

## **AHS Board and Executive Expense Report**

Name:Paul George HaggisTitle:AHS Board MemberLocation:CalgaryExpenses approved during the month of February 2024

							Tra	vel (1)					L						
Approved MMM-YY	Source Document	Purpose	Airfa	ıre	٩	1eals	Accom	modation		)ther 'ravel		Total Fravel		ofessional relopment (2)	Н	Working Sessions losting an Hospitalit (3)	nd	Other (4)	
	P-Card	Meetings										-							
Feb-24	Expense Claim	Meetings				131				551		682							
Feb-24	Direct Bill	Meetings						426				426							
Total			\$	-	\$	131	\$	426	\$	551	\$	1,108	\$		- 4	6	- 4	5	-
Total for			<u>_</u>		φ	151	<u>ې</u>	420	<del>ب</del>		Ą	1,100	Ψ		- 4	p			

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the Month $ 1,108
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Maximum daily single meal expense claimed in the month	\$ 27
Maximum daily base hotel rate claimed in the month	\$ 199
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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report



AHS - AP Processing - Internal Use Only

Voucher #

Naming Convention:

T4A/NR Applicable? - If yes, indicate line & amt

# BOARD MEMBER EXPENSE CLAIM FORM

SECTION	11: PATE	E INFORM							
Name:	Paul Geo	rge Haggis					Expense Month:	e Period	Jan-24
Address:					City:				
Province:	AB			Postal Code:		Country	:	Canada	
Reason for	Expense		neetings with AHS st in Edmonton.	SExecutives on J	anuary 30th and the	e Finance,	Audit 8	Risk Co	mmittee Meeting on
SECTION	I 2: FINAI		NG & TOTAL CL	AIM					
<u>Descr</u>	iption	<u>Corp/BU/O</u> <u>rg</u>	Location (If applicable)		<u>nctional</u> re/Primary	<u>Expe</u> Seconda		(Note: Th	<u>Total</u> nis column will auto fill)
									\$131.00
									\$550.50
									\$0.00
			1	TOTAL AMOUNT	PAYABLE BY ACCO	DUNTS PA	YABLE		\$681.50
					ignatures are not				
				rta's Travel, Meal and	Hospitality Expenses Policy	y, and confirm	n expense	es being clai	med are in compliance with
such policy to the best of my understanding and belief. 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									
I attest the ex	xpenses enclo	osed in this clair	m are for valid business	purposes for Alberta H	lealth Services Board and t	that this clair	ii nas not	been premo	usly claimed by me or on
	•		m are for valid business r any other Organization		lealth Services Board and t	that this clair	in has not	been preno	usly claimed by me or on
my behalf fro	om Alberta He	ealth Services o	r any other Organization	n.	lealth Services Board and t ve method, otherwise ratio				
my behalf fro	expenses subr	ealth Services o	r any other Organization aim have been incurred	n. I by using a cost effecti		ionale and su			
my behalf fro I attest that e	om Alberta He expenses subr Print Name)	ealth Services o	r any other Organization aim have been incurred	n. I by using a cost effecti	ve method, otherwise ratio	ionale and su	pporting a		ovided below.
my behalf fro I attest that e Claimant (P Paul Hagg I attest that I such policy to I attest the ex claimant or o	m Alberta He expenses subr mint Name) <b>jis</b> have read an o the best of r xpenses enclo n their behalf	ealth Services o nitted in this cl d understand t ny understandi used in this clair f from Alberta H	r any other Organization aim have been incurred Signature: I, by he Government of Albe ing and belief. m are for valid business Health Services or any o	rta's Travel, Meal and purposes for Alberta H	ve method, otherwise rational and compliant to all the above	ionale and su e statements y, and confirm that this claim	pporting a Date Februar n expense n has not	analysis is pr y 14, 2024 es being clai been previo	rovided below. Phone# med are in compliance with susly claimed by the
my behalf fro I attest that e Claimant (P Paul Hagg I attest that I such policy to I attest the ex claimant or o	m Alberta He expenses subr print Name) <b>jis</b> have read an o the best of r expenses enclo in their behalt expenses subr	ealth Services o nitted in this cl d understand t ny understandi used in this clair f from Alberta H nitted in this cl	r any other Organization aim have been incurred Signature: I, by he Government of Albe ing and belief. m are for valid business Health Services or any o	n. I by using a cost effecti signing this form, attest the erta's Travel, Meal and purposes for Alberta H ther Organization. I by using a cost effecti	ve method, otherwise rational and compliant to all the above Hospitality Expenses Policy Health Services Board and t	onale and su e statements y, and confirm that this clair ionale and su	pporting a Date Februar n expense n has not	analysis is pr y 14, 2024 es being clai been previo	rovided below. Phone# med are in compliance with susly claimed by the
my behalf fro I attest that e Claimant (P Paul Hagg I attest that I such policy to I attest the ex claimant or o I attest that e	m Alberta He expenses subr rrint Name) <b>Jis</b> have read an o the best of r kpenses enclo in their behalt expenses subr <b>Dy</b> (Print Nam	ealth Services o nitted in this cl d understand t ny understandi used in this clair f from Alberta H nitted in this cl	r any other Organization aim have been incurred Signature: I, by he Government of Albe ing and belief. m are for valid business Health Services or any o	n. I by using a cost effecti vigning this form, attest the erta's Travel, Meal and purposes for Alberta H ther Organization. I by using a cost effection	ve method, otherwise rational lan compliant to all the above Hospitality Expenses Policy Health Services Board and the ve method, otherwise rational services rational service	onale and su e statements y, and confirm that this clair ionale and su	pporting a Date Februar n expense n has not	analysis is pr y 14, 2024 es being clai been previo	rovided below. Phone# med are in compliance with susly claimed by the
my behalf fro I attest that e Claimant (P Paul Hagg I attest that I such policy to I attest the ex claimant or o I attest that e Approved I Dr. Lyle O	m Alberta He expenses subr print Name) gis have read an o the best of r kpenses enclo in their behalf expenses subr oy (Print Nam berg	alth Services o nitted in this cl d understand t ny understandi sed in this clair f from Alberta H nitted in this cl	r any other Organization aim have been incurred Signature: I, by he Government of Albe ing and belief. m are for valid business Health Services or any o	n. I by using a cost effecti signing this form, attest the erta's Travel, Meal and purposes for Alberta H ther Organization. I by using a cost effecti	ve method, otherwise rational and compliant to all the above Hospitality Expenses Policy Health Services Board and the ve method, otherwise rational Position Title/Program	onale and su e statements y, and confirm that this clair ionale and su	pporting a Date Februar n expense n has not	analysis is pr y 14, 2024 es being clai been previo	rovided below. Phone# med are in compliance with usly claimed by the rovided below.

