

AHS Board and Executive Expense Report

Name Marliss Taylor
Title AHS Board Member
Location Edmonton

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 | | | | 90 | 90 | | | |
| Total | | | \$ - | \$ - | \$ - | \$ 90 | \$ 90 | \$ - | \$ - | \$ - |

Total for the Month \$ 90

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

BOARD MEMBER EXPENSE CLAIM FORM

| | | | | | |
|-------------------------------------|---|-----------------------|-------------------|----------|--------|
| SECTION 1: PAYEE INFORMATION | | | | | |
| Name: | Marliss Taylor | Expense Period Month: | Nov-Dec 16_Jan 17 | | |
| Address: | [Redacted] | City: | [Redacted] | | |
| Province: | AB | Postal Code: | [Redacted] | Country: | Canada |
| Reason for Expense | Attendance at Finance Committee and Audit & Risk Committee on November 25, 2016. Attendance at Human Resources Committee on November 28, 2016. Attendance at Finance Committee on December 7, 2016. Attendance at Quality & Safety Committee on January 18, 2017 and Finance Committee on January 19, 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 | \$0.00 |
| Travel Exp (B+C+E) | 101 | 0005 | 71110300000 | 62212000 | \$89.95 |
| Other (D) | 101 | 0005 | 71110300000 | 41090000 | \$0.00 |
| TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE | | | | | \$89.95 ✓ |

| | | | |
|--|-------------------------------|-------------|------------|
| 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>[Signature]</i> | Date | Phone# |
| Marliss Taylor | | March 11/17 | [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>[Signature]</i> | Date |
| | Mar 20/17 |

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Privacy (FOIP) Act, respectively, for the purposes of:

For payment pl *Deborah Rhodes* Mar 21/17
 Deborah Rhodes, VP Corporate Services & CFO
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 10: Position #: [Redacted] DOFA Level: [Redacted] Date:

Carry forward from Section 1

Name: **Marliss Taylor** Expense Period Month: **Nov-Dec 16_Jan 17**

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

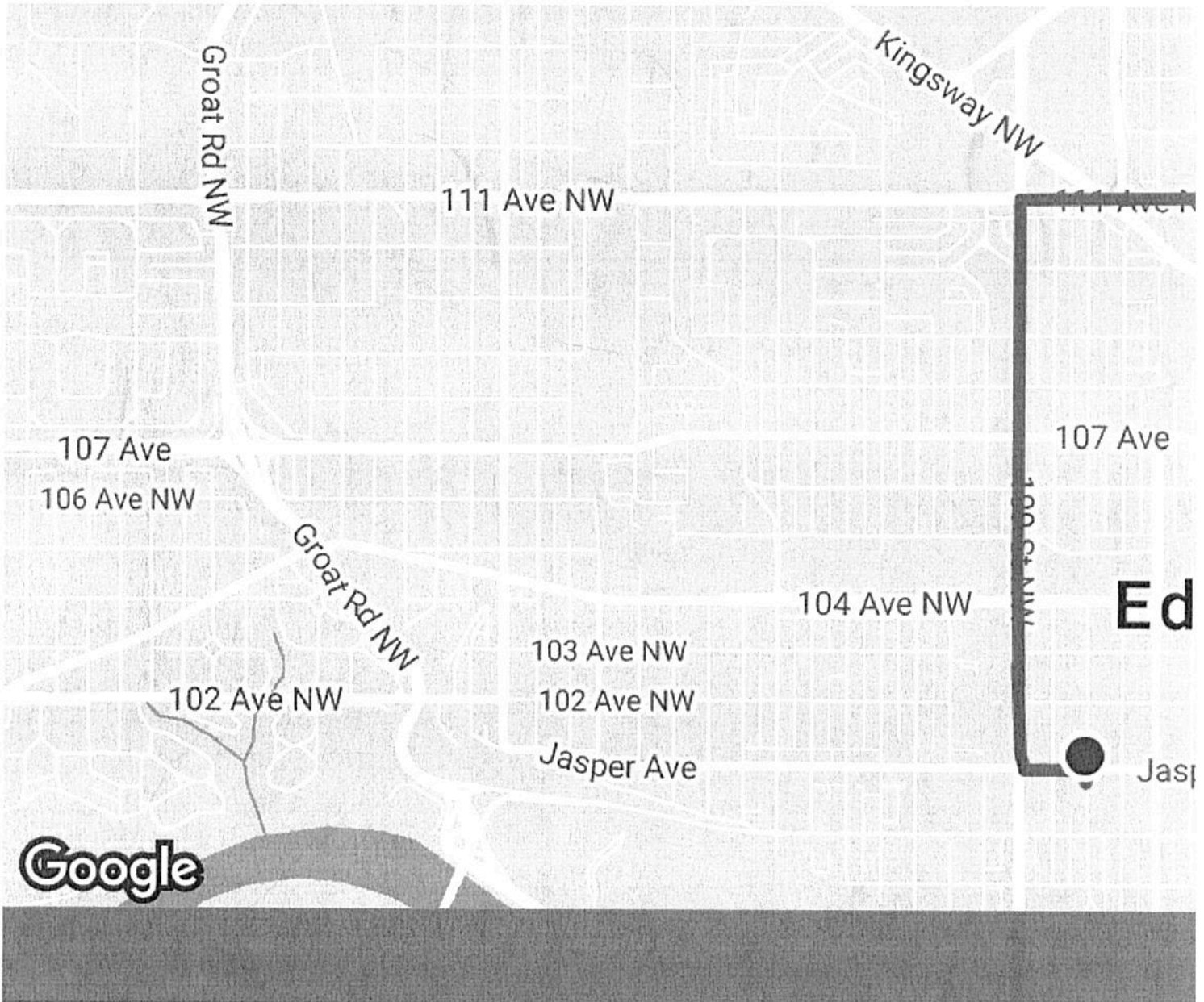
Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

