  |            |
| I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. |                              |  |            |
| I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.  |                              |  |            |
| Approved by (Print Name)  | Position Title/Program Group |  |            |
| Linda Hughes  | Board Chair                  |  |            |
| Signature: I, by signing this form, attest that I am compliant with all the above statements  | Date                         |  |            |
| <i>[Signature]</i>  | <i>[Signature]</i>           |  | June 21/16 |

Health and Personal information on this form is collected by AHS under the authority of sect on 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

*Deborah Rhodes*  
Deborah Rhodes  
VP Corp Services + CFO

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

**Carry forward from Section 1**

|       |                   |                       |       |
|-------|-------------------|-----------------------|-------|
| Name: | Brenda Hemmelgarn | Expense Period Month: | 42522 |
|-------|-------------------|-----------------------|-------|

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

**Rationale is Required for expenses that are not Cost Effective:** (supporting analysis and documentation must be attached to this form)

**SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM**

| Date  | Description: (include purpose of trip, mode of travel, starting point, details of expenditure) | Cost Effective method used? | Meal Allowance |           |                |           | Accommodation (B) | Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C) | Other (Itemize) (D) | Mileage km (E) |
|---|--|-----------------------------|----------------|-----------|----------------|-----------|-------------------|--|---------------------|----------------|
|   |  |                             | Within Canada  |           | Outside Canada |           |                   |  |                     |                |
|   |  |                             | Meal Type      | Allowance | Meal Type      | Allowance |                   |  |                     |                |
| 1) 2-Jun-16                                 | Parking at YYC to attend Board Meetings on June 2-3, 2016 in Edmonton.                         | Yes                         |                |           |                |           | \$58.70           | ✓  |                     |                |
| 2) 2-Jun-16                                 | Taxi from YEG to hotel to attend Board Meetings on June 2-3, 2016.                             | Yes                         |                |           |                |           | \$72.00           | ✓  |                     |                |
|   |  |                             |                |           |                |           |                   |  |                     |                |
|   |  |                             |                |           |                |           |                   |  |                     |                |
|   |  |                             |                |           |                |           |                   |  |                     |                |
|   |  |                             |                |           |                |           |                   |  |                     |                |
|   |  |                             |                |           |                |           |                   |  |                     |                |
|   |  |                             |                |           |                |           |                   |  |                     |                |
|   |  |                             |                |           |                |           |                   |  |                     |                |
|   |  |                             |                |           |                |           |                   |  |                     |                |
|   |  |                             |                |           |                |           |                   |  |                     |                |
|   |  |                             |                |           |                |           |                   |  |                     |                |
|   |  |                             |                |           |                |           |                   |  |                     |                |
| <b>Total: (amount auto fills to page 1)</b> |  |                             | \$0.00         |           | \$0.00         | \$0.00    | \$130.70          | \$0.00   | 0.00                |                |

|                                  |       |                      |      |
|----------------------------------|-------|----------------------|------|
| <b>BOARD MEMBER Mileage Rate</b> | 0.505 | <b>Total Mileage</b> | \$ - |
|----------------------------------|-------|----------------------|------|

For payment please submit to:

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

**RECEIPT**  
**GST NO. R122556194**



IN: 06/02/16 05:44  
OUT: 06/03/16 15:22  
PAID: \$ 58.70  
DURATION: 1 09: 38  
(GST INCLUDED)

VISA



YOU HAVE 10 MIN.  
TO EXIT

*airport parking*





# Receipt June 2/ Brenda R Hemmelgarn

Infinity Transportation Inc [infinitytransportationinc@hotmail.com]

(2)

Sent: June 2, 2016 1:18 PM

To: Brenda Hemmelgarn

via [CloudMagic Email](#)

[payd\\_receipt@moneris.com](mailto:payd_receipt@moneris.com)

[infinitytransportationinc@hotmail.com](mailto:infinitytransportationinc@hotmail.com)

## INFINITY TRANSPORTATION I

AB

| TYPE        | PURCHASE            |
|-------------|---------------------|
| ORDER ID    | [REDACTED]          |
| CUSTOMER ID | Brenda R Hemmelgarn |
| CARD NUM    | [REDACTED]          |
| ACCOUNT     | VISA                |
| DATE        | Jun 2 2016 01:16PM  |
| REF NUM     | [REDACTED]          |
| AUTH CODE   | [REDACTED]          |

