

AHS Board and Executive Expense Report

Name Heather Hirsch
Title AHS Board Member
Location Calgary

Expenses submitted during the month of January 2017

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)
Jan-17	Expense Claim	Meetings		104		618	722			22
Jan-17	Direct Billing	Meetings			794		794			
Total			\$ -	\$ 104	\$ 794	\$ 618	\$ 1,516	\$ -	\$ -	\$ 22

Total for the Month \$ 1,538

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 149
 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					
Name:	Heather Hirsch			Expense Period Month:	Jan-17
Address:	[Redacted]	City:	[Redacted]		
Province:	[Redacted]	Postal Code:	[Redacted]	Country:	Canada
Reason for Expense	Attendance at Board Committee Meeting (Quality & Safety Committee on January 18th and Finance Committee Meeting on January 19th); attendance at Board Committee on January 26-27, 2017.				

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	\$103.75 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$618.12 ✓
Other (D)	101	0005	71110300000	41090000	\$22.05 ✓
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$743.92 ✓

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#
Heather Hirsch	<i>[Signature]</i>	Jan 27, 2017	[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>[Signature]</i>	Feb 24/17

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 your request.

Jan. 29/17
Deborah Rhodes
Deborah Rhodes, VP Corporate Services & CFO
Position #: [Redacted] DOFA Level: [Redacted] Date:

14th Floor, North Tower, Seventh Street Plaza, 10030 - 10

Carry forward from Section 1

Name:	Heather Hirsch	Expense Period Month:	
--------------	----------------	------------------------------	--

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).

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 Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
17-Jan-2017	Travel from residence to Matrix Hotel in Edmonton and return to residence on January 19, 2017 and personal allowance.	Yes	D-\$20.75	\$20.75				\$7.35	612	
18-Jan-2017	Dinner per diem.	Yes	D-\$20.75	\$20.75						
19-Jan-2017	Dinner per diem.	Yes	D-\$20.75	\$20.75						
25-Jan-2017	Travel from residence to Matrix Hotel in Edmonton and return to residence on January 27, 2017 and personal allowance.	Yes	D-\$20.75	\$20.75				\$7.35	612	
26-Jan-2017	Dinner per diem and personal allowance.	Yes	D-\$20.75	\$20.75				\$7.35		
Total: (amount auto fills to page 1)			\$103.75		\$0.00	\$0.00	\$0.00	\$22.05	1,224.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 618.12
----------------------------------	-------	----------------------	-----------

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.

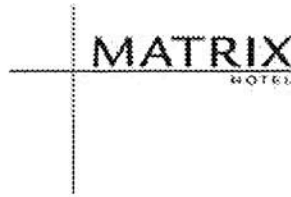
Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable 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 : Heather Hirsch	Reporting Period for the Month of : December 2016-January 2017
------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
7-Dec-2016	Direct Billing	Hotel	1 night accommodation to attend Board Meeting on December 8th in Edmonton.	Other	155.32
17-Jan-2017	Direct Billing	Hotel	2 nights accommodation to attend orientation meetings with Executive on Jan. 17-18th; attendance at Quality & Safety Committee-Jan. 18th & Finance Committee-Jan. 19th in Edmonton.	Other	319.22
25-Jan-2017	Direct Billing	Hotel	2 nights accommodation to attend Board Meetings on January 26-27, 2017 in Edmonton.	Choose from Drop-down List	319.22
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 793.76



Alberta Health Services
14th Floor North Tower
10030 107 St
Edmonton AB T5J3E4

Room Number: [REDACTED]
Arrival Date: 12-07-16
Departure Date: 12-08-16
Page No: 1 of 1

Guest Name: Hirsch, Heather

COPY OF INVOICE

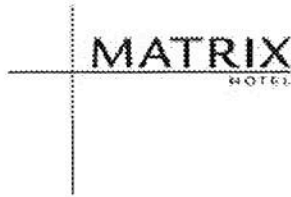
Folio No: [REDACTED]

12-21-16

Date	Description	Charges	Credits
12-07-16	Room Revenue	145.00	
12-07-16	Destination Marketing Fee - 3%	4.35	
12-07-16	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



Alberta Health Services
14th Floor North Tower
10030 107 St
Edmonton AB T5J3E4

Room Number: [REDACTED]
Arrival Date: 01-17-17
Departure Date: 01-19-17
Page No: 1 of 1

Guest Name: *Hirsch, Heather*

COPY OF INVOICE

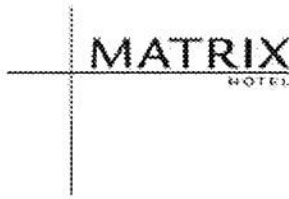
Folio No: [REDACTED]

03-08-17

Date	Description	Charges	Credits
01-17-17	Room Revenue	149.00	
01-17-17	Destination Marketing Fee - 3%	4.47	
01-17-17	Tourism Levy - 4%	6.14	
01-18-17	Room Revenue	149.00	
01-18-17	Destination Marketing Fee - 3%	4.47	
01-18-17	Tourism Levy - 4%	6.14	
Total		319.22	0.00
Balance		319.22	

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



Alberta Health Services
14th Floor North Tower
10030 107 St
Edmonton AB T5J3E4

Room Number: [REDACTED]
Arrival Date: 01-25-17
Departure Date: 01-27-17
Page No: 1 of 1

Guest Name: Hirsch, Heather

COPY OF INVOICE

Folio No: [REDACTED]

03-08-17

Date	Description	Charges	Credits
01-25-17	Room Revenue	149.00	
01-25-17	Destination Marketing Fee - 3%	4.47	
01-25-17	Tourism Levy - 4%	6.14	
01-26-17	Room Revenue	149.00	
01-26-17	Destination Marketing Fee - 3%	4.47	
01-26-17	Tourism Levy - 4%	6.14	
Total		319.22	0.00
Balance		319.22	

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