

## AHS Board and Executive Expense Report

**Name** Glenda Yeates  
**Title** AHS Board Member  
**Location** Edmonton

Expenses submitted during the month of October 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)
Oct-16	Expense Claim	Meetings		120		230	350			
Oct-16	Direct Billing	Meetings	811				811			
<b>Total</b>			\$ 811	\$ 120	\$ -	\$ 230	\$ 1,161	\$ -	\$ -	\$ -

**Total for the Month**      \$      1,161

Maximum daily single meal expense claimed in the month      \$      24  
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.

Employee # [REDACTED]

AHS - AP Processing - Internal Use Only

Voucher #

Naming Convention:

T4A/NR Applicable? - If yes, indicate line & amt

## BOARD MEMBER EXPENSE CLAIM FORM

### SECTION 1: PAYEE INFORMATION

<b>Name:</b>	Glenda Yeates	<b>Expense Period Month:</b>	June/July/Sept 2016
<b>Address:</b>	[REDACTED]	<b>City:</b>	[REDACTED]
<b>Province:</b>	[REDACTED]	<b>Postal Code:</b>	[REDACTED]
		<b>Country:</b>	Canada
<b>Reason for Expense</b>	Attendance at Board Meetings in Edmonton on June 3-4, 2016; attendance at Board Meetings in Calgary on July 28-29, 2016; attendance at Quality & Safety Committee Meeting on September 28th and Board Meetings on September 28-29, 2016 in Calgary.		

### 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	<b>\$119.50</b>
Travel Exp (B+C+E)	101	0005	71110300000	62212000	<b>\$230.71</b>
Other (D)	101	0005	71110300000	41090000	<b>\$0.00</b>
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$350.21</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.

<b>Claimant (Print Name)</b>	<b>Signature:</b> I, by signing this form, attest that I am compliant to all the above statements	<b>Date</b>	<b>Phone#</b>
Glenda Yeates	<i>See att. for signature</i>	Oct 25/16	[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.

<b>Approved by (Print Name)</b>	<b>Position Title/Program Group</b>
Linda Hughes	Board Chair
<b>Signature:</b> I, by signing this form, attest that I am compliant with all the above statements	<b>Date</b>
<i>Linda Hughes</i>	Nov 4/16

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Access to Information Act, and section 8 of the Privacy (FOIP) Act, respectively, for the purpose of processing the claim.

For payment please contact:  
14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107

*Deborah Rhodes*      Oct-31/16  
Deborah Rhodes, VP Corporate Services & CFO

**Carry forward from Section 1**

Name:	Glenda Yeates	Expense Period Month:	June/July/Sept 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				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Within Canada		Outside Canada					
			Meal Type	Allowance	Meal Type	Allowance				
① 4-Jun-16	Taxi from Ottawa airport to residence.	Yes	D-\$24.00	\$24.00	✓		\$35.50	✓		
② 27-Jul-16	Taxi from residence to Ottawa airport.	Yes	D-\$24.00	\$24.00	✓		\$36.75	✓		
③ 7-Sep-16	(Return trip home from attending Board Meeting July 28-29th delayed to September 7, 2016). Taxi to Calgary Airport.	Yes	L-\$13.00	\$13.00	✓		\$30.00	✓		
④ 7-Sep-16	Taxi from Ottawa Airport to residence.	Yes					\$34.00	✓		
⑤ 28-Sep-16	Taxi from residence to Ottawa airport.	Yes	B-\$10.50	\$10.50	✓		\$35.00	✓		
⑥ 28-Sep-16	Taxi from Calgary airport to meeting at Southport Tower in Calgary.	Yes	D-\$24.00	\$24.00	✓		\$59.46	✓		
30-Sep-16	Dinner per diem.	Yes	D-\$24.00	\$24.00	✓					
<b>Total: (amount auto fills to page 1)</b>			\$119.50		\$0.00	\$0.00	\$230.71	\$0.00	0.00	

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ -
----------------------------------	-------	----------------------	------

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

①  
CAPITAL TAXI  
(613) 744-3333

②  
BLUE LINE TAXI  
(613) 231-1111



Sale

Label: Visa Credit



Entry Method:

