

AHS Board and Executive Expense Report

Name Colleen Turner
Title VP Community Engagement & Communications (Acting)
Location Edmonton

Expenses submitted during the month of May 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)
May-16	P-Card	Meetings			651	148	799			
May-16	Expense Claim	Meetings		83		530	613			
May-16	Direct Billing	Meetings	382				382			
Total			\$ 382	\$ 83	\$ 651	\$ 678	\$ 1,794	\$ -	\$ -	\$ -

Total for the Month \$ 1,794

Maximum daily single meal expense claimed in the month \$ 21
 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

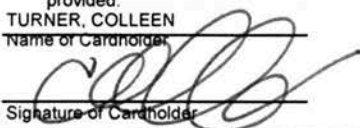

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

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.

Instruction:			
<ul style="list-style-type: none"> • Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement • Cardholder AND Approver's signatures required where indicated below 			
<u>TURNER, COLLEEN</u>	<u>ACTING VP</u>	Billing Reporting Period:	<u>20/05/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>COMMUNITY ENGAGEMENT &</u>	<u>SPPT</u>	Total Statement Amount:	<u>\$799.21</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>COLLEEN.TURNER@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u> </u>
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 19/04/2016	426446804	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	162.79	CAD	162.79	7.75		Apr. 19 Attend ELT in Edm
② 19/04/2016	426658363	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	29.35	CAD	29.35	1.40	.00	YYC Parking - ELT meeting Apr. 19
③ 03/05/2016	427950106	DIAMOND LIMO AND TAXI, LIMOUSINES AND TAXICABS	60.00	CAD	60.00	2.88	.00	May 2 Taxi from Airport to Hotel
④ 04/05/2016	428337215	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	325.58	CAD	325.58	15.50		Attend ELT and Council of Chairs May 2 and 3 two nights
⑤ 04/05/2016	428337216	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	58.70	CAD	58.70	2.80	.00	YYC Parking - May 4 ELT and Council of the Chairs meeting
⑥ 17/05/2016	429732414	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	162.79	CAD	162.79	7.75		Attend ELT May 17 - Edm

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
_____ Name of Cardholder Designate	_____ Cardholder Designate Position/Title	
_____ Signature of Cardholder Designate	_____ Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
TURNER, COLLEEN _____ Name of Cardholder	ACTING VP _____ Cardholder Position/Title	
 _____ Signature of Cardholder	2016 May 25 _____ Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
_____ Name of Approver Designate	_____ Approver Designate Position/Title	
_____ Signature of Approver Designate	_____ Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
Verna Yiu _____ Name of Approver	Interim President - CEO _____ Approver Position/Title	
 _____ Signature of Approver	May 27 / 16 _____ Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • Original (or scanned) itemized receipts with documented business reasons including names of participants where required • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____



①

Room
ELT Mtg ✓

Ms Colleen Turner
[Redacted]

Room Number: [Redacted]
Arrival Date: 04-18-16
Departure Date: 04-19-16
Page No: 1 of 1

Guest Name:

INVOICE

Folio No [Redacted]

04-19-16

Date	Description	Charges	Credits
04-18-16	Room Revenue	145.00	
04-18-16	Destination Marketing Fee - 3%	4.35	
04-18-16	Tourism Levy - 4%	5.97	
04-18-16	Room GST - 5%	7.47	
04-19-16	Mastercard [Redacted]		162.79
Total		162.79	162.79
Balance		0.00	

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 of the full amount of these charges. (GST #866344302 R1 0001)

P-Card May/2
Diamond Limo and Taxi
2626 43 ST
EDMONTON, AB T6L 5G1
Merchant ID: 000000004839662
Term ID: 08128889
8216010001

Purchase

MasterCard

AID: A0000000041010
Entry Method: Chip

Batch#: 000090
22:00:02

05/02/16

Ref#: [Redacted] Appr Code [Redacted]
Inv [Redacted]

Amount:	\$	55.00
Tip:	\$	5.00
Total:	\$	60.00

Customer Copy

RECEIPT
GST NO. R122556194

P-Card Ekt. Hig
2

EXIT No. 42
IN: 04/18/16 19:32
OUT: 04/19/16 18:13
DURATION: 0 22: 41
PAID: \$ 29.35
(GST INCLUDED)
MASTERCARD

[Redacted]