| 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 | | | | |
| 25-Nov-2016 | Taxi from office to SSP to attend Finance Committee and Audit & Risk Committee Meetings. | Yes | | | | | \$9.55 | ✓ | | |
| 25-Nov-2016 | Taxi from SSP to office. | Yes | | | | | \$8.90 | ✓ | | |
| 28-Nov-2016 | ETS Fare to attend Human Resources Committee Meeting at SSP. | Yes | | | | | \$3.25 | ✓ | | |
| 7-Dec-2016 | Parking at SSP to attend Finance Committee Meeting. | Yes | | | | | \$30.00 | ✓ | | |
| 18-Jan-2017 | Parking at SSP to attend Quality & Safety Committee Meeting. | Yes | | | | | \$35.00 | ✓ | | |
| 19-Jan-2017 | ETS Fare to attend Finance Committee Meeting. | Yes | | | | | \$3.25 | ✓ | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total: (amount auto fills to page 1) | | | \$0.00 | | \$0.00 | \$0.00 | \$89.95 ✓ | \$0.00 | 0.00 | |

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

Marliss Taylor

From: Uber Receipts <uber.canada@uber.com>
Sent: Friday, November 25, 2016 9:01 AM
To: Marliss Taylor
Subject: Your Friday morning trip with Uber



