

AHS Board and Executive Expense Report

Name Nancy Guebert
Title Chief Program Officer Cancer Control Alberta (Interim)
Location Calgary
 Expenses submitted during the month of September 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)
Sep-16	P-Card	Meetings			368	240	608			
Sep-16	Direct Billing	Meetings	785				785			
Total			\$ 785	\$ -	\$ 368	\$ 240	\$ 1,393	\$ -	\$ -	\$ -

Total for the Month \$ 1,393

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 164
 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.

Scan to Java Sept-23rd

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

GUEBERT, NANCY Cardholder's Name	CHIEF PROGRAM OFFICER Cardholder's Position/Title	Billing Reporting Period:	20/09/2016
CANCER CONTROL ALBERTA Cardholder's Dept	TOM BAKER CANCER CENTRE Cardholder's Site/Location	Total Statement Amount:	\$608.11
NANCY.GUEBERT@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #	██████████

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
13/09/2016	██████████	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	#1 75.90	CAD	75.90	3.61	.00	Transportation from YEG Airport to CCI to attend mtgs (CO Dyad, Quality & CMO, COEC, Monthly Finance (J.Horyn), CCA ED &
13/09/2016	██████████	WESTIN (WESTIN HOTELS), WESTIN HOTELS	#4 368.26	CAD	368.26	17.54	.00	Accommodations in Edmonton to attend CCA Edmonton mtgs Sept 13-15th (CO Dyad, Quality & CMO, COEC, Monthly Finance
15/09/2016	██████████	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	#2 75.90	CAD	75.90	3.61	.00	Transportation from SunLife Plaza to YEG Airport from CCA Edmonton mtgs (CO Dyad, Quality & CMO, COEC, Monthly Finance
15/09/2016	██████████	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	#3 88.05	CAD	88.05	4.19	.00	Parking at YYC Airport Sept 13-15th to attend CCA Edmonton mtgs (CO Dyad, Quality & CMO, COEC, Monthly Finance

Signatures

Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

SELWIS SNEEL
Name of Cardholder Designate
[Signature]
Signature of Cardholder Designate

ERIC ADMIN COORDINATOR
Cardholder Designate Position/Title
Sept 22/2016
Date of Signature

Cardholder

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

NANCY GUEBERT
Name of Cardholder
[Signature]
Signature of Cardholder

CHIEF PROGRAM OFFICER
Cardholder Position/Title
Sept 22, 2016
Date of Signature



Approver Designate (if Applicable)

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Name of Approver Designate

Signature of Approver Designate

Approver Designate Position/Title

Date of Signature

Approver

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Dr. Francois Belanger
Name of Approver
[Signature]
Signature of Approver

Interim VP Quality + CMO
Approver Position/Title
Sept 26, 2016
Date of Signature

Submit approved statement with attachments to Accounts Payable.

Attach

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required.
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report).
- Copies of pre-approvals for travel.
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts.
- Disputes letter.
- Business reasons for travel require detailed descriptions - include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030 107 Street
Edmonton, AB T5J 3E4

Accounts Payable only

Reference # _____ Reviewed by _____ Date _____

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id: 4502412509426
Item #: 0177
MasterCard
PURCHASE
Op Id: [REDACTED]
Card #: [REDACTED]

AID: [REDACTED]

APPROVED

AMOUNT CAD\$66.00
TIP CAD\$9.90
=====

TOTAL CAD\$75.90

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Resp. Code: 00
TUR: [REDACTED]
TSI: [REDACTED]

#1

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2016/09/13 Time: 09:54:02
Response: AUTH [REDACTED]

CUSTOMER COPY

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id: 4502412509426
Item #: 0183
MasterCard
PURCHASE
Op Id: [REDACTED]
Card #: [REDACTED]

AID: [REDACTED]

APPROVED

AMOUNT CAD\$66.00
TIP CAD\$9.90
=====

TOTAL CAD\$75.90

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Resp. Code: 00
TUR: [REDACTED]
TSI: [REDACTED]

#2

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2016/09/15 Time: 17:00:56
Response: AUTH [REDACTED]

CUSTOMER COPY

#1 Transportation from Airport
to CCI to attend Edmonton mtgs:
CODyad, Quality & CMO, COEC,
Monthly Finance (Janet Horyn),
CCA ED & CCOC mtgs.

