

AHS Board and Executive Expense Report

Name Katherine Chubbs
Title Chief Zone Officer, South Zone
Location Lethbridge
 Expenses submitted during the month of August 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)
Aug-17	P-Card	Meetings			110		110			
Aug-17	Expense Claim	Meetings		102			102	616	43	
Aug-17	Direct Billing	Meetings	889				889			
Total			\$ 889	\$ 102	\$ 110	\$ -	\$ 1,101	\$ 616	\$ 43	\$ -

Total for the Month \$ 1,760

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 99
 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 P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
CHUBBS, KATHERINE	Chief Zone Officer, South Zone	Lethbridge	\$ 109.89								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/25/2017	Overnight in Med Hat to for staff engagement activity: Stampede Breakfast @ the MHRH	AB - Local	Accommodations	\$ 109.89			Overnight in Med Hat to attend Staff Engagement activity at the MHRH: Stampede Breakfast which started @ 0630 hours and it is a 2 hour drive from Lethbridge to Med Hat	1			
Approver(s) for the claim		Approval Status	Approval Date								
HUBAND, BRENDA		Approve	22-Aug-17								



Clarion Hotel & Conference Centre (CN841)

954 7th Street S.W.
Medicine Hat, AB T1A 7R7
(403) 527-8844
GM.CN841@choicehotels.com

Account: [REDACTED]

Date: 7/26/17

Room: [REDACTED]

Arrival Date: 7/25/17

Departure Date: 7/26/17

Check In Time: 7/25/17 5:38 PM

Check Out Time:

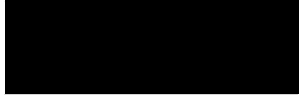
Rewards Program ID:

You were checked out by:

You were checked in by: [REDACTED]

Total Balance Due: 0.00

CHUBBS, KATHERINE MS



Post Date	Description	Comment	Amount
7/25/17	Master Card	[REDACTED]	(109.89)
7/25/17	Room Charge	[REDACTED] CHUBBS, KATHERINE MS	99.00
7/25/17	Destination Marketing Fee		1.98
7/25/17	Tourism Levy		3.96
7/25/17	Goods & Services Tax		4.95

Overnight in Med Hat July 25 to attend the 0630 a.m. Staff Stampede Breakfast July 26.

Folio Summary 7/11/17 - 7/26/17

Room Charge	99.00
Destination Marketing Fee	1.98
Goods & Services Tax	4.95
Tourism Levy	3.96
Master Card	(109.89)
Master Card	0.00

Balance Due: 0.00

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.

GST# 850078775RT0001
1764239 Alberta Ltd.

x _____



You could be earning free nights and other great rewards. Join Choice Privileges today, at www.choiceprivileges.com.

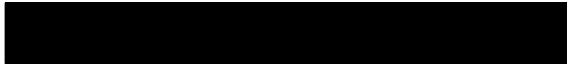
AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
CHUBBS, KATHERINE	Chief Zone Officer, South Zone	Lethbridge	\$ 615.52								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/1/2017	Annual CARNA registration	AB - Other Zones	Membership Dues	\$ 615.52			Annual CARNA registration fee	1			
Approver(s) for the claim		Approval Status		Approval Date							
HUBAND, BRENDA		Approve		3-Aug-17							



- [MyCARNA](#)
- [My Profile](#)
- [MyCCP](#)
- [Apply for Registration](#)
- [My Practice Permit](#)
- [My Receipts](#)
- [Verification](#)
- [Resources](#)
- [Benefits](#)
- [FA](#)

Order Confirmation



Registration #:

Order Number:
Person ID Number:

Payment Method: Visa

Receipt Date: 01/08/2017

Bill To:

 Katherine Chubbs

Product	Description	Quantity	Price
RN Permit Fee	Permit Requested date effective: 10/01/2017, includes CNA fee of \$54.95 and CNPS fee of \$34.00 through	1.0000	\$556.21
Deferred Capital	(part of total registration fee) Replacement and maintenance of capital assets, such as infrastructure or information technology.	1.0000	\$30.00
Sub-Total:	\$586.21		
Sales Tax:	\$29.31		
Grand Total:	\$615.52 CAD		
Payments:	\$615.52		
Balance:	\$0.00 CAD		

CONNECT WITH US

Toll Free: 1.800.252.9392
Tel: 780.451.0043
Fax: 780.452.3276
Email: carna@nurses.ab.ca

CARNA OFFICE

Address: 11620 168 Street
 Edmonton, Alberta
 T5M 4A6

Office Hours: Monday - Friday
 8:30 a.m. to 4:30 p.m.