THANK YOU FOR
YOUR VISIT

00 FlyYYC

YYC

RECEIPT
GST NO. R122556194
P-Card 5

EXIT No. 41
IN: 05/02/16 19:35
OUT: 05/04/16 13:42
DURATION: 1 18: 07
PAID: \$ 58.78
(GST INCLUDED)
MASTERCARD

[Redacted]

THANK YOU FOR
YOUR VISIT

00 FlyYYC

YYC

4

ERT
Council of Chiefs

Ms Colleen Turner

Room Number: [REDACTED]
 Arrival Date: 05-02-16
 Departure Date: 05-04-16
 Page No: 1 of 1

Guest Name:

INVOICE

Folio No [REDACTED]

05-04-16

Date	Description	Charges	Credits
05-02-16	Room Revenue	145.00	
05-02-16	Destination Marketing Fee - 3%	4.35	
05-02-16	Tourism Levy - 4%	5.97	
05-02-16	Room GST - 5%	7.47	
05-03-16	Room Revenue	145.00	
05-03-16	Destination Marketing Fee - 3%	4.35	
05-03-16	Tourism Levy - 4%	5.97	
05-03-16	Room GST - 5%	7.47	
05-04-16	Mastercard [REDACTED]		325.58
Total		325.58	325.58
Balance		0.00	

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. #866344302 R1 0001



E

ELI ✓

Ms Colleen Turner
[Redacted]

Room Number: [Redacted]
Arrival Date: 05-16-16
Departure Date: 05-17-16
Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No:

05-17-16

Date	Description	Charges	Credits
05-16-16	Room Revenue	145.00	
05-16-16	Destination Marketing Fee - 3%	4.35	
05-16-16	Tourism Levy - 4%	5.97	
05-16-16	Room GST - 5%	7.47	
Total		162.79	0.00
Balance		162.79	

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. #866344302 RT 0001

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim
TURNER, COLLEEN	VP Community Engagement & Communications (Acting)	Calgary	612.66

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/29/2016	AHS Calgary Health Trust meeting	AB - Other Zones	Parking - Lot or Parkade	25.00			AHS Calgary Health Trust meeting at the Delta Hotel downtown Calgary	1			
4/29/2016	AHS/ Calgary Health Trust Foundations meeting		Mileage	8.99	Southport Tower	Delta Calgary downtown	AHS/ Calgary Health Trust Foundations meeting at Delta hotel downtown	1			17.8
4/29/2016	AHS/ Calgary Health Trust Foundations meeting		Mileage	8.99	Delta Calgary downtown, 209 4 Avenue Southeast, Calgary, AB T2G 0C6	Southport Tower	AHS/ Calgary Health Trust Foundations meeting from Delta hotel to Southport	1			17.8
5/2/2016	AHS ELT May 3 and Council of Chairs meetings May 4		Mileage	16.67	Home - Calgary	Calgary International Airport	AHS ELT May 3 and Council of Chairs meetings May 4	1			33
5/3/2016	AHS ELT meetings in Edmonton		Meals Per Diem	41.55			AHS ELT meetings in Edmonton. B/Fast, Lunch & Dinner	2			
5/4/2016	Council of Chairs meeting in Leduc	AB - Other	Taxi	60.20			Council of Chairs meeting in Leduc	1			
5/4/2016	Council of Chairs meeting in Leduc	AB - Other	Taxi	14.00			Council of Chairs meeting in Leduc	1			
5/4/2016	AHS ELT May 3 and Council of Chairs meetings May 4		Mileage	16.67	Calgary International Airport	Home - Calgary	AHS ELT May 3 and Council of Chairs meetings May 4	1			33
5/10/2016	Exectuive Education Residency 3	AB - Other Zones	Parking - Lot or Parkade	6.75			Exectuive Education Residency 3 at Hotel Alma- 7th Floor, Senate Room - 169 University Gate NW, Calgary, AB	1			

