

## AHS Board and Executive Expense Report

**Name** Mauro Chies  
**Title** Chief Program Officer Clinical Support Services  
**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				10	10			30
<b>Total</b>			\$ -	\$ -	\$ -	\$ 10	\$ 10	\$ -	\$ -	\$ 30

**Total for the Month**      \$            40

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.

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
CHIES, MAURO A	Chief Program Officer, Clinical Support Services	Edmonton	40.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/14/2016	mtg DMO, with HQCA about lab services	AB - Local	Parking - Lot or Parkade	10.00				1			
1/15/2016	Criminal Check, for Nuclear substance access	AB - Local	Miscellaneous - no tax	30.00				1			

Approver(s) for the claim	Approval Status	Approval Date
YIU, VERNA	Approve	3-Feb-16

ATB PLACE  
GST:887315638RT001  
RECEIPT C1

IN: 14.01.16 10:43  
PAY: 14.01.16 12:19  
AMOUNT: \$ 10.00

----- TRANSACTION  
RECORD -----  
Card #: [REDACTED]  
Card Entry:CHIP  
Account:VISA  
Trans:PURCHASE  
Amount:\$10.00  
Auth # [REDACTED]  
Sequence #:000171  
Term ID: 002  
Date:16/01/14  
Time:12:19:16

APPROVED

BY ENTERING A VERIFIED  
PIN, CARDHOLDER  
AGREES TO PAY ISSUER  
SUCH TOTAL IN  
ACCORDANCE WITH ISSUERS  
AGREEMENT WITH  
CARDHOLDER

Application Label: VISA  
CREDIT  
IVR: 8080008000  
AID: A0000000031010  
TSI: 7800  
IC: BC8590FFACC44F9C

\*\*\* CUSTOMER  
COPY \*\*\*

Thank you for  
Visiting!

*Parking.*  
*mtg with DMO + HQCA*  
*Subject: Laboratory*

STRATHCONA COUNTY  
2001 SHERWOOD DRIVE  
SHERWOOD PARK AB T8A 3W7

OFFICIAL RECEIPT

CHIES MAURO CRC

GST Reg. #: [REDACTED]  
Receipt #: [REDACTED]  
Date: 2016/01/15

Account #	Description	Opening Bal	Payment	Amount Due
[REDACTED]	RCMP Criminal C hecks Resident		30.00	
			-----	
		** Payment Total:	30.00	
	Visa			30.00

STRATHCONA  
2011 BISON DR.  
SHERWOOD PARK AB  
20267302  
PURCHASE  
01-15-2016 30.00  
Acct # [REDACTED]  
Exp. Dat [REDACTED] Card Type VI  
Name: MAURO CHIES  
0000000031010 VISA CREDIT  
[REDACTED]  
FS2026739302  
Auth [REDACTED] RRN 001087002

Total \$30.00

( 00 ) APPROVED-THANK YOU

Retain this copy for your  
records  
Customer copy