RECEIPT
GST NO. R122556194

#3

TKT NO [REDACTED]
POF: [REDACTED]
IN: 09/13/16 06:33
OUT: 09/15/16 19:24
PAID: \$ 88.05
DURATION: 2 12: 51
(GST INCLUDED)

MASTERCARD
[REDACTED]

YOU HAVE 10 MIN.
TO EXIT

#2 Transportation from Sunlife
Place to YYC Airport

#3 Parking @ YYC Airport to attend
CCA Mtgs in Edmonton Sept. 13 -
15 (CO Dyad, Quality & CMO,
COEC, Monthly Finance (J. Horyn)
CCA ED & CCOC meetings)




#4 Accomodations in Edmonton Sept 13-15 /2016
 CCA Edmonton mtgs (CO Dyad, Quality & CMO,
 COEC, Monthly Finance, CCA ED & CCOC)

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Nancy Guebert



Page Number : 1 Invoice Nbr : 
 Guest Number : 
 Folio ID : A
 Arrive Date : 13-SEP-16 13:33
 Depart Date : 15-SEP-16 12:00
 No. Of Guest : 1
 Room Number : 
 Club Account :

Information Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 15-SEP-16 03:21 9999

Date	Reference	Description	Charges (CAD)	Credits (CAD)
13-SEP-16		Room Charge	164.00	
13-SEP-16		GST	8.45	
13-SEP-16		Destination Marketing Fee	4.92	
13-SEP-16		Tourism Levy	6.76	
14-SEP-16		Room Charge	164.00	
14-SEP-16		GST	8.45	
14-SEP-16		Destination Marketing Fee	4.92	
14-SEP-16		Tourism Levy	6.76	
15-SEP-16		Mastercard		-368.26
		** Total	368.26	-368.26
		*** Balance	0.00	

Continued on the next page

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
Canada
Tel: 780-426-3636 Fax: 780-428-1454



Nancy Guebert
[Redacted]

Page Number	:	2	Invoice Nbr	:	[Redacted]
Guest Number	:	[Redacted]			
Folio ID	:	[Redacted]			
Arrive Date	:	13-SEP-16	13:33		
Depart Date	:	15-SEP-16	12:00		
No. Of Guest	:	1			
Room Number	:	[Redacted]			
Club Account	:	[Redacted]			

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

PACK LIGHT, STAY FIT - With the Westin Gear Lending program, New Balance(TM) workout gear is conveniently delivered to your room so you can keep moving. Experience it during your next stay. Learn more at westin.com/newbalance

As a Starwood Preferred Guest you have earned at least 984 Starpoints for this visit [Redacted]

Tell us about your stay. www.westin.com/reviews

Continued on the next page

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Nancy Guebert
 [Redacted]

Page Number : 3 Invoice Nbr : [Redacted]
 Guest Number : [Redacted]
 Folio ID : [Redacted]
 Arrive Date : 13-SEP-16 13:33
 Depart Date : 15-SEP-16 12:00
 No. Of Guest : 1
 Room Number : [Redacted]
 Club Account : [Redacted]

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
09-13-2016	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
09-14-2016	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
	-----	-----	-----	-----	-----	-----	-----	-----
Total	328.00	16.90	13.52	0.00	0.00	9.84	368.26	0.00