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/10/2016	Exectuive Education Residency 3		Mileage	8.13	Hotel Alma-7th Floor, Senate Room - 169 Univ	Southport Tower	Exectuive Education Residency 3 at Hotel Alma- 7th Floor, Senate Room - 169 University Gate NW, Calgary, AB	1			16.1
5/10/2016	Exectuive Education Residency 3		Mileage	8.13	Southport Tower	Hotel Alma 7th Floor, Senate Room - 169 Univ	Exectuive Education Residency 3 at Hotel Alma- 7th Floor, Senate Room - 169 University Gate NW, Calgary, AB	1			16.1
5/16/2016	CEO tour of Sundre Long Term Care		Meals Per Diem	32.35			CEO tour of Sundre Long Term Care. Lunch & Dinner	2			
5/16/2016	CEO tour of Sundre Long Term Care		Mileage	71.71	Home - Calgary	Sundre Hospital and Care Center	CEO tour of Sundre Long Term Care	1			142
5/16/2016	CEO tour of Sundre Long Term Care to Edmonton for ELT meeting		Mileage	126.76	Sundre Hospital and Care center	7th Street Plaza - Edmonton	CEO tour of Sundre Long Term Care to Edmonton for ELT meeting	1			251
5/17/2016	ELT Meeting in Edmonton		Mileage	157.56	7th Street Plaza - Edmonton	Home - Calgary	ELT meeting in Edmonton	1			312
5/17/2016	ELT Meeting in Edmonton		Meals Per Diem	9.20			ELT Meeting in Edmonton - Breakfast only.	2			
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		31-May-16							

1

Indigo Park
DELTA BOW VALLEY
HOTEL
RECEIPT A1
IN: 29.04.16 11:4
OUT: 29.04.16 13:4
AMOUNT: \$ 25.0
CC-DATA:

Keep ticket with you

Please pay at reception
returning to your vehicle

THANK YOU!
HAVE A NICE DAY!



Customer Service 403-269-7275

2

Co-op Taxi Line
(780) 425-2525
www.co-optaxi.com

Terminal 161/66234743
Driver 4477
16/05/04 08:11:57

VISA
Card # [REDACTED]
VISA
CHIP CARD

A0000000031010
0080008000

Ref # [REDACTED]
Auth # [REDACTED]

PURCHASE
FARE : \$ 57.20
TIP : \$ 3.00

TOTAL : \$ 60.20

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain this
copy for your records

Customer Copy

Thank you for choosing
Co-op taxi

3

METRO AIRPORT TAXI # 2
5308 RUE EAGLEMONT T4X0H9
BEAUMONT AB
22875039
GH2287503901

**** PURCHASE ****

05-04-2016 11:20:03
Acct # [REDACTED]
Exp Date [REDACTED]
Name: /
A0000000031010 VISA

Trace [REDACTED]
Inv. # [REDACTED]
Auth # [REDACTED] RRN 001262005

Purchase \$12.00
Tip \$2.00
Total \$14.00

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

RECEIPT

4

Alberta Health
Services
ACH Lot 1

RECEIPT A8
ENTRY TIME:
10.05.16 10:05
EXIT TIME:
10.05.16 11:41
PARK-DUR.: HRS:MIN
0:01:36

AMOUNT:
6.75
KIND OF PAYMENT:

* VISA
[REDACTED]

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 : Colleen Turner	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	Amount Paid
2-May-2016	Direct Billing	Airline Ticket	Calgary to Edmonton - Attend ELT and Council of Chairs meetings	Marlin Travel	190.84
4-May-2016	Direct Billing	Airline Ticket	Return to Calgary after ELT and Council of Chairs meetings	Marlin Travel	191.48
	Direct Billing	Airline Ticket		Marlin Travel	
	Direct Billing	Airline Ticket		Marlin Travel	
	Direct Billing	Airline Ticket		Marlin Travel	
Total Paid in the Month					\$ 382.32

ELT
Council of Chairs

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA [REDACTED]
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: April 28, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

COLLEEN TURNER
AC [REDACTED]

Monday, May 2, 2016

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 02May16
AIR CANADA E
SEAT 8D - TURNER/COLLEEN MS

Flight: 8166 V CLASS
08:40 PM Equipment: DH4
09:30 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED]

153.36

Tax: 37.48

Ticket Total: 190.84

Total:

Grand Total: 190.84

Less Credit Card Payments: 190.84

Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

ELI
Council of Chairs

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

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

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

INVOICE

For

COLLEEN TURNER
AC: [REDACTED]

Wednesday, May 4, 2016

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 04May16
AIR CANADA E
AIR CANADA LOCATOR KTNI8R

Flight: 8143 V CLASS
12:35 PM Equipment: DH4
01:25 PM

Mile(s) Flown: 163

Cost:

TK [REDACTED] E-TKT	[REDACTED]	142.00
	Tax:	49.48
	Ticket Total:	191.48

Total:

Grand Total:	191.48
Less Credit Card Payments:	191.48
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....