

## AHS Board and Executive Expense Report

**Name** Jitendra Prasad  
**Title** Chief Program Officer, Contracting, Procurement & Supply Management  
**Location** Edmonton

Expenses submitted during the month of January 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)
Jan-16	Expense Claim	Meetings		12	173		185			
Jan-16	Direct Billing	Meetings	612				612			
<b>Total</b>			\$ 612	\$ 12	\$ 173	\$ -	\$ 797	\$ -	\$ -	\$ -

**Total for the Month**      \$            797

Maximum daily single meal expense claimed in the month      \$      12  
Maximum daily base hotel rate claimed in the month              \$      154  
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 Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
PRASAD, JITENDRA	Chief Program Officer, Contracting, Procurement & Supply Management	Edmonton	184.49

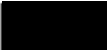
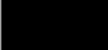
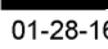
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/28/2016	Stayed at the Delta Calgary South Hotel to present CIS Sharepoint Training to Calgary Zone and attended SAEC Meeting in Calgary	AB - Other Zones	Accommodations	172.89				1			
1/28/2016	Attended NZ Customer CPSM Council Meeting in Fort McMurray		Meals Per Diem	11.60			Lunch	1			
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
RHODES, DEBORAH		Approve		18-Feb-16							




**DELTA**  
CALGARY SOUTH

135 Southland Drive S.E Calgary, Alberta, T2J 5X5  
Telephone: 403-278-5050 Fax: 403-225-5834

Alberta Health Services  
Mr Jitendra Prasad

Room:   
Folio:   
Cashier:   
Arrival: 01-28-16  
Departure: 01-29-16

Date	Description	Additional Information	Charges	Credits
01-28-16	Room Charge		154.00	
01-28-16	DMF		4.62	
01-28-16	Tourism Levy		6.34	
01-28-16	Rooms - GST		7.93	
01-29-16	Master Card			172.89

GST Summary

Registration No: **895126332**  
Room 7.93  
F&B 0.00  
Other 10.96  
**Total 18.89**

Total	172.89	172.89
Balance Due	0.00	CDN

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

## 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> Jitendra Prasad	<b>Reporting Period for the Month of :</b> Jan-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
28-Jan-2016	Direct Billing	Airline Ticket	Travel to Ft.McMurray to attend NZ customer CPSM council and CIS sharepoint training, ORSDM Calgary Zone and SAEC meetings in Calgary	Marlin Travel	611.54
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 611.54</b>

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: January 15, 2016  
Page: 1/3  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

**For**  
MR JITENDRA PRASAD  
AC [REDACTED]

Thursday, January 28, 2016

 **Air**

AIR CANADA  
**From:** EDMONTON INTL AB  
**To:** FT MCMURRAY  
**Stops:** 0 **Arrival:** 28Jan16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 7C

**Flight:** 8380 **G CLASS**  
07:10 AM **Equipment:** DH4  
08:15 AM

**Mile(s) Flown:** 240

 **Air**

AIR CANADA  
**From:** FT MCMURRAY  
**To:** CALGARY AB  
**Stops:** 0 **Arrival:** 28Jan16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 9C

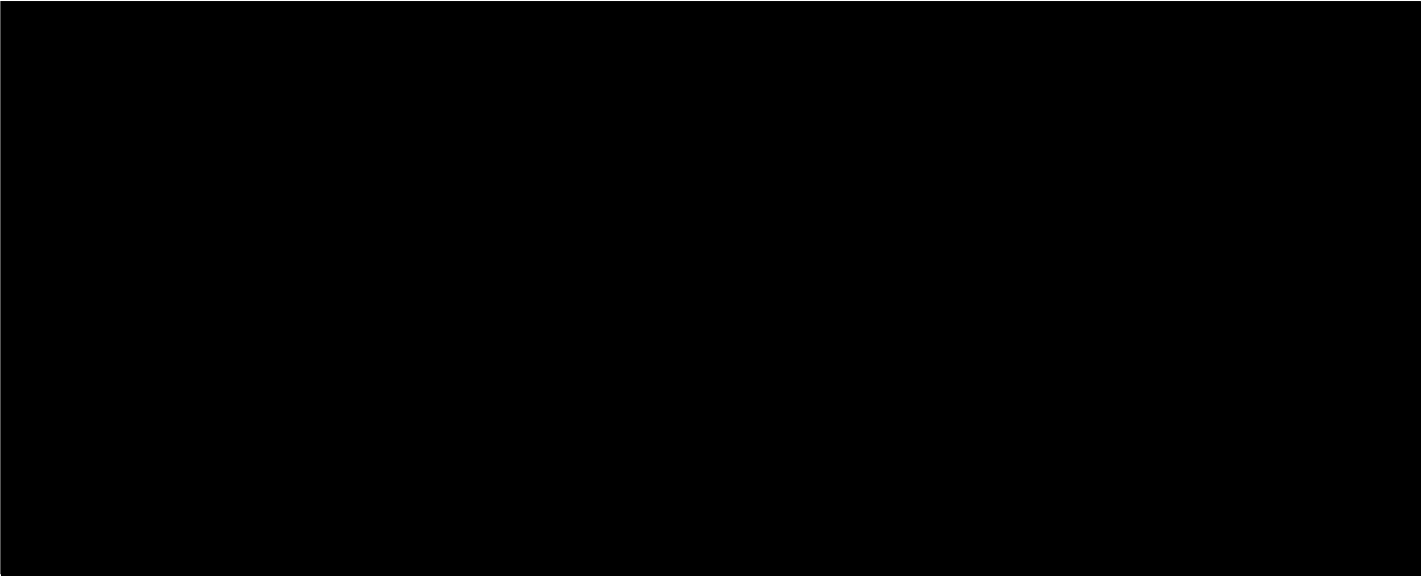
**Flight:** 8384 **G CLASS**  
04:25 PM **Equipment:** DH4  
05:56 PM

**Mile(s) Flown:** 400

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

Invoice Number: [REDACTED]  
Date: January 15, 2016  
Page: 2/3  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE



Friday, January 29, 2016

✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 29Jan16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2C

Flight: 8172 G CLASS  
05:55 PM Equipment: DH4  
06:47 PM

Mile(s) Flown: 163

**Cost:**

AIR CANADA WE [REDACTED]	[REDACTED]	506.58
	Tax:	104.96
	<b>Ticket Total:</b>	<b>611.54</b>

**Total:**

	<b>Grand Total:</b>	611.54
	Less Credit Card Payments:	611.54
	Credit / Balance Due To This Invoice:	0.00
	<b>Total Balance Due:</b>	<b>0.00</b>

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

Invoice Number: [REDACTED]  
Date: January 15, 2016  
Page: 3/3  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

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.

**Business Reason:** To attend North Zone CPSM Customer Council Meeting in Fort McMurray and CIS SharePoint Training Presentation, ORSDM Calgary Zone Meeting and SAEC meeting in Calgary.