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

February 21, 2024

Michael Lam, Acting VP Corporate Services & CFO Date

For payment please submit to:

14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention:

Carry for	ward from Section 1									
Name:	Paul George Haggis							Expense Period Month:	Jan-24	
Comp	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									
Rational	Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)									
FOTION	4A: BOARD MEMBER - TF									
						/el, <u>Meal a</u>	and Hospital	ity_		
Note: For	meal allowances outside Ca	inada, the G	GOA polic						directive f	or rates
(Appena	<u>ix C for USA, Appendix E</u>	D for Interna		llowanc	e OR Re	ceipt)(A)				
<u>Date</u>	Description: (include purpose of trip, mode of travel, starting		Allowa Within C	ance	With R Allowan	Receipt <u>or</u> ace Outside anada	modation	<u>Transportation</u> (Flight, Car Rental, Fuel, Parking, Taxi)	<u>Other</u> (Itemize)	Mileage km (E)
	point, details of expenditure)	used?	<u>Meal</u> Type	Allow- ance	<u>Meal</u> Type	<u>Amount</u>	<u>(В)</u>	(0)	(D)	(-)
29-Jan-2024	Mileage from residence to Hotel in Edmonton and return to attend in person meetings.	Yes								810
29-Jan-2024	2 days parking at hotel.	Yes						\$105.00		
29-Jan-2024	Lunch and Dinner per diems.	Yes	LD-\$44.00	\$44.00						
30-Jan-2024	. Daily per diems.	Yes	BLD-\$57.00	\$57.00						
31-Jan-2024	Breakfast and Lunch per diems.	Yes	BL-\$30.00	\$30.00						
	Total: (amount auto fills to	page 1)		\$131.00		\$0.00	\$0.00	\$105.00	\$0.00	810.00
		BO/	ARD MEN	<b>IBER</b>	Mileage	e Rate	0.	.55 Total	Mileage	\$ 445.50

