

## AHS Board and Executive Expense Report

**Name** Colleen Turner  
**Title** VP Community Engagement & Communications  
**Location** Edmonton  
 Expenses submitted during the month of July 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)
Jul-16	P-Card	Meetings			332	268	600			
Jul-16	Expense Claim	Meetings		72		573	644			
<b>Total</b>			\$ -	\$ 72	\$ 332	\$ 841	\$ 1,244	\$ -	\$ -	\$ -

**Total for the Month**      \$      1,244

Maximum daily single meal expense claimed in the month      \$      24  
 Maximum daily base hotel rate claimed in the month      \$      169  
 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:**

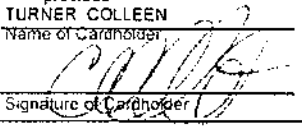
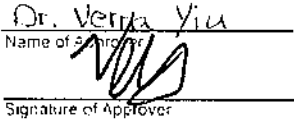
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>TURNER COLLEEN</u> Cardholder's Name	<u>ACTING VP</u> Cardholder's Position/Title	Billing Reporting Period	<u>20/07/2016</u>
<u>COMMUNITY ENGAGEMENT &amp;</u> Cardholder's Dept	<u>SPPT</u> Cardholder's Site/Location	Total Statement Amount	<u>\$1,600.<sup>24</sup></u>
<u>COLLEEN.TURNER@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card # <span style="background-color: black; color: black;">XXXXXXXXXX</span>	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/06/2016	433890895	MATRIX HOTEL LODGING HOTELS HOTELS RESORTS	8.40	CAD	8.40	-40		The Matrix charged me last month for a purchase of Voss Water in error. this is the credit.
25/06/2016	432424058	METTERRA HOTEL LODGING HOTELS HOTELS RESORTS	181.03	CAD	181.03	6.52		June 27 accommodation re Jt AHAHS Retreat on June 28
28/06/2016	434724477	THE CALGARY AIRPORT AU AUTOMOBILE PARKING LOTS AND	58.70	CAD	58.70	2.80		OO parking at YYC June 27 - 28 - Jt AHAHS Retreat
05/07/2016	434903009	CO OP TAXI LINE LTD. LIMOUSINES AND TAXI CABS	14.60	CAD	14.60	70		Taxi from SSP to Hotel
04/07/2016	434903010	CO OP TAXI LINE LTD. LIMOUSINES AND TAXI CABS	60.00	CAD	60.00	2.86		OO Taxi from Edmonton Airport to SSP for meetings
05/07/2016	435035714	CO OP TAXI LINE LTD. LIMOUSINES AND TAXI CABS	16.00	CAD	16.00	70		July 5 Taxi from Hotel to Leg Bldg for AHAHS Exec Team meeting
05/07/2016	435120500	METTERRA HOTEL LODGING HOTELS HOTELS RESORTS	159.61	CAD	159.61	7.62		Accommodation July 4 re AHAHS Exec Team Mtg
05/07/2016	435310803	THE CALGARY AIRPORT AU AUTOMOBILE PARKING LOTS AND	58.70	CAD	58.70	2.80		OO YYC Parking July 4-5 AHAHS mtgs
05/07/2016	435310804	DIAMOND LIMC AND TAXI LIMOUSINES AND TAXI CABS	60.00	CAD	60.00	2.80		OO SSP to Edmonton Airport July 5 - Mtgs with Stan

Will refund AHS \$1.10  
for overage in gratuity

<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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</li> </ul>		
_____ Name of Cardholder Designate	_____ Cardholder Designate Position/Title	
_____ Signature of Cardholder Designate	_____ Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method otherwise rationale and supporting analysis is provided</li> </ul>		
TURNER COLLEEN Name of Cardholder	ACTING VP Cardholder Position/Title	
 Signature of Cardholder	2016 July 14 Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method otherwise rationale and supporting analysis is provided</li> </ul>		
_____ Name of Approver Designate	_____ Approver Designate Position/Title	
_____ Signature of Approver Designate	_____ Date of signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method otherwise rationale and supporting analysis is provided</li> </ul>		
Dr. Verita Yiu Name of Approver	President + CEO Approver Position/Title	
 Signature of Approver	July 21/16 Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable</li> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason</li> </ul>	<b>Address:</b>  Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor North Tower 10030-107 Street Edmonton AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference # _____	Reviewed by _____	Date _____



① Refund for water.

