

AHS Board and Executive Expense Report

Name Glenda Yeates
Title AHS Board Member

Location Edmonton

Expenses submitted during the month of March 2017

							Travel	(1)						
MMM-YY	Source Document	Purpose	Α	uirfare	N	/leals	Accommod	dation	ther avel	Tot Tra		Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Mar-17 Mar-17	Expense Claim Direct Billing	Meetings Meetings		861 1,385		194		1,097	400		1,455 2,482			
Total			\$	2,246	\$	194	\$	1,097	\$ 400	\$ 3	3,937	\$ -	. \$ -	\$ -

Total for

the Month \$ 3,937

Maximum daily single meal expense claimed in the month \$ 21 Maximum daily base hotel rate claimed in the month \$ 184 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.



AHS - AP Processing - Inte	rnal Use Only
Voucher#	

BOARD MEMBER

	EXPENSE CLAIM FORM										
SECTION	1: PAYE	E INFORM	IATION								
Name:	Glenda Y	eates					Expense Month:	e Period	Dec 2016-Mar	r 2017	
Address:					City:						
Province:				Postal Code:		Country	: :	Canada			
Reason for	Expense	January 18	m attending Board and Finance Com Edmonton. Atten	mittee Meeting	on January 19, 20	017. Attenda					
SECTION	SECTION 2: FINANCE CODING & TOTAL CLAIM										
<u>Descr</u>	iption	Corp/BU/O rg	Location (If applicable)	2000	unctional htre/Primary		ense/ lary Acct	(Note: T	<u>Total</u> his column will a	auto fill)	
Meals (A)		101	0005	711	10300000	4500	00000	anteroute space	\$193.70	/	
Travel Exp	(B+C+E)	101	0005	711	10300000	6221	2000	.1	\$1,261.57		
Other (D)		101	0005	711	10300000	4109	0000		\$0.00	/	
			1	OTAL AMOUNT	PAYABLE BY A	CCOUNTS PA	YABLE		\$1,455.27	10	
				SECTION 3: A	UTHORIZATIO	N					
I attest the ex my behalf fro I attest that e	xpenses enclo om Alberta He expenses sub	osed in this clai ealth Services o	all applicable policies that m are for valid business r any other Organization aim have been incurred	purposes for Alberta 1. by using a cost effec	Health Services Board	and that this clai	m has not	been previ	ously claimed by me		
Claimant (P					hat I am compliant to all the		Date		Phone#		
Glenda Ye	eates		Seeatto	iched appro	wal email		March	9350L			
I attest the exclaimant or o	xpenses enclo on their behal	osed in this clai f from Alberta	all applicable policies of to m are for valid business Health Services or any of aim have been incurred	purposes for Alberta ther Organization.	Health Services Board	and that this cla	m has not	been previ	ously claimed by th		
Approved b	y (Print Nam	ne)			Position Title/Prog	ram Group					
Linda Hug	ghes				Board Chair						
Signature:	I, by signing this	s form, attest that	I am compliant with all the ab	ove statements				Date	29/17		
Health and Pers	sonal information	on on this form is c	ollected by AHS under the au of Privacy (FOIP) Act	ithority of section 20(b) of respectively, for the purp							

For payment p Deborah Rhodes, VP Corporate Services & CFO

14th Floor, North Tower, Seventh Street Plaza, 10030 - 11

Position # DOFA Level: Date: Mac 27117

From:

Glenda Yeates

Sent:

Thursday, March 23, 2017 4:35 PM

To:

Subject:

Re: Expense Claim

Hello Jennifer,

This looks accurate -- thanks for doing this. I don't have access to a printer/scanner here in Canmore -- can you just use this email as my sign-off? Thanks,

Glenda

Sent from my iPad

On Mar 23, 2017, at 4:11 PM,

wrote:

Good Afternoon Glenda...attached please find your expense claim (December 2016 – March 01, 2017) – please review and if accurate sign signature page and return. I've also attached your working sheets for reference.