CA\$9.55

Thanks for choosing Uber, Marliss



 08:46am | 9616 111 Ave NW, Edmonton,

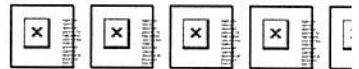
 08:58am | 10044-10050 107 St NW, Edm



You rode with Ma

3.75 **00**
kilometers Trij

Rate Your
Driver



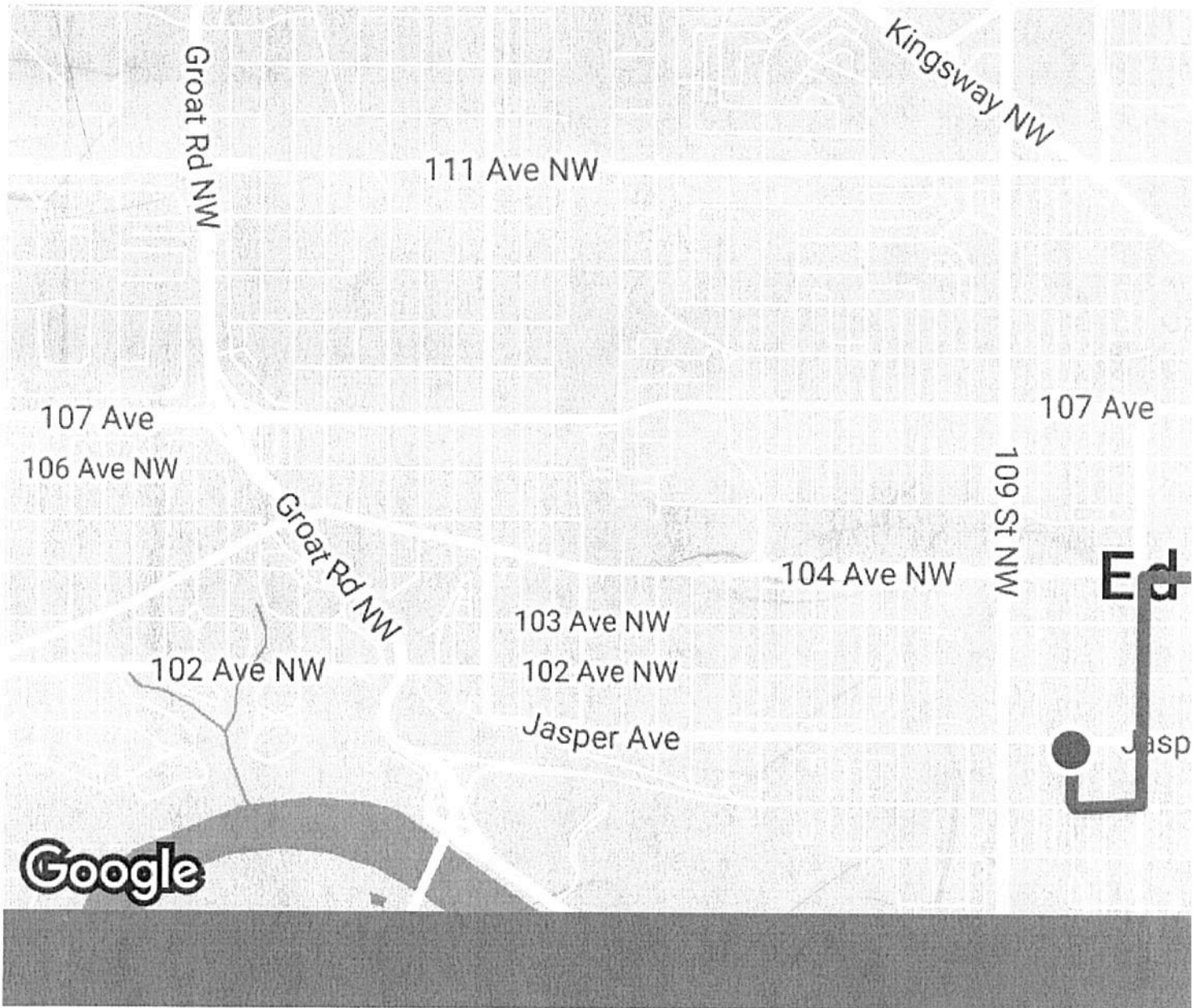
Your Fare



Marliss Taylor

From: Uber Receipts <uber.canada@uber.com>
Sent: Friday, November 25, 2016 3:45 PM
To: Marliss Taylor
Subject: Your Friday afternoon trip with Uber

2



CA\$8.90

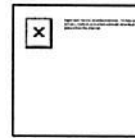
Thanks for choosing Uber, Marliss

November 25, 2016 | uberX



 03:32pm | 10033 107 St NW, Edmonton,

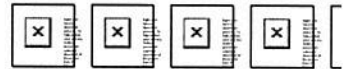
 03:42pm | 9639 111 Ave NW, Edmonton



You rode with A

3.22 01
kilometers Tr

Rate Your
Driver



Your Fare



3



\$3.25

AHS

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number
[Redacted]

Expiration Date/Time
**06:00 PM
DEC 07, 2016**

Purchase Date/Time: 07:36am Dec 07, 2016
Total Parking: \$28.57
Total GST: \$1.43
Total Due: \$30.00
Total Paid: \$30.00
Rate: \$30 - All Day
Payment Type: Card
Ticket #: [Redacted]
S/N #: [Redacted]
Setting: Lot 256
Mach Name: Meter 1

Visa
Auth #: [Redacted]
GST #887315638RT0006

RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

AHS

RECEIPT
IMPARK LOT 383
NO IN AND OUT PRIVILEGES

License Plate Number
[Redacted]

Expiration Date/Time
**06:00 PM
JAN 18, 2017**

Purchase Date/Time: 11:06am Jan 18, 2017
Total Parking: \$33.33
Total GST: \$1.67
Total Due: \$35.00
Total Paid: \$35.00
Rate: \$35 - All Day To 6PM
Payment Type: Card
Ticket #: [Redacted]
S/N #: [Redacted]
Setting: Lot 383
Mach Name: Meter 1

Visa
Auth #: [Redacted]
GST #887315638RT0006
IMPARK LOT 383

RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

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\$3.25