

AHS Board and Executive Expense Report

Name Richard Dicerni
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of December 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)
Dec-16	Expense Claim	Meetings	1,031	48		233	1,312			
Dec-16	Direct Bill	Meetings			466		466			
Total			\$ 1,031	\$ 48	\$ 466	\$ 233	\$ 1,778	\$ -	\$ -	\$ -

Total for the Month \$ 1,778

Maximum daily single meal expense claimed in the month \$ 24
 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.



Employee # [REDACTED]

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

Name:	Richard Dicerni	Expense Period Month:	Dec. 2016
Address:	[REDACTED]	City:	[REDACTED]
Province:	[REDACTED]	Postal Code:	[REDACTED]
Country:			
Reason for Expense	Expenses to attend the Finance Committee Meeting on Dec. 7, 2016 and the Board Meetings on Dec. 8, 2016.		

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	\$48.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$1,263.70
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$1,311.70

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, by signing this form, attest that I am compliant to, all the above statements	Date	Phone#
Richard Dicerni	<i>Richard Dicerni</i>	Jan. 4, 2017	[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, by signing this form, attest that I am compliant with all the above statements	Date
<i>Linda Hughes</i>	Jan 11/17

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

Jan. 9/17

Deborah Rhodes
Deborah Rhodes, VP Corporate Services & CFO
Position #: [REDACTED] DOFA Level: [REDACTED] Date: [REDACTED]

For payment
14th Floor, North Tower, Seventh Street Plaza, 10030 -

Carry forward from Section 1

Name:	Richard Dicerni	Expense Period Month:	42705
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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

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal Allowance				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Within Canada		Outside Canada					
			Meal Type	Allowance	Meal Type	Allowance				
① 6-Dec-16	Taxi to Toronto airport.	Yes					\$60.00	✓		
② 6-Dec-16	Flight from Toronto to Edmonton to attend Board Committee Meetings.	Yes	D-\$24.00	\$24.00	✓		\$1,030.70	✓		
③ 6-Dec-16	Taxi from YEG to hotel.	Yes					\$60.00	✓		
7-Dec-16	Dinner per diem.	Yes	D-\$24.00	\$24.00	✓					
④ 9-Dec-16	Taxi from Edmonton to YEG.	Yes					\$58.00	✓		
⑤ 9-Dec-16	Taxi from Toronto airport to residence.	Yes					\$55.00	✓		
Total: (amount auto fills to page 1)			\$48.00		\$0.00	\$0.00	\$1,263.70	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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For payment please submit to:
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

RECEIPT

Cab No. _____ H.S.T. _____
From Edmonton
To Parkview
Date _____ Amount 60.00
Signature _____

①

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

Terminal 449/66234787
Driver [REDACTED]
16/12/09 06:01:25

AMEX
Card : [REDACTED]
Ref # [REDACTED]
Auth # [REDACTED]

FARE : \$ 53.00
TIP : \$ 5.00
TOTAL : \$ 58.00

PURCHASE
53.00
5.00

58.00

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE AMEX
DATE 2016/12/06
TIME 5027 15:02 17
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

④

PURCHASE
AMOUNT \$55.00
TIP \$5.00
TOTAL

③

\$60.00

APPROVED - THANK YOU
(00-025)

Cardholder will pay card
issuer above amount
pursuant to Cardholder
Agreement

IMPORTANT: Retain this
copy for your records

Customer Copy

Thank you for choosing
Co-op taxi

AMERICAN EXPRESS
[REDACTED]

APPROVED

AUTH# [REDACTED]

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 83625 3724 RT0001

Itinerary / Receipt

②

Your booking is confirmed. Thank you for choosing Air Canada.
Please bring your itinerary-receipt to the airport.