Cheers ©



This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

Carry for	ward from Section 1		
Name:	Glenda Yeates	Expense Period	Dec 2016-Mar 2017

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

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA. Appendix D for International).

			Meal (Allowance OR Receipt)(A)							
<u>Date</u>	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method		Allowance Within Canada		eceipt <u>or</u> ce Outside nada	Accom- modation	Transportation (Flight, Car Rental, Fuel, Parking, Taxi)	Other (Itemize) (D)	Mileage km (E)
		used?	Meal Type	Allow- ance	Meal Type	Amount		(C)	,	
9-Dec-2016	Taxi from Ottawa Airport to residence (attended Board Committee Meeting on December 8, 2016 in Edmonton).	Yes						\$33.59	1	
17-Jan-2017	Taxi from residence to Ottawa Airport to attend Quality & Safety and Finance Committee Meetings on Jan. 18 and 19, 2017 in Edmonton.	Yes	D-\$20.75	\$20.75	1			\$36.90	/	
17-Jan-2017	Taxi from YEG to Westin Hotel.	Yes						\$63.25	✓	
18-Jan-2017	Per diems.	Yes	BLD-\$41.55	\$41.55	/					
19-Jan-2017	Taxi from Ottawa Airport to residence (attended Quality & Safety Committee and Finance Committee Meetings) on January 18 and 19, 2017.	Yes	D-\$20.75	\$20.75	1			\$33.59	V	
25-Jan-2017	Taxi from residence to Ottawa Airport to attend Board Meetings on January 26 and 27, 2017 in Edmonton.	Yes						\$38.19	V	
25-Jan-2017	Flight from Ottawa to Edmonton and return including seat selection to attend Board Meetings on January 26 and 27, 2017.	Yes						\$691.70	/	
25-Jan-2017	Taxi from YEG to Westin Hotel.	Yes	D-\$20.75	\$20.75	√			\$63.25	1	
26-Jan-2017	Per diem.	Yes	B-\$9.20	\$9.20	/			5-65		
26-Jan-2017	Per diem.	Yes	D-\$20.75	\$20.75	V					
	Total: (amount auto fills to	page 1)		\$133.75		\$0.00	\$0.00	\$960.47	\$0.00	0.00

BOARD MEMBER Mileage Rate 0.505 Total Mileage s

Carry for	rward from Section 1		
Name:	Glenda Yeates	Expense Period Month:	Dec 2016-Mar 2017

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

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SECTION 4B: BOARD MEMBER - TRAVEL EXPENSE CLAIM

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			Meal (A	Allowance OR Receipt)(A)						
<u>Date</u>	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method	Allowa Within C		Allowan	eceipt <u>or</u> ce Outside nada	Accom- modation	<u>Transportation</u> (Flight, Car Rental, Fuel, Parking, Taxi)	Other (Itemize)	Mileage km (E)
	point, details of expenditure/	used?	Meal Type	Allow- ance	Meal Type	<u>Amount</u>	(0)	(C)	(5)	194
27-Jan-2017	Per diems.	Yes	BL-\$20.80	\$20.80	/					
27-Jan-2017	Change fee to take an earlier flight as meeting ended earlier than scheduled.	Yes						\$169.50	V	
27-Jan-2017	Taxi from Ottawa Airport to residence.	Yes						\$34.33	/	
28-Feb-2017	Taxi from residence to Ottawa Airport to attend Board Meeting on March 1, 2017 in Edmonton.	Yes						\$37.27	√	
28-Feb-2017	Taxi from YEG to Westin Hotel.	Yes						\$60.00	/	
1-Mar-2017	Per diem.	Yes	B-\$9.20	\$9.20	>					
1-Mar-2017	Per diem.	Yes	D-\$20.75	\$20.75	>					
2-Mar-2017	Per diem.	Yes	B-\$9.20	\$9.20	>					
Total: (amount auto fills to page 1)				\$59.95		\$0.00	\$0.00	\$301.10	\$0.00	0.00

