

AHS Board and Executive Expense Report

Name Penny Rae
Title Chief Information Officer
Location Calgary

Expenses submitted during the month of April 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)
Apr-16	P-Card	Meetings			163	183	346			
Apr-16	Expense Claim	Meetings		136			136			
Apr-16	Direct Billing	Meetings	751				751			
Total			\$ 751	\$ 136	\$ 163	\$ 183	\$ 1,233	\$ -	\$ -	\$ -

Total for the Month \$ 1,233

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 145
 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.

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

RAE, PENELOPE Cardholder's Name	CHIEF INFORMATION OFFICER Cardholder's Position/Title	Billing Reporting Period: 20/04/2016
INFORMATION TECHNOLOGY Cardholder's Dept	QUARRY PARK Cardholder's Site/Location	Total Statement Amount \$345.74
PENNY.RAE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: [REDACTED]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
22/03/2016	423622342	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01		Taxi on March 22 from Edm. International Airport to CN Tower
23/03/2016	423408239	CO OP TAXI LINE LTD, LIMOUSINES AND TAXICABS	81.00	CAD	81.00	2.90		Taxi from ATB Place to Edm. International Airport on March 23
23/03/2016	423622341	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	162.74	CAD	162.74	7.74		Edm. hotel the night of March 22nd
23/03/2016	423622343	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	58.70	CAD	58.70	2.80		Parking at Calgary International Airport on March 22-March 23

①
②
③
④

✓
PB

Signatories		
<p>Cardholder Designate (If Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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. <p><u>Down A Rand</u> <u>Executive Assistant</u> Name of Cardholder Designate Cardholder Designate Position/Title</p> <p><u>Down A Rand</u> <u>April 22, 2016</u> Signature of Cardholder Designate Date of Signature</p>		
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> • 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. <p>RAE, PENELOPE CHIEF INFORMATION OFFICER Name of Cardholder Cardholder Position/Title</p> <p><u>Pae</u> <u>April 26, 2016</u> Signature of Cardholder Date of Signature</p>		
<p>Approver Designate (If Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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. <p><u>Susan Best</u> <u>Exec. Assistant</u> Name of Approver Designate Approver Designate Position/Title</p> <p><u>Susan Best</u> <u>April 27, 2016</u> Signature of Approver Designate Date of Signature</p>		
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> • 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. <p><u>Deborah Rhodes</u> <u>VP Corp Services + CFO</u> Name of Approver Approver Position/Title</p> <p><u>Deborah Rhodes</u> <u>April 28/16</u> Signature of Approver Date of Signature</p>		
Submit approved statement with attachments to Accounts Payable:		
<p>Attach:</p> <ul style="list-style-type: none"> • 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) And where applicable: <ul style="list-style-type: none"> • 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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

Co-op Taxi Line
(780)425-2525
www.co-optaxi.com

Terminal 105/66233672
Driver 1423
16/03/23 15:43:10

MASTERCARD

Card : [REDACTED]

MasterCard

CHIP CARD

AID : A0000000041010

TVR : 0000008000

VERIFIED BY PIN

Ref # [REDACTED]

Auth # [REDACTED]

		PURCHASE
FARE	: \$	55.00
TIP	: \$	6.00
TOTAL	: \$	61.00 ✓

(2)

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain a
copy for your records

Merchant Copy

Taxi on March 23rd from ATB Place to Edm. International
Airport after attending (1) IM/IT Executive Committee
(2) Health Information Exec. Committee with Alta
Health (3) Purposely Designing Quality for AHS (4)
Oracle (5) Data Governance & Enterprise Information

RECEIPT
GST NO. R122556194

(4)

EXIT No. A3
IN: 03/22/16 05:50
OUT: 03/23/16 18:02
DURATION: 1 12: 12
PAID: \$ 58.70 ✓
(GST INCLUDED)
MASTERCARD

REF. 15

THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

Parking at the Calgary International Airport
from March 22-23 to attend meetings: (1)
Healthcare Integration Exit with OAG (2)
IM/IT Exec Committee (3) Health Information
Executive Committee (4) Discussion w/ CMIO
(5) 1 on 1's with 2 direct reports (6) Data
Governance and Enterprise Information
(7) Purposefully Designing Quality for AHS

AIRPORT TAXI SERVICE

4608 101 ST.

(7808907070)

EDMONTON

(1)
CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/03/22
TIME 0322 08:34:30
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$8.25
TOTAL

\$63.25

MasterCard ✓
A0000000041010
BFE5D235008B6AD7
0000008000-E800
077B59AB38C27F46

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Taxi on March 22 from Edm. International
Airport to CN Tower to attend the following:
(1) Healthcare Integration Exit with OAG (2)
1 on 1's with 2 direct reports (3) Discussion
with CMIO prior to overnighting in Edm.

