

AHS Board and Executive Expense Report

Name Glenda Yeates
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of February 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)
Feb-16	P-Card	Meetings				72	72			
Feb-16	Expense Claim	Meetings		41		96	137			
Feb-16	Direct Billing	Meetings	561		311		872			
Total			\$ 561	\$ 41	\$ 311	\$ 168	\$ 1,081	\$ -	\$ -	\$ -

Total for the Month \$ 1,081

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:

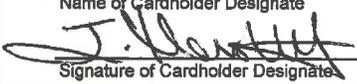
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

PROCIUK, LORINDA Cardholder's Name	EXECUTIVE ASSOCIATE Cardholder's Position/Title	Billing Reporting Period:	20/02/2016
PRESIDENT & CEO OFFICE Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$155.69 \$72.00
LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	XXXXXXXXXX

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/02/2016	419641085	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00 \$36.00	3.43		Taxi for Board Members (G. Yeates/B. Hemmelgarn) from SSP to Airport on January 21, 2016 (attended Board Meetings).
19/02/2016	419641086	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	\$36.00	3.43		Taxi for Board Members (G. Yeates/B. Hemmelgarn) from SSP to Airport on January 28th (attended Board Meeting).

✓ 

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. 		
<u>Jennifer Hamstra</u> Name of Cardholder Designate	<u>Executive Secretary</u> Cardholder Designate Position/Title	
 Signature of Cardholder Designate	<u>Feb. 24, 2016</u> 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. 		
<u>PROCIUK, LORINDA</u> Name of Cardholder	<u>EXECUTIVE ASSOCIATE</u> Cardholder Position/Title	
 Signature of Cardholder	<u>03/07/16</u> 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. 		
<u>Deb Rhodes</u> Name of Approver Designate	<u>VP Corporate + CFO</u> Approver Designate Position/Title	
 Signature of Approver Designate	<u>March 15, 2016</u> 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. 		
<u>Linda Hughes</u> Name of Approver	<u>Board Chair</u> Approver Position/Title	
 Signature of Approver	<u>Mar 17/2016</u> 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: _____

Jennifer Hamstra

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Friday, February 19, 2016 5:39 AM
To: Colette Mooney; Lorinda Prociuk
Subject: Fwd: Transaction Receipt - Do Not Reply

~~Glenda Yeates and Brenda Hemmelgarn~~
Jan.21/2016
SSP>Ap

②

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Lorinda Prociuk
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Feb 19 2016 05:35AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)

~~\$72.00~~



\$36.00

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

Jennifer Hamstra

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Friday, February 19, 2016 5:39 AM
To: Colette Mooney; Lorinda Prociuk
Subject: Fwd: Transaction Receipt - Do Not Reply

Glenda Yeates and ~~Brenda Hemmelgarn~~
Jan.28/2016
SSP>Ap

3

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Lorinda Prociuk
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Feb 19 2016 05:36AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)

~~\$72.00~~ ✓ \$36.00

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Glenda Yeates			Expense Period Month:	Jan 2015 - Feb 2016
Address:	[REDACTED]		City:	Ottawa	
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Board Meetings on January 28th (Board Meeting) and February 24th (Governance; Finance and Audit & Risk) and February 25th (Board Meeting).				

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	\$41.50 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$95.60 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$137.10 ✓

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#
Glenda Yeates	<i>Pls see attached email as approval</i>	March 2016	[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>	Mar 8/16

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.

14th Floor, North Tower, Sevens

Deborah Rhodes *Mar 7/2016*
Deborah Rhodes, VP Corporate Services & CFO

Jennifer Hamstra

Carry forward from Section 1

Name: **Glenda Yeates** Expense Period Month: **Jan 2015 - Feb 2016**

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				
28-Jan-16	Taxi from Ottawa airport to residence attended Board Meeting in Edmonton.	Yes	D-\$20.75	\$20.75			\$34.00			
23-Feb-16	Taxi from YEG to hotel to attend Board Meetings on February 24 and 25, 2016.	Yes	D-\$20.75	\$20.75			\$61.60			
Total: (amount auto fills to page 1)			\$41.50	✓	\$0.00	\$0.00	\$95.60	✓	\$0.00	0.00

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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For payment please submit to:
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra



Job #

RECEIPT FOR CAB FARE

Amount 34 Date 28-1-2016

From _____

To _____

Cab No. _____ Driver _____

H.S.T. Included in meter fare

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD _____
CARD TYPE VISA
DATE 2016/02/23
TIME 0413 21:00:13
INVOICE # _____
RECEIPT NUMBER _____

PURCHASE
AMOUNT \$55.00
TIP \$6.60
TOTAL \$61.60

Visa Credit
A0000000031010
87CE247F8FDDEB48
0080008000-E800
1F45E2E92B5B43D0
0080008000-F800

APPROVED
AU _____ 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

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 : Glenda Yeates	Reporting Period for the Month of : Feb-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
23-Feb-2016	Direct Billing	Airline Ticket	Flight from Ottawa to Edmonton and Edmonton to Calgary on February 25, 2016 (attended Board Meetings in Edmonton).	Marlin Travel	561.41
23-Feb-2016	Direct Billing	Hotel	2 nights accommodation to attend Board Meetings on February 24 and 25, 2016.	Other	310.64
Total Paid in the Month					\$ 872.05

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: March 3, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MS GLENDA YEATES
AC [REDACTED]

Tuesday, February 23, 2016

✈ Air

AIR CANADA Flight: 171 G CLASS
From: OTTAWA ON 05:50 PM Equipment: A320
To: EDMONTON INTL AB 08:30 PM Mile(s) Flown: 1771
Stops: 0 Arrival: 23Feb16
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

Thursday, February 25, 2016

✈ Air

AIR CANADA Flight: 8169 G CLASS
From: EDMONTON INTL AB 05:00 PM Equipment: DH4
To: CALGARY AB 05:54 PM Mile(s) Flown: 163
Stops: 0 Arrival: 25Feb16
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

Cost:

AIR CANADA W [REDACTED]	[REDACTED]	500.93
	Tax:	60.48
	Ticket Total:	561.41

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

Invoice Number: [REDACTED]
Date: March 3, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	561.41
Less Credit Card Payments:	561.41
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	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.



Alberta Health Services



Guest Name: Yeates, Glenda

Room Number:



Arrival Date: 02-23-16

Departure Date: 02-25-16

Page No: 1 of 1

P/O Number:



COPY OF INVOICE

Folio No



02-26-16

Date	Description	Charges	Credits
02-23-16	Room Revenue	145.00	
02-23-16	Destination Marketing Fee - 3%	4.35	
02-23-16	Tourism Levy - 4%	5.97	
02-24-16	Room Revenue	145.00	
02-24-16	Destination Marketing Fee - 3%	4.35	
02-24-16	Tourism Levy - 4%	5.97	
Total		310.64	0.00
Balance		310.64	

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

Coded March 02, 2016
101 0005 71110300000
62212000