

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of April 2017

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)
Apr-17	Expense Claim	Meetings					-	998		
<b>Total</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 998	\$ -	\$ -

**Total for the Month** \$ 998

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.



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:	Apr-17
Address:	[REDACTED]	City:	[REDACTED]
Province:	[REDACTED]	Postal Code:	[REDACTED]
		Country:	Canada
Reason for Expense	Registration Fee for the Institute of Corporate Directors' Boardroom Financial Essentials Course being held on April 13, 2017 in Calgary.		

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/O #	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	\$0.00
Other (D)	101	0005	71110300000	41090000	\$997.50
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$997.50</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>BHG</i>	Apr 10/17	

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>Linda Hughes</i>	April 19/17

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Access to Information Act, respectively, for the purpose of Privacy (FOIP) Act, respectively, for the purpose

Deborah Rhodes  
 For payment ple Deborah Rhodes, VP Corporate Services & CFO  
 14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 Position #: [REDACTED] DOFA Level: [REDACTED] Date: *Apr-12/17*

**Carry forward from Section 1**

<b>Name:</b>	Brenda Hemmelgarn	<b>Expense Period Month:</b>	Apr-17
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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**

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

**Note:** For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
13-Apr-2017	Registration fee for ICD Boardroom Financial Essentials Course being held in Calgary.							\$997.50	✓	
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$0.00	\$997.50	0.00	

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ -
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Institute of Corporate Directors  
 Institut des administrateurs de sociétés

2701-250 Yonge Street  
 Toronto, ON M5B 2L7

# RECEIPT

Invoice No. [REDACTED]

Sold To: Dr Brenda Hemmelgarn  
 [REDACTED]

Ship To: Dr Brenda Hemmelgarn  
 [REDACTED]

Account No.	Purchase Order No.	Order Date	Order Number	Terms	Invoice Date
[REDACTED]		10/25/2016	[REDACTED]	Upon Receipt	10/25/2016

Qty	Description	Unit Price	Extended Price
1	Calgary BFE 5 Calgary BFE 5  4/13/2017 - 4/13/2017 Calgary, AB  CALBFE005/BFEREG BFE Course Registration  <i>Boardroom Financial Essentials</i>  <i>paid -</i>	950.00	950.00

Line Item Total	Other	Tax	Subtotal	Amount Received	Amount Due
950.00		47.50	997.50	997.50 ✓	0.00

Total GST/HST: 47.50  
 Total PST/QST: 0.00  
 GST Remittance Number: 12179 8201  
 QST Remittance Number: 1204855478

Paid by: VISA [REDACTED]