BOARD MEMBER Mileage Rate 0.505 Total Mileage \$ -

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TOTAL :

36.90

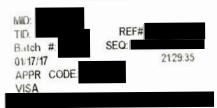
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JUSTOMER SERVICE 1-800-443-2812 INQUIRYUTAXITAB.COM TAXITAB



24-7 TAXILINE 9762 54 AVE NW EDMONTON AB T6E 0A9 (780) 423 - 2425

SALE



AMOUNT TIP TOTAL \$55.00 \$8.25 \$63.25

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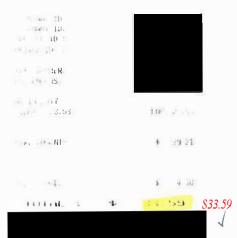


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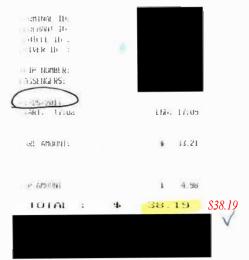
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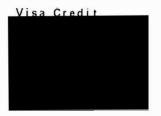


AIRPORT TAX: SERVICE 4608 101 ST. (7808907070) EDMONTON AB

CARD TYPE VISA
DATE 2017/01/25
TIME
INVOICE #
RECEIPT NUMBER

PURCHASE
AMOUNT \$55.00
TIP \$8.25
TOTAL

\$63.25



APPROVED
AUTH#
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST#542285678













Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.

Please bring your itinerary-receipt to the airport.

Main Contact Information

Ms Glenda Yeates

Name: E-mail:

Payment:

Booking reference:

Customer Care

Air Canada Reservations

1-888-247-2262

Air Canada Flight Information

1-888-422-7533

International Reservations

Alert me of flight changes

Flight notification

Flight Itinerary

Flight	From	То	Aircraft Cabin Status (Booking class)
AC118	Calgary (YYC)	Ottawa (YOW)	E90 Economy (G) Confirmed
	Fri 06-Jan 2017	Fri 06-Jan 2017	. \
	11:00	16:56	extend flight)
Seat number(s) requested: 13D	(P	ersonal flight)
AC171	Ottawa (YOW)	Edmonton International (YEG)	E90 Economy (A) Confirmed
	Wed 25-Jan 2017	Wed 25-Jan 2017	1.10 Ci 1+
	18:30	21:10	AHS flight
Seat number(s) requested: 13D		
AC178	Edmonton International (YEG)	Toronto Pearson (YYZ)	320 Economy (K) Confirmed
	Fri 27-Jan 2017	Fri 27-Jan 2017	ALLE CAS-LT
	15:55	21:35 - TERMINAL T1	AHS flight
Seat number(s) requested: 13D		



Flight	From	То	Aircraft	Cabin (Booking class)	Status
AC470	Toronto Pearson (YYZ)	Ottawa (YOW)	320	Economy (K)	Confirmed
	Fri 27-Jan 2017	Fri 27-Jan 2017		ALL C	you to
	22:30 - TERMINAL T1	23:36		AHS T	ilgra.
Seat number(s	s) requested: 16D				

Passenger Information

Passenger: 1 Ms Glenda Yeates

Ticket number:

Frequent Flyer Pgm: Air Canada Aeroplan

Program number:

Purchase Summary

Passenger: 1 Ticket number

Date of issue	25-Dec 2016
Fare Amount in Canadian dollars:	1,062.00
(including navigational & other charges)	
Taxes, Fees & Charges	
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) (XG)	0.50
Combined Taxes *see fare calculation below (XT)	58.97
Total Fare in Canadian dollars:	201.47A
Options	
Seat Fee(s) in Canadian dollars	10.00
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001) (RC)	1.30
Preferred Seat in Canadian dollars	123.00