Penelope Rae

Room Number: [REDACTED]
 Arrival Date: 03-22-16
 Departure Date: 03-23-16
 Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No:

03-23-16

Date	Description	Charges	Credits
03-22-16	Room Revenue	145.00	
03-22-16	Destination Marketing Fee - 3%	4.35	
03-22-16	Tourism Levy - 4%	5.97	
03-22-16	Room GST - 5%	7.47	
03-23-16	Mastercard [REDACTED]		162.79
Total		162.79	162.79
Balance		0.00	

Signature:

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001

Edmonton hotel for two days of meetings (March 22-23) to attend the following meetings: (1) Healthcare Integration Exit with OAG (2) IM/IT Exec Committee (3) Health Information Executive Committee with Alberta Health (4) Discussion with CMIO (5) 1 on 1's with 2 direct reports (6) Data Governance and Enterprise Information (7) Purposefully Designing Quality for AHS

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
RAE, PENELOPE JANE	Chief Information Officer	Calgary	136.20

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/22/2016	Attendance at Healthcare Integration Exit Meeting in Edmonton		Meals Per Diem	41.55			B/Fast/Lunch & Dinner	1			
3/23/2016	Attendance in Edmonton to attend IM/IT Executive Committee meeting and Health Information Executive Committee meeting		Meals Per Diem	32.35			Lunch & Dinnner	1			
4/19/2016	Attendance on April 19th in Edmonton at all day Agfa HealthCare Strategic Planning		Meals Per Diem	29.95			B/Fast & Dinner	1			
4/20/2016	Attendance in Edmonton on April 20th to attend CFO Portfolio meeting and Health Information Executive Committee meeting		Meals Per Diem	32.35			Lunch & Dinnner	1			

Approver(s) for the claim	Approval Status	Approval Date
RHODES, DEBORAH	Approve	28-Apr-16

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 : Penny Rae	Reporting Period for the Month of : March 21st to April 20th, 2016
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
18-Apr-2016	Direct Billing	Airline Ticket	Airfare Calgary/Salt Lake City return September 6th to September 8th to attend 2016 Healthcare Analytics Summit	Marlin Travel	582.71
19-Apr-2016	Direct Billing	Airline Ticket	Airfare Calgary/Edmonton on April 19th to attend the following meetings April 19-21, namely: (1) IT Weekly Exec (2) Agfa Health Care Strategic Planning (3) CFO Portfolio meeting (4) Performance Appraisals for Direct Reports x 2 (5) Food for Thought (6) STQ Orientation Session (7) Health Information Executive Committee with Deputy Minister (8) IT Leadership (9) One on one with direct report	Marlin Travel	167.82
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	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					\$ 750.53

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

**Airfare Calgary / Salt Lake City return
September 6th to September 8th to
attend 2016 Healthcare Analytics Summit**

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: April 18, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MRS PENELOPE RAE

AC [REDACTED]
WS [REDACTED]

Tuesday, September 6, 2016

 **Air**

DELTA AIRLINES

From: CALGARY AB

To: SALT LAKE CITY UT

Stops: 0 Arrival: 06Sep16

Seat(s): 16C

SKYWEST DBA

Flight: 4459 U CLASS

02:00 PM Equipment: CR7

04:09 PM

Mile(s) Flown: 720

Thursday, September 8, 2016

 **Air**

DELTA AIRLINES

From: SALT LAKE CITY UT

To: CALGARY AB

Stops: 0 Arrival: 08Sep16

Seat(s): 16B

SKYWEST DBA

Flight: 4808 U CLASS

07:59 PM Equipment: CR9

10:12 PM

Mile(s) Flown: 720

Cost:

TKT [REDACTED]

E-TKT [REDACTED]

460.00

122.71

Ticket Total:

582.71

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: April 18, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	582.71
Less Credit Card Payments:	582.71
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: April 14, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

Airfare Calgary/Edm. on April 19th to attend three days of meetings, namely:
(1) IT Weekly Executive (2) Agfa Health Care Strategic Planning (3) CFO Portfolio (4) Performance Appraisals for Direct Reports x 2 (5) Food for Thought (6) STQ Orientation Session (7) Health Information Executive Committee with Deputy Minister (8) IT Leadership (9) 1 on 1 with direct report

For [REDACTED]

MRS PENELOPE RAE

AC [REDACTED]
WS [REDACTED]

Tuesday, April 19, 2016

 **Air**

WESTJET AIRLINES

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 19Apr16

WESTJET ENCO

Flight: 3394 M CLASS

07:00 AM Equipment: DH4

07:54 AM

Mile(s) Flown: 163

Cost: [REDACTED]

TKT [REDACTED]

118.34

Tax: 49.48

Ticket Total: 167.82

Total: [REDACTED]

Grand Total: 167.82

Less Credit Card Payments: 167.82

Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....