Ms Colleen Turner



Room Number: [Redacted]  
Arrival Date: 05-30-16  
Departure Date: 05-31-16  
Page No: 1 of 1

Guest Name:

**INFORMATION INVOICE**

Folio No: [Redacted]

06-23-16

Date	Description	Charges	Credits
06-01-16	Refreshment Centre - VOSS - Water 1	8.40	
06-23-16	Adj - Refreshment Centre 12	-8.40	
<b>Total</b>		<b>0.00</b>	<b>0.00</b>
<b>Balance</b>		<b>0.00</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

J+ AH/AHS Retreat  
 (2)

Ms Colleen Turner  
 [Redacted]

Room Number: [Redacted]  
 Arrival Date: 06-27-16  
 Departure Date: 06-28-16  
 Page No: 1 of 1

Guest Name:

**INFORMATION INVOICE**

Folio No: [Redacted]

07-14-16

Date	Description	Charges	Credits
06-27-16	Room	169.00	
06-27-16	Destination Marketing Fee - 3%	5.07	
06-27-16	Tourism Levy - 4%	6.96	
06-28-16	Mastercard [Redacted]		181.03
<b>Total</b>		<b>181.03</b>	<b>181.03</b>
<b>Balance</b>		<b>0.00</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 0009

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

EXIT No. A1  
IN: 06/27/16 11:53  
OUT: 06/28/16 19:08  
DURATION: 1 07: 15  
PAID: \$ 58.70  
(GST INCLUDED)  
MASTERCARD

THANK YOU FOR  
YOUR VISIT



**YYC**  
CALGARY INTERNATIONAL AIRPORT

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

EXIT No. A1  
IN: 07/04/16 11:02  
OUT: 07/05/16 17:37  
DURATION: 1 06: 35  
PAID: \$ 58.70  
(GST INCLUDED)  
MASTERCARD

THANK YOU FOR  
YOUR VISIT



**YYC**  
CALGARY INTERNATIONAL AIRPORT

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

Terminal 322/66234784  
Driver 1127  
16/07/04 18:27:56

MASTERCARD  
MasterCard  
CHIP CARD

A000000041010  
0000008000

FARE : \$ 11.60  
TIP : \$ 3.00  
TOTAL : \$ 14.60

20% 2.92  
- 3.168  
APPROVED - THANK YOU  
(01-027) *asking*

IMPORTANT: Retain this  
copy for your records

Customer Copy

Thank you for choosing  
Co-op taxi

Customer Copy

24-7 TAXI  
200-10105-108 AVE  
EDMONTON, AB, T5H1A7  
7804424444  
MID: 97112250014  
GST#: 000000000000000000

TID: 017  
Operator#: 71481

SALE

Master Card  
CHIP

A000000041010  
MasterCard  
TSI E800

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

APPROVED

Customer copy

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

AID: A0000000041010  
Entry Method: Chip

Batch#: [redacted]  
07/05/16 14:49:00

Ref#: [redacted]  
Inv #: [redacted]

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

Terminal 474/66234767  
Driver 5103  
16/07/05 08:18:56

MASTERCARD

Card : [redacted]  
MasterCard  
CHIP CARD

AID : [redacted]  
TVR : [redacted]  
Ref # [redacted]  
Auth # [redacted]

FARE : \$ 13.00  
TIP : \$ 3.00  
TOTAL : \$ 16.00

20% 2.60  
- 3.40  
APPROVED - THANK YOU  
(01-027) *asking*

IMPORTANT: Retain a  
copy for your records

Diamond Limo and Taxi  
2628 43 ST  
EDMONTON, AB T6L 5G1  
Merchant ID: 000000004838663  
Term ID: 08128885  
82380190017

**Purchase**

MasterCard

9

7

Ms Colleen Turner

Room Number: [REDACTED]  
 Arrival Date: 07-04-16  
 Departure Date: 07-05-16  
 Page No: 1 of 1

Guest Name:

**INFORMATION INVOICE**

Folio No: [REDACTED]

07-14-16

Date	Description	Charges	Credits
07-04-16	Room	149.00	
07-04-16	Destination Marketing Fee - 3%	4.47	
07-04-16	Tourism Levy - 4%	6.14	
07-05-16	Mastercard <span style="background-color: black; color: black;">[REDACTED]</span>		159.61
<b>Total</b>		<b>159.61</b>	<b>159.61</b>
<b>Balance</b>		<b>0.00</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 0009