Ticket particularities:

AC ONLYF/NONREF/CHGE FEE

Preferred Seat in Canadian dollars

*Fare calculation:

06JAN17YOW AC YYC Q23.00R178.00AC YOW Q23.00R418.00AC YEA Q23.00R187.00AC X/YTO Q23.00AC YOW R187.00CAD1062.00 END R0E1.00 XT21.97RC37.00SQ PD14.25CA2.50XG124.44RC73.00SQ

Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001) (RC)

Canadian tax registration numbers:

XG Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) RC Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)

XQ Canada Quebec Sales Tax (QST #1000-043-172 TQ1991)

coot of Ottawa - Edmonton teturn flight on date of booking Dec. 25, 2016) -

138.99 - sentects

15.99

#691.70

Fare Rules Summary

/

AIR CANADA AIRPORT FEE RECEIPT TICKET NO



NAME:YEATES/GLENDAMS
DATE OF ISSUE: 27 JAN2017

AMOUNT

TAX

TOTAL

SAME DAY CHANGE FEE

150.00 19.50RC

169.50

PNR RECLOC:

ISSUED BY :

AC104 27 JAN YEGYON - SAME DAY CHANGE

GRAND TOTAL

150.00

19.50

169.50

FORM OF PAYMENT:

IN CANADIAN DOLLARS

GST/TPS HST/TVH NO. 100092287 RT000 QST/TVQ NO. 1000-043-172 RT000

FEES ARE NON-REFUNDABLE

(8)

BLUE LINE TAXI (613) 238 1111

MERCHANT ID: VENICLE ID : LECTVER ID :

INTP NUMBER:

u. 28/2017 START: 16:18

END: 16-19

Friet, AMOUNT:

\$ 12.41

III AMOUNT:

TOTAL :

4

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37.27 \$37.27

PASSENGER COPY

CUSTOMER SERVICE 1-800-443-2812 INQUIRYUTAXITAB.COM TAXITAB











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.

Indicate whether you have expenses to report in this section for this reporting period:

- · 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.

Tridicate mileti	ter you have expenses to report in thi	is section for this reporting period.		
Name :	Glenda Yeates	Reporting Period for the Month	of: Jan-17	

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
17-Jan-2017	Direct Billing	Airline Ticket	Flight from Ottawa to Edmonton, then return to Ottawa on January 19th (Invoice #) to attend Quality & Safety and Finance Committee Meetings on January 18 and 19, 2017.	Marlin Travel	952.21
17-Jan-2017	Direct Billing	Hotel	2 nights accommodation to attend Quality & Safety and Finance Committee Meetings on January 18 and 19, 2017.	Other	351.36
25-Jan-2017	Direct Billing	Hotel	2 nights accommodation to attend Board Meetings on January 26 and 27, 2017.	Other	394.20
Total Baid in the					¢ 450777



Invoice



PASSENGERS: MS GLENDA YEATES

REFERENCE/ DESCRIPT	TION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	L
AIR CANADA Ticket #				839.25	0.00	\$0.00	71.96	0.00	911.21	CAD
AIR CANADA ONLINE	Confirmation #			41.00	0.00	\$0.00	0.00	0.00	41.00	CAD
			Total:	880.25	0.00	0.00	71.96	0.00	952.21	CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form o	of Payment	ITE A SERVICE OF THE SECOND		Amount	
		01/10/2017							0.00	CAD
		01/10/2017							911.21	CAD
		01/10/2017		Am American Control of the Control o	6.5			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	41.00	CAD
							Total Pa	ayment:	952.21	CAD
					E	Balance Du	e CAD Cu	rrency	0.00	CAE
CORPORATE LINIT 101				Total GS	ST	0.00	Tota	al HST	\$0.00)

CORPORATE UNIT 101 REASON FOR TRAVEL AHS BOARD MEETING

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 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

