

AHS Board and Executive Expense Report

Name Glenda Yeates
Title AHS Board Member
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	Expense Claim	Meetings	116	62		169	347			
May-16	Direct Billing	Meetings	781		155		937			
Total			\$ 897	\$ 62	\$ 155	\$ 169	\$ 1,283	\$ -	\$ -	\$ -

Total for the Month \$ 1,283

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.

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Glenda Yeates			Expense Period Month:	Mar-Apr-May-2016
Address:	[REDACTED]	City:	Ottawa		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Board Meetings on March 29-30, 2016; Quality & Safety Committee Meeting on May 25, 2016; Audit & Risk Committee and Finance Committee on May 26, 2016.				

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	\$62.30
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$284.80
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$346.68 <i>JH</i>

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>Glenda Yeates</i>	June 3/16	[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>	June 13/16

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

Deborah Rhodes
 14th Floor, North Tower, Se Deborah Rhodes, VP Corporate Services & C
 Position #: [REDACTED] DOFA Level [REDACTED]

Carry forward from Section 1

Name:	Glenda Yeates	Expense Period Month:	Mar-Apr-May-2016
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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

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	Allow-ance	Meal Type	With Receipt				
30-Mar-16	Taxi from from Ottawa Airport to Residence (attended Board Meeting on March 29-30, 2016).	Yes					/ \$34.00			
26-Apr-16	Change Fee (cancelled flight to attend Board Meetings on April 27-28, 2016) due to family illness.	Yes					/ \$115.75			
26-Apr-16	Taxi from residence to Ottawa Airport to attend Board Committee Meetings on April 27-28, 2016.	Yes					// \$35.00			
25-May-16	Taxi from residence to Ottawa Airport to attend Board Committee Meeting on May 25-26, 2016.	Yes	BLD-\$41.55	\$41.55			✓ \$36.38			
25-May-16	Taxi from YEG to hotel.	Yes					/ \$63.25			
26-May-16	Dinner per diem.	Yes	D-\$20.75	\$20.75						
Total: (amount auto fills to page 1)			\$62.30		\$0.00	\$0.00	\$284.38	\$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

CAPITAL TAXI
(613) 944-3335

BLUELINE Job # _____
RECEIPT FOR CAB FARE
 Amount \$ 35 Date 26/04/16
 From 83 ELHO DR
 To _____
 Cab No. 177 Driver W.H.
 H.S.T. Included in meter fare

VISA MasterCard AMERICAN EXPRESS Interac

TRIP ID: 001
 PART ID: 001
 JEE ID: 001
 DRIVER ID: 001
 NUMBER: 001
 TRIP: 001
 DATE: 2016-04-26
 TIME: 06:00
 AMOUNT: \$ 34.00
 LARGE AMOUNT: \$ 0.00
 TOTAL: \$ 34.00
 SALE: ***
 VAL NUMBER: 0

\$34.00

RECEIPT**
 CUSTOMER SERVICE 1-800-443-2812
 INQUIRY@TAXITAB.COM
 TAXITAB



BLUE LINE TAXI
(613) 238-1111

TRIP ID: 001
 PART ID: 001
 JEE ID: 001
 DRIVER ID: 001
 NUMBER: 001
 TRIP: 001
 DATE: 2016-05-25
 TIME: 10:30
 AMOUNT: \$ 63.25
 LARGE AMOUNT: \$ 0.00
 TOTAL: \$ 63.25
 SALE: ***
 VAL NUMBER: 0

\$63.25

RECEIPT**
 CUSTOMER SERVICE 1-800-443-2812
 INQUIRY@TAXITAB.COM
 TAXITAB



YELLOW CAB
 10135 31 A. ST. NW
 EDMONTON AB T6A 1C2
 780-462-3456

Credit
 HASE
 ID: 476622
 H: [REDACTED]

60000000031010

PROVED

JOINT CAD\$55
 ? CAD\$8

TOTAL CAD\$63
\$63.25

[REDACTED]

BOOK ONLINE AT EDNTAXI.COM
 THANK YOU FOR BEING OUR GUEST

GST 100493070

2016/05/25 Time: 10:30:11
 user: AUTH 006211

CUSTOMER COPY***

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: TIFFANY ASKE Tel: 780-425-8611

2

To: MS GLENDA YEATES
ALBERTA HEALTH SERVICES
10030 107 ST NW
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: April 25, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS GLENDA YEATES
[REDACTED]

Tuesday, April 26, 2016

Air

PORTER AIRLINES
From: OTTAWA ON
To: TORONTO-ISLAND ON
Stops: 0 Arrival: 26Apr16
PORTER CONFIRMATION [REDACTED]

Flight: 250 H CLASS
09:30 AM Equipment: DH4
10:35 AM

*paid
persmally
gy.*

Mile(s) Flown: 242

Wednesday, April 27, 2016

Air

AIR CANADA
From: TORONTO PEARSON
To: CALGARY AB
Stops: 0 Arrival: 27Apr16
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT [REDACTED]