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: NO

Name : Nancy Guebert	Reporting Period for the Month of : Aug 21, 2016 to Sept 20, 2016
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
15-Sep-2016	Direct Billing	Airline Ticket	To attend Town Hall Meetings in Grande Prairie Oct 4, 2016 (Invoice # [REDACTED])	Marlin Travel	453.76
19-Sep-16	Direct Billing	Airline Ticket	To attend Edmonton meetings Oct 18-19th - CCA Leads 1:1; Unmet Needs Monthly mtg; 2:1 T.Beniston; Quality & CMO Portfolio; Senior Leaders Meeting; CCA/SCN Dyad (Invoice # [REDACTED])	Marlin Travel	330.76
					-
Total Paid in the Month					\$ 784.52



Trip Statement

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: [REDACTED] Booking Date: 15 Sep 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: MEA MOORE File Locator: [REDACTED]
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PASSENGERS: MS NANCY GUEBERT

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	388.80	0.00	\$0.00	64.96	0.00	453.76 CAD
Total:	388.80	0.00	0.00	64.96	0.00	453.76 CAD

PAYMENTS		Invoice #	Payment Date	Card Holder	Form of Payment	Amount
		[REDACTED]	09/15/2016		[REDACTED]	453.76 CAD
Total Payment:						453.76 CAD
Balance Due CAD Currency						0.00 CAD

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
 ***** FOR AIR TRAVEL TO A FOREIGN COUNTRY PASSENGERS MUST ENSURE THAT THEY HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A PASSPORT OR VISA AS DIRECTED BY EMBASSIES AND CONSULATES. ALL PASSENGERS ARE ADVISED TO VIEW
[HTTP://WWW.AIRCANADA.COM/EN/TRAVELINFO/BEFORE/TRAVELDOC.HTML](http://www.aircanada.com/en/travelinfo/before/travel.doc.html) FOR IMPORTANT INFORMATION ON IDENTIFICATION REQUIRED FOR TRAVEL. *****
 *****PLEASE NOTE CHECKIN TIMES*****
 *****DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 15 Sep 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: MEA MOORE

File Locator: M806K0

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
NANCY GUEBERT	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: NANCY GUEBERT

Booking Date: 15 Sep 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08479	CALGARY INTL		GRANDE PRAIRIE	G		
		03 Oct 16 5:00PM		03 Oct 16 6:38PM			
AIR CANADA	08478	GRANDE PRAIRIE		CALGARY INTL	G		
		04 Oct 16 2:50PM		04 Oct 16 4:19PM			



Trip Statement

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: [REDACTED] Booking Date: 19 Sep 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: MEA MOORE File Locator: [REDACTED]
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PASSENGERS: MS NANCY GUEBERT

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	255.80	0.00	\$0.00	74.96	0.00	330.76 CAD
Total:	255.80	0.00	0.00	74.96	0.00	330.76 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/19/2016		[REDACTED]	330.76 CAD
Total Payment:					330.76 CAD

Balance Due CAD Currency 0.00 CAD

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
 ***** FOR AIR TRAVEL TO A FOREIGN COUNTRY PASSENGERS MUST ENSURE THAT THEY HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A PASSPORT OR VISA AS DIRECTED BY EMBASSIES AND CONSULATES. ALL PASSENGERS ARE ADVISED TO VIEW
[HTTP://WWW.AIRCANADA.COM/EN/TRAVELINFO/BEFORE/TRAVELDOC.HTML](http://www.aircanada.com/en/travelinfo/before/traveldoc.html) FOR IMPORTANT INFORMATION ON IDENTIFICATION REQUIRED FOR TRAVEL. ***** **PLEASE NOTE CHECKIN TIMES***** **DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 19 Sep 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: MEA MOORE

File Locator: [REDACTED]

MY ITINERARY

Passengers
NANCY GUEBERT

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: NANCY GUEBERT

Booking Date: 19 Sep 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08134	CALGARY INTL 18 Oct 16 8:05AM		EDMONTON INTL 18 Oct 16 8:59AM	G		
AIR CANADA	08153	EDMONTON INTL 19 Oct 16 6:00PM		CALGARY INTL 19 Oct 16 6:56PM	G		