© 2017 College & Association of Registered Nurses of Alberta

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
CHUBBS, KATHERINE	Chief Zone Officer, South Zone	Lethbridge	\$ 145.78								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/14/2017	Rural site tours in Magrath, Raymond, & Milk River with Teri Myhre and Grant Walker	AB - Local	Working Session	\$ 43.78			Katherine purchased lunch for Teri and Grant while touring 3 rural sites.	1	3	List of attendees kept on File	
7/25/2017	Working @ the MHRH, then overnight for the staff Stampede Breakfast	AB - Other Zones	Meals Per Diem	\$ 37.00			Lunch \$13.00 Dinner \$24.00	1			
7/26/2017	Working @ the MHRH following the staff Stampede Breakfast	AB - Other Zones	Meals Per Diem	\$ 13.00			Lunch \$13.00	1			
7/28/2017	Rural site tour in Bassano	AB - Other Zones	Meals Per Diem	\$ 13.00			Lunch \$13.00	1			
8/4/2017	To Bow Island for a site tour and a staff long service event	AB - Other Zones	Meals Per Diem	\$ 13.00			Lunch \$13.00	1			
8/9/2017	To Med Hat for 2 meetings with MLA's Bob Wanner and Drew Barnes	AB - Other Zones	Meals Per Diem	\$ 13.00			Lunch \$13.00	1			
8/15/2017	To Oyen for site tour and to attend the LTC family and patient afternoon picnic	AB - Other Zones	Meals Per Diem	\$ 13.00			Lunch \$13.00	1			
Approver(s) for the claim		Approval Status	Approval Date								
HUBAND, BRENDA		Approve	22-Aug-17								

YUMMY INN
117 MAIN STREET
MILK RIVER AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2017/07/14
TIME 8271 12:18:23
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$38.78
TIP \$5.00
TOTAL

\$43.78

Lunch for Teri
Muhre Grant
Ulker +
Katherine
white
touring 3
natural sites:

Raymond Milk River +
APPROVED Marathon

AUTH [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YUMMY INN

117 Main street, Milk River
AB, T0k 1M0
Tel: 403 6472050

Print Copy

Not Paid

Qty Description

1 Lunch Special	11.99
free pop	
1 Lunch Special	11.99
free pop	
1 WOR WONTON	12.95
Subtotal	36.93
GST 5%	1.85
Total	\$38.78
Balance Due	\$38.78

Receipt# [REDACTED]

Date: 7/14/2017, 12:00 PM
22

GST # 767465529

Thank You and See you Again!

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 : Katherine Chubbs	Reporting Period for the Month of : Aug-17
--------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
2-Aug-2017	Direct Billing	Airline Ticket	Integra Air flights Lethbridge to Edmonton return on October 3, 2017 to attend the SLT Meeting at the River Cree Resort, Edmonton. Using flight credit of \$381.30 from a cancelled outbound flight on June 20, 2017.	Marlin Travel	350.80
2-Aug-2017	Direct Billing	Airline Ticket	Air Canada flights Lethbridge to Edmonton return on September 21/22, 2017 to attend the Quality, Safety, and Outcomes Improvement Exec Committee meeting @ Seventh Street Plaza. Due to the meeting starting @ 0830 hours, Katherine has to travel the evening before in order to arrive at the meeting on time.	Marlin Travel	538.06
	Direct Billing				-
	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					\$ 888.86



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 03 Aug 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
--	---

PASSENGERS: MS KATHERINE CHUBBS

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
INTEGRA AIR Confirmation # [REDACTED]	350.80	0.00	\$0.00	0.00	0.00	350.80 CAD
Total:	350.80	0.00	0.00	0.00	0.00	350.80 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	08/03/2017		[REDACTED]	350.80 CAD
Total Payment:					350.80 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL SENIOR LEADERS MEETING