Flight: 117 V CLASS
08:00 AM Equipment: BOEING 767
10:11 AM

Mile(s) Flown: 1669

Sunday, May 1, 2016

Air

AIR CANADA
From: CALGARY AB
To: OTTAWA ON
Stops: 0 Arrival: 01May16
AIR CANADA CONFIRMATION [REDACTED]

Flight: 118 G CLASS
09:35 AM Equipment: E90
03:30 PM

Mile(s) Flown: 1790

To: MS GLENDA YEATES
ALBERTA HEALTH SERVICES
10030 107 ST NW
EDMONTON AB
CA T5J 3E4

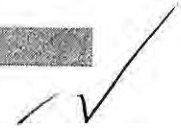
Invoice Number: [REDACTED]
Date: April 25, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Sunday, May 1, 2016
SEAT 13C
TICKET NUMBER [REDACTED]

Cost:	
AIR CANADA WEB [REDACTED]	75.00
AIR CANADA WEB [REDACTED]	40.75
Total:	

Grand Total:	115.75
Less Credit Card Payments:	115.75
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.

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 : April-May 2016
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Apr-2016	Direct Billing	Airline Ticket	Flight from Ottawa to Calgary and Return on May 01, 2016 (Invoice [REDACTED] Note: Flight cancelled due to family illness credit will be used at a later date.	Marlin Travel	585.46
27-Apr-2016	Direct Billing	Airline Ticket	Seat change fee from Ottawa to Calgary (Invoice [REDACTED])	Marlin Travel	23.73
25-May-2016	Direct Billing	Hotel	1 night accommodation to attend Quality & Safety Committee on May 25th and Finance and Audit & Risk Committee Meetings on May 26, 2016.	Other	155.32
26-May-2016	Direct Billing	Airline Ticket	Flight from Edmonton to Calgary (Invoice [REDACTED])	Marlin Travel	172.24
Total Paid in the Month					\$ 936.75

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: TIFFANY ASKE Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: April 12, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS GLENDA YEATES
[REDACTED]

Wednesday, April 27, 2016

 Air

AIR CANADA
From: OTTAWA ON
To: CALGARY AB
Stops: 0 Arrival: 27Apr16

Flight: 113 G CLASS
08:45 AM Equipment: E90
11:14 AM

Mile(s) Flown: 1790

AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT [REDACTED]

Sunday, May 1, 2016

 Air

AIR CANADA
From: CALGARY AB
To: OTTAWA ON
Stops: 0 Arrival: 01May16

Flight: 118 G CLASS
09:35 AM Equipment: E90
03:30 PM

Mile(s) Flown: 1790

AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT [REDACTED]

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	514.46
AIR CANADA WEB [REDACTED]	[REDACTED]	50.00
AIR CANADA WEB [REDACTED]	[REDACTED]	21.00

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

Invoice Number: [REDACTED]
Date: April 12, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	585.46
Less Credit Card Payments:	585.46
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..
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Agent: TIFFANY ASKE Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: April 13, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS GLENDA YEATES
[REDACTED]

Wednesday, April 27, 2016


 **Air**

AIR CANADA
From: OTTAWA ON
To: CALGARY AB
Stops: 0 **Arrival:** 27Apr16
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT [REDACTED]

Flight: 113 G CLASS
08:45 AM **Equipment:** E90
11:14 AM

Mile(s) Flown: 1790

Sunday, May 1, 2016

 **Air**

AIR CANADA
From: CALGARY AB
To: OTTAWA ON
Stops: 0 **Arrival:** 01May16
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT [REDACTED]

Flight: 118 G CLASS
09:35 AM **Equipment:** E90
03:30 PM

Mile(s) Flown: 1790

Cost:

AIR CANADA WEB [REDACTED]

23.73

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

Invoice Number: [REDACTED]
Date: April 13, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	23.73
Less Credit Card Payments:	23.73
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	585.46
Total Charges Previous Invoices:	585.46
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
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F.

MATRIX HOTEL

Booked by: Marlin Travel

Approved by: Lorinda Prociuk

Cost Centre: 101.0005.7111030000

Alberta Health Services

Room Number: [REDACTED]

Arrival Date: 05-25-16

Departure Date: 05-26-16

Page No: 1 of 1

P/O Number: Cost center;

Guest *Yeates, Glenda*

COPY OF INVOICE

Folio No: [REDACTED]

05-31-16

Date	Description	Charges	Credits
05-25-16	Room Revenue	145.00	
05-25-16	Destination Marketing Fee - 3%	4.35	
05-25-16	Tourism Levy - 4%	5.97	
Total		155.32	0.00
Balance		155.32	

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

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 10, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS GLENDA YEATES
[REDACTED]

Thursday, May 26, 2016

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 26May16
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT [REDACTED]

Flight: 8153 **G CLASS**
06:00 PM **Equipment:** D8 (300 SERIES)
06:55 PM **Mile(s) Flown:** 163

Cost:
AIR CANADA WEB [REDACTED] [REDACTED] 134.76
Tax: 37.48
Ticket Total: 172.24

Total:
Grand Total: 172.24
Less Credit Card Payments: 172.24
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 0.00

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

Invoice Number: [REDACTED]
Date: May 10, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
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