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
TURNER, COLLEEN	VP Community Engagement & Communications (Acting)	Calgary	644.22								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/8/2016	ALP Presentations at U of C Downtown campus		Mileage-Local-Home Zone	7.17			ALP Presentations at U of C Downtown campus	1			14.2
6/8/2016	ALP Presentations at U of C Downtown campus		Mileage-Local-Home Zone	7.17			ALP Presentations at U of C Downtown campus	1			14.2
6/8/2016	ALP Presentations at U of C Downtown campus	AB - Other Zones	Parking - Lot or Parkade	16.80			ALP Presentations at U of C Downtown campus	1			
6/14/2016	ELT Meeting in Edmonton	AB - Other Zones	Parking - Lot or Parkade	25.00			ELT Meeting in Edmonton	1			
6/24/2016	Lacombe Memorial Center opening		Mileage-Local-Home Zone	92.92			Lacombe Memorial Center opening	1			184
6/24/2016	Lacombe Memorial Center opening		Mileage-Local-Home Zone	94.44			Lacombe Memorial Center opening	1			187
6/27/2016	AHS/ AH Retreat and staff meetings in Edm		Mileage-Local-Home Zone	16.67			AHS/ AH Retreat and staff meetings in Edm	1			33
6/27/2016	AHS/ AH Retreat and staff meetings in Edm	AB - Other Zones	Taxi	60.00			AHS/ AH Retreat and staff meetings in Edm	1			
6/27/2016	AHS/ AH Retreat and staff meetings in Edm	AB - Other Zones	Taxi	12.72			AHS/ AH Retreat and staff meetings in Edm	1			
6/27/2016	AHS/ AH Retreat and staff meetings in Edm	AB - Other Zones	Meals Per Diem	24.00			AHS/ AH Retreat and staff meetings in Edm	2			
6/28/2016	AHS/ AH Retreat and staff meetings in Edm	AB - Other Zones	Taxi	16.10			AHS/ AH Retreat and staff meetings in Edm	1			



6/28/2016	AHS/ AH Retreat and staff meetings in Edm		Mileage-Local-Home Zone	16.67			AHS/ AH Retreat and staff meetings in Edm	1			33
7/4/2016	AH/AHS Executive team meeting	AB - Other Zones	Meals Per Diem	24.00			AH/AHS Executive team meeting	2			
7/4/2016	AH/AHS Executive team meeting		Mileage-Local-Home Zone	16.67			AH/AHS Executive team meeting	1			33
7/5/2016	AH/AHS Executive team meeting		Mileage-Local-Home Zone	16.67			AH/AHS Executive team meeting	1			33
7/5/2016	AH/AHS Executive team meeting	AB - Other Zones	Meals Per Diem	23.50			AH/AHS Executive team meeting	2			
7/6/2016	Deputy Minister of Health visit Sylvan Lake		Mileage-Local-Home Zone	86.86			Deputy Minister of Health visit Sylvan Lake	1			172
7/6/2016	Deputy Minister of Health visit Sylvan Lake		Mileage-Local-Home Zone	86.86			Deputy Minister of Health visit Sylvan Lake	1			172
<b>Approver(s) for the claim</b>		<b>Approval Status</b>	<b>Approval Date</b>								
YIU, VERNA		Approve	12-Aug-16								

DISPLAY TICKET ON DASH

\*Expiration Date/Time\*

06:00 PM  
JUN 08, 2016

RECEIPT  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM  
JUN 14, 2016

Purchase Date/Time: 06:33am Jun 14, 2016

Total Parking: \$23.80

Total gst: \$1.19

Total Due: \$25.00

Total Paid: \$25.00

Ticket

S/N #:

Setting: Lot 256

Mach Name: Meter 1

Rate: \$25 - Early Bird  
Payment Type: Card

Auth #

GST #887315638RT0006

3

Diamond Limo and Taxi  
2628 43 ST  
EDMONTON, AB T6L 5G1

Merchant ID: 000000004838663  
Term ID: 08128891  
82380190017

Purchase

VISA

AID: A0000000031010

Entry Method: Chip

Batch#: 000021

06/27/16

14:38:03

Ref:

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

Customer Copy

RECEIPT

Expiration Date/Time\*: 06:00pm Jun 08, 2016

Purchase Date/Time: 08:58am Jun 08, 2016

Total Parking: \$16.00

Total FEDERAL: \$0.80

Total Due: \$16.80

Total Paid: \$16.80

Ticket

S/N #:

Setting: Lot 118

Mach Name: Lot 118 -1

Rate: EARLY BIRD  
Payment Type: Card

Auth #:

Auth #

Auth #

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

Terminal 156/66233594  
Driver 4423  
16/06/28 08:19:50

VISA

VISA

CHIP CARD

AID : A000000031010

TVR : 0680008000

VERIFIED BY PIN

PURCHASE  
FARE : \$ 13.40  
TIP : \$ 3.00  
TOTAL : \$ 16.40

\$16.10

Auth # 0.80 Total 16.10

APPROVED - THANK YOU  
(01-027)

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

Terminal 368/66233498  
Driver 3472  
16/06/27 21:59:00

VISA

VISA

CHIP CARD

AID : A000000031010  
TVR : 0080008000

VERIFIED BY PIN

PURCHASE  
FARE : \$ 10.60  
TIP : \$ 3.00  
TOTAL : \$ 13.60

Auth # 0.80 Total 13.60

\$12.72

APPROVED - THANK YOU  
(01-027)

IMPORTANT: Retain this  
copy for your records

Merchant Copy

Thank you for choosing  
Co-op taxi