*taxi  
- airport to hotel  
board rtg*

AMOUNT (CAD)

-----  
\$72.00  
-----



Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

## 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

|                                 |   |
|---------------------------------|---|
| <b>Name :</b> Brenda Hemmelgarn | <b>Reporting Period for the Month of :</b> Jun-16 |
|---------------------------------|---|

| DD-MMM-YYYY                    | Payment Method | Category       | Description/Purpose of the Expense   | Name of Vendor | Amount Paid      |
|--------------------------------|----------------|----------------|--|----------------|------------------|
| 2-Jun-2016                     | Direct Billing | Airline Ticket | Flight from Calgary to Edmonton and return to attend Board Meetings on June 2-3, 2016 [REDACTED] | Marlin Travel  | 270.62           |
| 2-Jun-2016                     | Direct Billing | Hotel          | 1 night accommodation to attend Board Meetings on June 2-3, 2016.                                | Other          | 155.32           |
| <b>Total Paid in the Month</b> |                |                |  |                | <b>\$ 425.94</b> |

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: N61107  
Agent: MEA MOORE Tel: 780-425-8611

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: May 26, 2016  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

### For

MS BRENDA HEMMELGARN  
[REDACTED]

Thursday, June 2, 2016

### Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 02Jun16

Flight: 8130 G CLASS  
07:00 AM Equipment: D8 (300 SERIES)  
07:53 AM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT [REDACTED]

Friday, June 3, 2016

### Air

WESTJET AIRLINES  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 03Jun16

Flight: 3397 D CLASS  
02:25 PM Equipment: DH4  
03:21 PM

Mile(s) Flown: 163

WESTJET ENCO  
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

### Cost:

|      |            |       |               |        |
|------|------------|-------|---------------|--------|
| TKT- | [REDACTED] | E-TKT | [REDACTED]    | 58.20  |
|      |            |       | Tax:          | 49.48  |
|      |            |       | Ticket Total: | 107.68 |

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: May 26, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

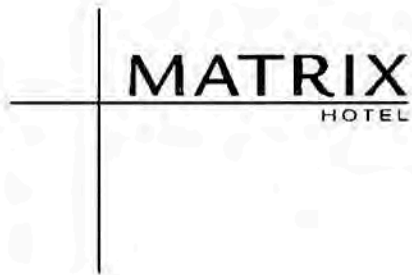
|                           |                      |               |
|---------------------------|----------------------|---------------|
| <b>Cost:</b>              |                      |               |
| AIR CANADA WEE [REDACTED] | [REDACTED]           | 125.46        |
|                           | Tax:                 | 37.48         |
|                           | <b>Ticket Total:</b> | <b>162.94</b> |

|               |  |        |
|---------------|--|--------|
| <b>Total:</b> |  |        |
|               | <b>Grand Total:</b>                          | 270.62 |
|               | <b>Less Credit Card Payments:</b>            | 270.62 |
|               | <b>Credit / Balance Due To This Invoice:</b> | 0.00   |
|               | <b>Total Balance Due:</b>                    | 0.00   |

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



Approved by: Jennifer Hamstra



Alberta Health Services  
14th Floor North Tower  
10030 107 St  
Edmonton AB T5J3E4

Room Number: [REDACTED]  
Arrival Date: 06-02-16  
Departure Date: 06-03-16  
Page No: 1 of 1

Guest *Hemmelgarn, Brenda*

**COPY OF INVOICE**

Folio No [REDACTED]

06-07-16

| Date           | Description                    | Charges       | Credits     |
|----------------|--------------------------------|---------------|-------------|
| 06-02-16       | Room Revenue                   | 145.00        |             |
| 06-02-16       | Destination Marketing Fee - 3% | 4.35          |             |
| 06-02-16       | Tourism Levy - 4%              | 5.97          |             |
| <b>Total</b>   |                                | <b>155.32</b> | <b>0.00</b> |
| <b>Balance</b> |                                | <b>155.32</b> |             |

**Signature:** \_\_\_\_\_

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0008

*June 9, 2016  
coded  
101000571110300000*