Main Contact Information

Booking reference: [REDACTED]

<p>Name: Mr Richard Dicerni</p> <p>E-mail: [REDACTED]</p> <p>Payment: [REDACTED]</p>	<p>Customer Care Air Canada Reservations 1-888-247-2262</p> <p>Air Canada Flight Information 1-888-422-7533 International Reservations</p> <p>Alert me of flight changes Flight notification</p>
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Flight Itinerary

Flight	From	To	Aircraft	Cabin (Booking class)	Status
AC1157	Toronto Pearson (YYZ) Tue 06-Dec 2016 12:40 - TERMINAL T1	Edmonton International (YEG) Tue 06-Dec 2016 14:58	320	Economy (W)	Confirmed
Seat number(s) requested: 12D					
AC106	Edmonton International (YEG) Fri 09-Dec 2016 07:25	Toronto Pearson (YYZ) Fri 09-Dec 2016 13:05 - TERMINAL T1	321	Economy (W)	Confirmed
Seat number(s) requested: 13D					

Passenger Information

Passenger: 1 Mr Richard Dicerni

Ticket number: [REDACTED]

Frequent Flyer Pgm: Air Canada Aeroplan Program number: [REDACTED]

Purchase Summary

Passenger: 1 Ticket number [REDACTED]

Date of issue	30-Nov 2016
Fare Amount in Canadian dollars: <i>(including <u>navigational & other charges</u>)</i>	845.00
Taxes, Fees & Charges	
Air Travellers Security Charge (CA)	14.25
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) (XG)	1.50
Combined Taxes *see fare calculation below (XT)	169.95
Total Fare in Canadian dollars:	1,030.70 ✓

Ticket particularities:
AC ONLYF/NONREF/CHGE FEE
-BG:AC

*Fare calculation:
06DEC16YTO AC YEA Q23.00R384.00AC YTO Q23.00R415.00CAD845.00
END ROE1.00 XT114.95RC55.00SQ

Canadian tax registration numbers:
XG Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)
RC Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)
XQ Canada Quebec Sales Tax (QST #1000-043-172 TQ1991)

Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable.
- Seat selection charges are per passenger and apply to each individual one-way flight segment in your itinerary. Flight segments are identified by a change in flight number, with each new flight number representing a flight segment. Taxes are not included.
- Please note that you may be moved from your selected seat without notice in the event of an involuntary schedule or airport change (e.g. flight disruption, cancellation), to accommodate a passenger with a disability, or for any other reason that requires Air Canada to move you prior to departure or during the flight. If you are moved from your seat for one of these reasons, you may request a refund for your seat charges. We invite you to read additional [terms and conditions](#) related to seat selection

Please read important information and notices regarding Air Canada's [general conditions of carriage](#).

Baggage Information

Please see below for details on the bags you plan on checking at the baggage counter.

Written Attestation for No Receipt

5

December 9, 2016

Taxi from Toronto Airport to residence (\$55.00)

- Misplaced receipt.
- The expense was incurred and related to AHS business
- The expense has not been previously claimed

see att. email for approval.

Richard Dicerni
Authorization

Linda Hughes

Linda Hughes
Claim Approver

Date Signed: Jan. 4 2017

Date Signed: Jan. 16/17

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.

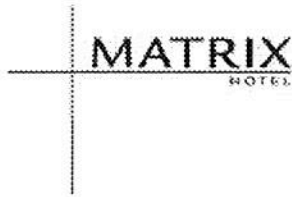
Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable 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 : Richard Dicerni	Reporting Period for the Month of : Dec-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
6-Dec-2016	Direct Billing	Hotel	3 nights accommodation to attend Board Meetings on December 7-8, 2016 in Edmonton.	Other	465.96
	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	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 465.96



Alberta Health Services
14th Floor North Tower
10030 107 St
Edmonton AB T5J3E4

Room Number: [REDACTED]
Arrival Date: 12-06-16
Departure Date: 12-09-16
Page No: 1 of 1

Guest Name: *Dicerni, Richard*

COPY OF INVOICE

Folio No: [REDACTED]

12-21-16

Date	Description	Charges	Credits
12-06-16	Room Revenue	145.00	
12-06-16	Destination Marketing Fee - 3%	4.35	
12-06-16	Tourism Levy - 4%	5.97	
12-07-16	Room Revenue	145.00	
12-07-16	Destination Marketing Fee - 3%	4.35	
12-07-16	Tourism Levy - 4%	5.97	
12-08-16	Room Revenue	145.00	
12-08-16	Destination Marketing Fee - 3%	4.35	
12-08-16	Tourism Levy - 4%	5.97	
Total		465.96	0.00
Balance		465.96	

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. #105631154 RT 0008