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET

EDMONTON AB T5J 3E4

Booking Date: Client:

Agent:

File Locator:

MY ITINERARY

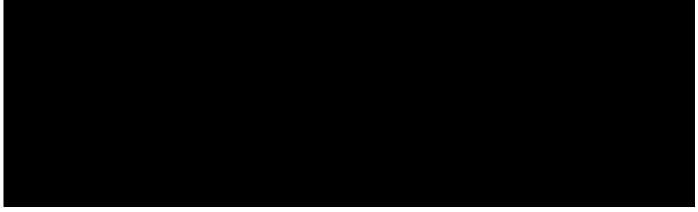
Passengers Citizenship **Required Travel Documents** GLENDA YEATES Not Specified Not Specified

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:	GLENDA YEATES			Booking Date: File Locator/Ticket #:	10 Jan 17	
Airline	Flight	From	Terminal	То	Class/Seat	Stops
AIR CANADA	00171	OTTAWA INTL 17 Jan 17 6:30PM		EDMONTON INTL 17 Jan 17 9:10PM	W/	
				Booking Date:	10 Jan 17	
Passengers:	GLENDA YEATES			File Locator/Ticket #:		





AIR

				Booking Date:	10 Jan 17	
	IDA I CAICO			File Locator/Ticket #	•	
Airline	Flight	From	Terminal	То	Class/Seat	Stops
AIR CANADA	00178	EDMONTON INTL		TORONTO PEARSON	W/	
		19 Jan 17 3:55PM		19 Jan 17 9:35PM		

Trip #: ALBERTA HEALTH SERVICES Booking Date: 12 Jan 17 ALBERTA HEALTH SERVICES Client: 10030 - 107 STREET Agent: **EDMONTON AB** T5J 3E4 File Locator: **Booking Date:** 10 Jan 17 **GLENDA YEATES** File Locator/Ticket #: Passengers: **Booking Date:** 10 Jan 17 Passengers: **GLENDA YEATES** File Locator/Ticket #: Flight Airline From **Terminal** To Class/Seat Stops OTTAWA INTL W/ AIR CANADA 00470 TORONTO PEARSON 19 Jan 17 10:30PM 19 Jan 17 11:36PM **Booking Date:** 10 Jan 17

File Locator/Ticket #:

Passengers: GLENDA YEATES

WESTIN® HOTELS & RESORTS

Westin Edmonton A/R

10135 100th St

Edmonton, AB T5J 0N7 Tel: 1-888-828-8085 Fax: 780-423-3785

Page Number AR Account

Statement Date

24-JAN-17

Canada

Alberta Health Services

STATEMENT

Tax ID -

Date	Description	Amount	Balance
19-JAN-	17		

	***Yeates, Glenda 1210	
17-JAN-17	Room Charge	164.00
17-JAN-17	Destination Marketing	4.92
17-JAN-17	Tourism Levy	6.76
18-JAN-17	Room Charge	164.00
18-JAN-17	Destination Marketing	4.92
18-JAN-17	Tourism Levy	6.76

351.36

Continue

WESTIN® HOTELS & RESORTS

Westin Edmonton A/R

10135 100th St

Edmonton, AB T5J 0N7 Tel: 1-888-828-8085 Fax: 780-423-3785

rax: 780-423-3785

Page Number AR Account Statement Date



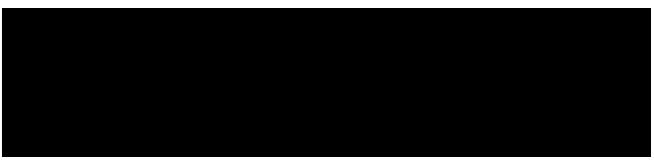
Alberta Health Services

Canada

STATEMENT

Tax ID -

Date	Description	Amount	Balance
27-JAN-17	***Yeaton Clonda 1011		
25-JAN-17	***Yeates, Glenda 1911 Room Charge	184.00	
25-JAN-17	Destination Marketing	5.52	
25-JAN-17	Tourism Levy	7.58	
26-JAN-17	Room Charge	184.00	
26-JAN-17	Destination Marketing	5.52	
26-JAN-17	Tourism Levy	7.58	
			394.20



Continue



Expense Report Direct Bill Summary

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Name:

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Direct Bill Report

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- 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.