5 100 Street onton, AB, T 780-424-518 780-429-64	5J ON6	F	Room Folio # Cashier # Page #	1 of 1	
S.T. Registrat r Paul Haggi	lon # 846543619 Is				
ALL Members	hip # :		rival	: 01-29-24	-
Group Name Company Nan	GOVERNMENT OF	De CANADA GLOBAL MASTER	eparture	: 01-31-24	
Date D	escription	Additional Information		Charges	Credits
	arking - Valet Service			50.00	1000
	arking - GST arking - Valet Service			2.50 50.00	
	arking - GST			2.50	
01-31-24 Ma	astercard	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX		105.00
GS	T Summary	Total Charges		105.00	1.1.23
Room	0.00	Total Credits			105.00
F&B Other	0.00 5.00		1.	and a strength	
Total	5	Balance			0.00
					N. S. S.
To provide fe	Thank your stay, plea	ou for choosing Eairmont Hotel Mac	donald		

Thank you for choosing to stay at Fairmont Hotel Macdonald



# **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.
- Refer to Quick Reference Guide for: <u>Providing a Standard Business Reason(s)</u>
- 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:

Name :
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Paul George Haggis

**Reporting Period for the Month of :** Feb-24

YES

Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
29-Jan-24	Direct Billing	Hotel	2 nights accommodation to attend meetings in Edmonton and the Finance, Audit and Risk Committee meeting on January 31, 2024.	Vision Travel DT Ontario-West Inc	\$426.34
	Direct Billing	Hotel		Vision Travel DT Ontario-West Inc	
	Direct Billing	Airline Ticket		Vision Travel DT Ontario-West Inc	
	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 th	e Month				\$ 426.34



10065 100 Street NW Edmonton, AB, T5J 0N6 Tel: 780-424-5181 Fax: 780-429-6481 G.S.T. Registration # 846543619	Room Folio # Cashier # Reference # A/R #:	
Alberta Health Services P.O.Box 1600 Edmonton AB T5J 2N9 Canada	Invoice #	
Guest Name : Paul Haggis Group Name :	Arrival Departure Page #	: 01-29-24 : 01-31-24 : 1 of 1

Date	Description	Additional Information	Charges	Credits
01-29-24	Package Charge		199.00	
01-29-24	Room - Destination Marketing Fee		5.97	
01-29-24	Room - GST		10.25	
01-29-24	Room - AB Tourism Levy		8.20	
01-30-24	Package Charge		199.00	
01-30-24	Room - Destination Marketing Fee		5.97	
01-30-24	Room - GST		10.25	
01-30-24	Room - AB Tourism Levy		8.20	
02-01-24	GST Exempt		-20.50	
	GST Summary	Total Charges	426.34	
Roor	n 20.50	Total Credits		0.00
F&B	0.00			
Othe	r 0.00			
Tota	I 20.5	Balance		426.34

### Thank you for choosing Fairmont Hotel Macdonald

To provide feedback about your stay, please contact We also invite you to share memories of your experience on our community forum - visit fairmontmoments.com

For information or reservations, visit us at <u>www.fairmont.com</u> or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au <u>www.fairmont.com</u> ou téléphoner au Hôtels Fairmont de: États-Unis ou Canada 1 800 441 1414 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. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.) Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année) J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1.00\$ par jour (du lundi au vendredi) et de 2.00\$ le samedi. (Dans les hôtels participants.)