

## AHS Board and Executive Expense Report

**Name** Sharon Lehr  
**Title** Chief Program Officer Operational Best Practices  
**Location** Edmonton  
 Expenses submitted during the month of February 2017

### 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)
Feb-17	Expense Claim	Meetings		13		212	225			
Feb-17	Direct Billing	Meetings	344				344			
<b>Total</b>			\$ 344	\$ 13	\$ -	\$ 212	\$ 569	\$ -	\$ -	\$ -

**Total for the Month**      \$        569

Maximum daily single meal expense claimed in the month      \$        13  
 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
LEHR, SHARON	Chief Program Officer, Operational Best Practices	Edmonton	\$ 224.50

  

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
2/22/2017	OBP Meeting in Edmonton	AB - North Zone	Taxi	\$ 60.00			Taxi from Edmonton Airport to Seventh Street Plaza to attend an Operational Best Practice Refresher meeting with Health Operations	1			
2/22/2017	OBP Meeting in Edmonton	AB - Local	Taxi	\$ 40.20			Taxi from home to Calgary Airport for flight to Edmonton	1			
2/22/2017	OBP Meeting in Edmonton	AB - North Zone	Meals Per Diem	\$ 13.00			Lunch while in Edmonton for Operational Best Practice Refresher meeting with Health Operations Lunch \$13.00	1			
2/22/2017	OBP Meeting in Edmonton	AB - Local	Taxi	\$ 43.30			Taxi from Calgary Airport to home	1			
2/22/2017	OBP Meeting in Edmonton	AB - North Zone	Taxi	\$ 68.00			Taxi to Edmonton Airport for flight to Calgary	1			

  

Approver(s) for the claim	Approval Status	Approval Date
RHODES, DEBORAH	Approve	14-Mar-17

(403) 299-1111  
TAXI - YEG Airport to Home  
**SALE**  
Associated Cabs

MID: [REDACTED] REF#: [REDACTED]  
TID: [REDACTED] SEQ: [REDACTED]  
Batch #: [REDACTED]  
02/22/17  
APPR CODE [REDACTED]  
VISA [REDACTED]

AMOUNT \$38.36  
TIP \$5.00  
TOTAL \$43.30

00 - APPROVED - 001

Visa Credit  
[REDACTED]

THANK YOU  
CUSTOMER COPY

TAXI - SSP to YEG Airport  
AIRPORT TAXI SERVICE  
4608 101 ST.  
(7808907070)  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2017/02/22  
TIME 0504 17:34:10  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$63.00  
TIP \$5.00  
TOTAL

**\$68.00**

Visa Credit  
[REDACTED]

**APPROVED**  
AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

GST 83636 0909 RT0001

TAXI - YEG Airport to  
SSP  
AIRPORT TAXI SERVICE  
4608 101 ST.  
(7808907070)  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2017/02/22  
TIME 3298 10:35:24  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$55.00  
TIP \$5.00  
TOTAL

**\$60.00**

Visa Credit  
[REDACTED]

**APPROVED**  
AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

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TAXI - Home to Airport  
ASSOCIATED CAB  
ALLIED LIMOUSIN  
307-41 AVENUE NE  
CALGARY AB T2E 2N4  
(403) 299-1111

**SALE**  
MID: [REDACTED] REF#: [REDACTED]  
TID: [REDACTED] SEQ: [REDACTED]  
Batch #: [REDACTED]  
02/22/17  
APPR CODE: [REDACTED] 07:49:41

AMOUNT \$35.20  
TIP \$5.00  
TOTAL \$40.20

00 - APPROVED - 001

Visa Credit  
[REDACTED]

THANK YOU  
CUSTOMER COPY

## 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

<b>Name :</b> Sharon Lehr	<b>Reporting Period for the Month of :</b> Feb-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
22-Feb-2017	Direct Billing	Airline Ticket	Flight - Calgary to Edmonton & return (Invoice # ██████████) Attended Operational Best Practice Refresher meeting and presented to Health Operations North Zone.	Marlin Travel	344.06
	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	
<b>Total Paid in the Month</b>					<b>\$ 344.06</b>



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 11 Feb 17 Client: [REDACTED] Agent: [REDACTED]  File Locator: [REDACTED]
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**PASSENGERS:** MS SHARON LEHR

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	269.10	0.00	\$0.00	74.96	0.00	344.06 CAD
<b>Total:</b>	<b>269.10</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>344.06 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	02/10/2017	[REDACTED]	[REDACTED]	344.06 CAD
				<b>Total Payment:</b>	<b>344.06 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL OPERATIONAL BEST PRACTICE MEETING

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 -----  
 ---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. -----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  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 11 Feb 17  
Client: [REDACTED]  
Agent: [REDACTED]  
File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SHARON LEHR	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:		SHARON LEHR		Booking Date:	10 Feb 17	
				File Locator/Ticket #:	[REDACTED]	
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08134	CALGARY INTL 22 Feb 17 9:05AM		EDMONTON INTL 22 Feb 17 9:57AM	G/	
AIR CANADA	08173	EDMONTON INTL 22 Feb 17 7:10PM		CALGARY INTL 22 Feb 17 8:04PM	G/	