Glenda Yeates

•	Indicate whether y	ou have expenses to report in this section for this reporting period:	YES

DD-MMM-YYYY	PYYYY Payment Method Category Description/Purpose of the Expense			Name of Vendor	Amount Paid
28-Feb-2017	Direct Billing	Airline Ticket	Flight from Ottawa to Edmonton on February 28, 2017 (Invoice to attend Board Meeting on March 1, 2017 in Edmonton.	Marlin Travel	433.07
28-Feb-2017	Direct Billing	Hotel	2 nights accommodation to attend Board Meeting on March 1, 2017.	Other	351.36
Total Paid in the	Month				\$ 784.43

Reporting Period for the Month of: Feb-17



Invoice

ALBERTA HEALTH SERVICES

ALBERTA HEALTH SERVICES

Booking Date:

10030 - 107 STREET

EDMONTON AB

Trip #:

Client:

Agent:

File Locator:

PASSENGERS: MS GLENDA YEATES

REFERENCE/ DESCR	RIPTION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	
AIR CANADA Ticke	t #			384.95	0.00	\$0.00	30.12	0.00	415.07	CAE
PRE PAID SEATS (CAD Confirmation #			18.00	0.00	\$0.00	0.00	0.00	18.00	CAE
			Total:	402.95	0.00	0.00	30.12	0.00	433.07	CAE
PAYMENTS	Invoice #	Payment Date	Card Holder		Form	of Payment			Amount	
		01/31/2017 01/31/2017							415.07 18.00	
							Total Pa	ayment:	433.07	CAD
					81	Balance Due CAD Currency		0.00	CAI	
				Total GS	Т	0.00	Tota	al HST	\$0.00	

CORPORATE UNIT 101
REASON FOR TRAVEL AHS BOARD MEETING

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Trip #:

Booking Date: 31 Jan 17

Client:
Agent:

File Locator:

MY ITINERARY

	Citizenship	Required Travel Documents
	Not Specified	Not Specified
e that correct doo	umentation requirements ar	e met for entry to the applicable destinations as
e that correct doo	umentation requirements ar	e met for entry to the applicable destinations as



AIR

Passengers: GLEN	DA YEATES			Booking Date: File Locator/Ticket #:		
Airline	Flight	From	Terminal	То	Class/Seat	Stops
AIR CANADA	00171	OTTAWA INTL		EDMONTON INTL	G/	
		28 Feb 17 6:30PM		28 Feb 17 9:02PM		
				Booking Date:	31 Jan 17	
Passengers: GLEN	DA YEATES			File Locator/Ticket #:		

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7

Canada

Tel: 780-426-3636 Fax: 780-428-1454

Glenda Yeates



Page Number Invoice Nbr

Guest Number Folio ID

Arrive Date

Depart Date

28-FEB-17 02-MAR-17

:

22:00 07:06

No. Of Guest Room Number Club Account AR Account

Сору

Tax ID: 815461330RT0001

The Westin Edmonton MAR-03-2017 14:06 Charges (CAD) Credits (CAD) Description 28-FEB-17 Room Charge 164.00 28-FEB-17 **Destination Marketing Fee** 4.92 28-FEB-17 Tourism Levy 6.76 01-MAR-17 Room Charge 164.00 01-MAR-17 **Destination Marketing Fee** 4.92 Tourism Levy 01-MAR-17 6.76 Transfer to A/R -351.36 02-MAR-17 351.36 -351.36 ** Total

> *** Balance 0.00