\$679.60 New ticket - (381.30) Credit + \$52.50 Fee = \$350.80 collected

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 -----
 ---INTEGRA AIR RULES----- TICKET IS NON REFUNDABLE. CANCELLATIONS UP TO 4 HRS PRIOR AND CHANGES UP TO 30 MINS PRIOR TO THE FLIGHT TIME. CHANGE FEE 50.00 PLUS ANY FARE DIFFERENCE IF APPLICABLE.
 HTTP://WWW.INTEGRAAIR.COM/TRAVEL-INFO/ ** LETHBRIDGE FLIGHTS BOARD AT THE EXECUTIVE FLT CTRE- 3684 - 53 AVENUE EAST. EDMONTON INTL AIRPORT ON HWY 2 SOUTHBOUND-TAKE EXIT 525 ONTO HWY 19 WEST TAKE FIRST LEFT ONTO AIRPORT SVC RD AND TAKE FIRST RIGHT AT LIGHTS ON 53 AVENUE ** MEDICINE HAT FLIGHTS BOARD AT MAIN TERMINAL

GOVERNMENT CENTRE
 MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8
 Tél.: 780 425 8611
 GST REG# 88510191

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

Trip #: [REDACTED]
Booking Date: 03 Aug 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
KATHERINE CHUBBS	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:	Booking Date:
KATHERINE CHUBBS	08/03/2017

Airline	Flight	From	Terminal	To	Class	Seat	Stops
CHARTER AIRLINE	00918	LETHBRIDGE		EDMONTON INTL	Y		
		10/03/2017 6:45AM		10/03/2017 8:00AM			
CHARTER AIRLINE	00829	EDMONTON INTL		LETHBRIDGE	Y		
		10/03/2017 6:05PM		10/03/2017 7:20PM			



Invoice

ALBERTA HEALTH SERVICES
 KATHERINE CHUBBS
 10030 107 STREET
 EDMONTON AB
 CA
 T5J3E4

Trip #: [REDACTED]
 Booking Date: 03 Aug 17
 Client: [REDACTED]
 Agent: [REDACTED]
 File Locator: [REDACTED]

PASSENGERS: MS KATHERINE CHUBBS

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	478.10	0.00	\$0.00	59.96	0.00	538.06 CAD
Total:	478.10	0.00	0.00	59.96	0.00	538.06 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	08/03/2017	[REDACTED]	[REDACTED]	538.06 CAD
Total Payment:					538.06 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL QUALITY SAFETY AND OUTCOMES IMPROVEMENT EXEC COMMITTEE

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

GOVERNMENT CENTRE
 MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8
 Tél.: 780 425 8611
 GST REG# 88510191

ALBERTA HEALTH SERVICES
KATHERINE CHUBBS
10030 107 STREET
EDMONTON AB
CA
T5J3E4

Trip #: [REDACTED]
Booking Date: 03 Aug 17
Client: [REDACTED] CH
Agent: [REDACTED]
File Locator: [REDACTED]

MY ITINERARY

Passengers KATHERINE CHUBBS	Citizenship Not Specified	Required Travel Documents 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: KATHERINE CHUBBS		Booking Date: 08/03/2017				
		File Locator/Ticket #: [REDACTED]				
Airline	Flight	From	Terminal To	Class	Seat	Stops
AIR CANADA	07220	LETHBRIDGE		CALGARY INTL	G	
		09/21/2017 5:15PM		09/21/2017 6:04PM		
AIR CANADA	08154	CALGARY INTL		EDMONTON INTL	G	
		09/21/2017 6:35PM		09/21/2017 7:25PM		



AIR

Passengers: KATHERINE CHUBBS		Booking Date: 08/03/2017				
		File Locator/Ticket #: [REDACTED]				
Airline	Flight	From	Terminal To	Class	Seat	Stops
AIR CANADA	08151	EDMONTON INTL		CALGARY INTL	G	
		09/22/2017 3:35PM		09/22/2017 4:28PM		
AIR CANADA	07219	CALGARY INTL		LETHBRIDGE	G	
		09/22/2017 5:55PM		09/22/2017 6:43PM		

GOVERNMENT CENTRE
MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8
Tél.: 780 425 8611
GST REG# 88510191