Total: CAD\$

35.5 \$35.50

00:33: ✓

Phone: 00  
Phone: 00328  
Phone: Online  
Phone: Code:

Appr Code:  
Batch#:



TERMINAL ID:  
MERCHANT ID:  
VEHICLE ID:  
DRIVER ID:



TRIP NUMBER:  
PASSENGERS:

START: 14:29 END: 14:55

RE AMOUNT: \$ 36.75

CHARGE AMOUNT: \$ 36.75

TOTAL: \$ 36.75

SALE: ✓

PROVINCE NUMBER: ✓

\*\*\*PASSENGER COPY\*\*\*  
CUSTOMER SERVICE 1-800-443-2812  
INQUIRY@TAXIAB.COM  
TAXIAB



③

Driver # E.G. Car # 1142  
To: Airport  
From: 601 24 Ave NW  
Date: \_\_\_\_\_ Amount: 30.00  
GST# \_\_\_\_\_

④



Job # \_\_\_\_\_  
RECEIPT FOR CAB FARE

Amount \$34.00 Date 7/9/2016

From \_\_\_\_\_

To \_\_\_\_\_

Cab No. 6007 Driver AS

H.S.T. Included in meter fare



ASSOCIATED CAB  
ALLIED LIMOUSIN  
307-41 AVENUE NE  
CALGARY AB T2E 2N4  
(403) 299-1111  
CAR#50

SALE



Job # \_\_\_\_\_  
RECEIPT FOR CAB FARE

Amount \$35.20 Date 09-28-16

From \_\_\_\_\_

To \_\_\_\_\_

Cab No. 406 Driver \_\_\_\_\_

H.S.T. Included in meter fare



MID: \_\_\_\_\_ REF#: \_\_\_\_\_  
TID: \_\_\_\_\_  
Batch #: \_\_\_\_\_ SEQ: \_\_\_\_\_  
09/28/16

APPR CODE: \_\_\_\_\_  
VISA

AMOUNT \$51.70  
TIP \$7.76  
TOTAL \$59.46

00 - APPROVED - 001

Visa Credit  
AID: \_\_\_\_\_  
TVR: \_\_\_\_\_  
TSI: \_\_\_\_\_

THANK YOU

CUSTOMER COPY

⑤

⑥

## 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> Glenda Yeates	<b>Reporting Period for the Month of :</b> Sep-16
-----------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
28-Sep-2016	Direct Billing	Airline Ticket	Flight from Ottawa to Calgary (Invoice Number ██████████ to attend Board Meetings in Calgary.	Marlin Travel	811.46
	Direct Billing				
					-
					-
<b>Total Paid in the Month</b>					<b>\$ 811.46</b>



**Trip Statement**

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: [REDACTED] Booking Date: 15 Sep 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: TIFFANY ASKE  File Locator: [REDACTED]
---	--

**INSURANCE**

**PASSENGERS:** MS GLENDA YEATES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	739.50	0.00	\$0.00	71.96	0.00	811.46 CAD
<b>Total:</b>	<b>739.50</b>	<b>0.00</b>	<b>0.00</b>	<b>71.96</b>	<b>0.00</b>	<b>811.46 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/13/2016	[REDACTED]	[REDACTED]	811.46 CAD
<b>Total Payment:</b>					<b>811.46 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
 ..... AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ..... \*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----  
 ---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES  
"SUITE 800, NORTH TOWER"  
10030-107 ST  
EDMONTON, AB T5J 3E4  
CANADA

Trip #: [REDACTED]  
Booking Date: 15 Sep 16  
Client: [REDACTED]  
Client Phone #: [REDACTED]  
Client Email: [REDACTED]  
Agent: TIFFANY ASKE

File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
GLENDAYEATES	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: GLENDAYEATES  
Booking Date: 13 Sep 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00441	OTTAWA INTL 28 Sep 16 7:00AM		TORONTO PEARSON 28 Sep 16 8:05AM	G		
AIR CANADA	01151	TORONTO PEARSON 28 Sep 16 9:15AM		CALGARY INTL 28 Sep 16 11:25AM	G		
AIR CANADA	00124	CALGARY INTL 01 Oct 16 7:20PM		OTTAWA INTL 02 Oct 16 1:13AM	G		