

## AHS Board and Executive Expense Report

**Name** Doug Tupper  
**Title** Chair, Quality Assurance and Patient Safety Advisory Committee  
**Location** Calgary

Expenses submitted during the month of March 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)
Mar-16	Expense Claim	Meetings		23		293	316			
Mar-16	Direct Billing	Meetings	668				668			
<b>Total</b>			\$ 668	\$ 23	\$ -	\$ 293	\$ 984	\$ -	\$ -	\$ -

**Total for the Month**      \$        984

Maximum daily single meal expense claimed in the month      \$        12  
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.

**BOARD MEMBER  
EXPENSE CLAIM FORM**

**SECTION 1: PAYEE INFORMATION**

Name:	Doug Tupper			Expense Period Month:	Mar-16
Address:	[REDACTED]		City:	Edmonton	
Province:	AB	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Expenses to attend Quality and Safety Committee Meeting on March 03, 2016.				

**SECTION 2: FINANCE CODING & TOTAL CLAIM**

Description	Comp/BU/O ID	Location (if applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$23.20
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$292.64
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$315.84</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 with all the above statements	Date	Phone#
Doug Tupper	<i>Doug Tupper</i>	Apr. 5/14	[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>Linda Hughes</i>	April 13/2016

Health and Personal information on this 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.

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

*Deborah Rhodes April 6, 2016*

**Carry forward from Section 1**

Name: **Doug Tupper** Expense Period Month: **42430**

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 OR Receipt)( A )				Accommodation ( B )	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) ( C )	Other (Itemize) ( D )	Mileage km ( E )
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
1-Mar-16	Bus Fare residence to LV Airport & return on March 5th (to attend QSC Meeting on March 3, 2016). \$97.00 US converted to Canadian funds.	Yes	L-\$11.60	\$11.60			\$130.05			
1-Mar-16	Taxi from YEG to residence (to attend QSC Meeting on March 3, 2016). Missing receipt please see attached attestation.	Yes					\$68.00			
3-Mar-16	Mileage and parking to attend QSC Meeting.	Yes					\$26.00		17	
5-Mar-16	Taxi from residence to YEG.	Yes	L-\$11.60	\$11.60			\$60.00			
<b>Total: (amount auto fills to page 1)</b>			\$23.20		\$0.00	\$0.00	\$284.05	\$0.00	17.00	

**BOARD MEMBER Mileage Rate 0.505 Total Mileage \$ 8.59**

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

3

# Havasu/Vegas Express Company, Inc.



"Making Travel Easier"

Outbound Date **3/1/16**

48 hour cancellation notice required

Inbound Date **3/5/16**

Received this date the amount of \$ 97<sup>00</sup> from

## DOUGLAS TUPPER

①

for 1 Way R/T (circle one) fare on Havasu Vegas Express *Converted to Canadian funds as per Bank of Canada Currency Converter (alt)*  
[Signature]  
Driver's Signature **\$130.05.**

THANK YOU for using *Havasu Vegas Express*  
We hope you will recommend us to your friends and relatives.

**928-453-4884**

See Reverse Side For Good Customer Benefit

**800-459-4884**

VOID IF RE-SOLD

**IMPARK**

PHONE 780-420-1976

**DAILY RATE**

Meter: 1.01 383

No in and out privileges

Time: 9:27A MAR 03

PRICE THIS SIDE UP ON DASH

VOID IF RE-SOLD

Price: \$26.00

Card: [Redacted]

Exp.: [Redacted]

Expires: [Redacted]

**6:00PM THU**

**MAR 03 16**

GST NO. 897315638R10001

INSTRUCTIONS ON BACK

VOID IF RE-SOLD

③

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

Terminal 094/66233575  
Driver 4276  
16/03/05 09:27:10

VISA  
Card: [Redacted]  
VISA CREDIT  
CHIP CARD  
A0000000031010  
0080008000

④

VERIFIED BY PIN  
Ref # [Redacted]  
Auth # [Redacted]

		PURCHASE
FARE	: \$	60.00
-----		
TOTAL	: \$	60.00

APPROVED - THANK YOU  
(01-027)

IMPORTANT: Retain this  
copy for your records

Merchant Copy

Thank you for choosing

Written Attestation for Lost Receipt

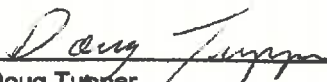
2


March 01, 2016

Taxi from Airport to Residence (\$68.00)

(see attached Visa statement)

- The above receipt has been misplaced
- The expense was incurred and related to AHS business
- The expense has not been previously claimed

  
\_\_\_\_\_  
Doug Tupper  
Authorization

  
\_\_\_\_\_  
Linda Hughes  
Claim Approver

Date Signed: April 5, 2016

Date Signed: Apr 21/2016

# Account Activity

[Help](#) | [Print](#)

Accounts:

View:

Current Balance <sup>?</sup>    Credit Limit    Current Available Credit <sup>?</sup>

Balance Date:    Account Type: OWNER

Statement balance for selected period was

Due date and minimum payment was

Make a payment:

Posted Date <sup>+</sup> <sup>?</sup>    Transaction Description <sup>+</sup>    Debits <sup>+</sup> <sup>?</sup>    Credits <sup>+</sup> <sup>?</sup>    Balance <sup>?</sup>

Posted Date <sup>+</sup> <sup>?</sup>	Transaction Description <sup>+</sup>	Debits <sup>+</sup> <sup>?</sup>	Credits <sup>+</sup> <sup>?</sup>	Balance <sup>?</sup>
Mar 04, 2016	YELLOW CAB EDMONTON	68.00		

Total:

All transactions to the close of the previous BUSINESS day will be downloaded. [View supported versions of the software downloads.](#)

\* Current Available Credit shown is based on the transactions that appear as of the month, date, year of your Current Balance including pending transactions that have not yet posted to your account. Your Credit Limit is current to the date of your last statement. If you want more information, please contact TD Credit Cards.

[+ Legal Notes](#)

[Print](#)

2

## 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> Doug Tupper	<b>Reporting Period for the Month of :</b> Mar-16
---------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
1-Mar-2016	Direct Billing	Airline Ticket	Flight from Las Vegas to Edmonton and return to attend Quality & Safety Committee Meeting on March 3, 2016 (invoice [REDACTED])	Marlin Travel	667.91
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 667.91</b>



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: December 16, 2015  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For**  
MR DOUGLAS ALFRED TUPPER

Tuesday, March 1, 2016

 Air

WESTJET AIRLINES Flight: 1447 P CLASS  
From: LAS VEGAS NV 02:10 PM Equipment: 73W  
To: EDMONTON INTL AB 06:15 PM Mile(s) Flown: 1206  
Stops: 0 Arrival: 01Mar16  
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Saturday, March 5, 2016

 Air

WESTJET AIRLINES Flight: 1446 M CLASS  
From: EDMONTON INTL AB 11:25 AM Equipment: 73W  
To: LAS VEGAS NV 01:25 PM Mile(s) Flown: 1206  
Stops: 0 Arrival: 05Mar16  
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

**Cost:**

TKT [REDACTED]	E-TKT	[REDACTED]	518.00
		Tax:	149.91
		<b>Ticket Total:</b>	<b>667.91</b>