

AHS Board and Executive Expense Report

Name Dr. Stafford Dean

Title Chief Analytics Officer & Senior Program Officer Analytics (DIMR)

Location Calgary

Expenses submitted during the month of April 2017

				Travel (1)									
MMM-YY	Source Document	Purpose	Airfaı	·e	Meals		Accommodation	Oth Trav		Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-17 Apr-17	P-Card Expense Claim	Meetings Meetings					160		103 313	263 313			
Total			\$	-	\$	-	\$ 160	\$	416	\$ 576	\$ -	\$ -	\$ -

Total for

the Month \$ 576

Maximum daily single meal expense claimed in the month \$ - Maximum daily base hotel rate claimed in the month \$ 149 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 P-Card

TODD, KATHRYN

Approve

2-May-17

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
	Chief Analytics Officer & Senior Program Officer Analytics (DIMR)	Calgary	\$ 262.96									
Expense Date	Business reason	•	Expense Location	Expense Type	Amount	From Location	To Location	Justification		# of Attendees	Attendee Name(s)	Trip Distance
3/21/2017	Parking for the AHS Senior Leadership Meeting		AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			Parking for the AHS Senior Leadership Meeting	1			
3/31/2017	Parking for the Meeting with Dr. F the FMC TRW Building	Punjabi at	AB - Other Zones	Parking - Lot or Parkade	\$ 11.25			Meeting with Dr. Punjabi at the FMC TRW Building	1			
4/4/2017	Parking for the Neuro Data Review at FMC		AB - Other Zones	Parking - Lot or Parkade	\$ 9.00			Parking for the Neuro Data Review at FMC	1			
4/6/2017	Parking for the COPD Outcomes Team Meeting at FMC		AB - Other Zones	Parking - Lot or Parkade	\$ 11.25			Parking for the COPD Outcomes Team Meeting at FMC	1			
4/10/2017	Parking at ATB Place Edmonton - Base Case Projection Presentation		AB - Other Zones	Parking - Lot or Parkade	\$ 5.00			Parking at ATB Place Edmonton - Base Case Projection Presentation	1			
4/10/2017	Parking at ATB Place in Edmonton - Meeting with Michael McDermot with AH		AB - Other Zones	Parking - Lot or Parkade	\$ 15.00			Parking at ATB Place in Edmonton - Meeting with Michael McDermot with AH	1			
4/11/2017	Meetings April 10/11 with Alberta Health and Institute of Health Economics		AB - Other Zones	Accommodations	\$ 159.61			Meetings April 10/11 with Alberta Health and Institute of Health Economics	1			
4/17/2017	Parking at FMC for the DoM Analytical Team Meeting		AB - Other Zones	Parking - Lot or Parkade	\$ 9.00			Parking at FMC for the DoM Analytical Team Meeting	1			
4/18/2017	Parking at SPT for ELT		AB - Other Zones	Parking - Lot or Parkade	\$ 13.50			Parking at SPT for ELT	1			
Approver(s) for the claim Approval S				Approval Date	1	1	ı			1	1	1

RECEIPT Southland Park IV Southport Tower



03:14 APR 18, 2017

Purchase Date/Time: 12:14pm Apr 18, 2017 Total Due: \$13.50 Total Paid: \$13.50 Ticket #

Rate: \$13.50 - 3 Hours Payment Type: Card

S/N #: Setting: SPT Wireless Mach Name:

MasterCard

Auth #

www.ahs.ca DO NOT PLACE ON DASH

Foothills

Medical Centre Lot 8A - East

License Plate Number



Expiration Date/Time

APR 06, 2017

Purchase Date/Time: 09:15am Apr 06, 2017

Total Due: \$11.25 Total Paid: \$11.25 Ticket # Rate: \$11.25 - 2 Hr 30 Min Payment Type: Card

S/N #:

Setting: Lot 08A - East Mach Name: CA-FMC-0802

lasterCard

Auth #

www.ahs.ca Do Not Place On Dash

RECEIPT GST NO. R122556194

TKT NO: POF: A5 IN: 03/21/17 08:58 OUT:03/21/17 13:02 PAID: \$ 29.35

DURATION: 0 24: 24 (GST INCLUDED)

MASTEDCADO

YOU HAVE 10 MIN. TO EXIT

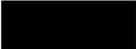




RECEIPT Foothills

Medical Centre Lot 8A - East

License Plate Number



Expiration Date/Time

10:06 AM APR 17, 2017

Purchase Date/Time: 08:06am Apr 17, 2017

Total Due: \$9.00 Total Paid: \$9.00 Ticket S/N #

Rate: \$9.00 - 2 Hours Payment Type: Card

Setting: Lot 08A - East Mach Name: CA-FMC-0802

lasterCard

Auth #:

www.ahs.ca Do Not Place On Dash

Foothills Medical Centre

Lot 6 - North

License Plate Number



Expiration Date/Time

MAR 31, 20

Purchase Date/Time: 12:38pm Mar 31, 2017 Total Due: \$11.25 Rate: \$11.25 - 2 Hr 30 Min Total Paid: \$11.25 Payment Type: Card Ticket

S/N #: Setting: Lot Ub - North Mach Name

lasterCard

Auth #:

www.ahs.ca Do Not Place On Dash

> RECEIPT Foothills

Medical Centre Lot 6 - North



Expiration Date/Time

Purchase Date/Time: 09:50am Apr 04, 2017 Total Due: \$9.00 Rate: \$9.00 - 2 Hours Total Paid: \$9.00 Payment Type: Card Ticket

S/N #: Setting: Lot 06 - North Mach Name:

MasterCard

Auth #

www.ahs.ca Do Not Place On Dash

ATB PLACE GST:887315638RT001 RECEIPT

IN: 10.04.17 13:18 OUT: 10.04.17 16:09 AMOUNT: \$ 15.00 CC-DATA:

----- TRANSACTION RECORD -----

Card_#

Card Entry: Unit Account: MASTERCARD Trans: PURCHASE

Amount: \$15.00

Sequence Term ID: Date: 17/04/10

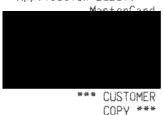
Time: 16:08:51

APPROVED

BY ENTERING A VERIFIED PIN, CARDHOLDER AGREES TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH ISSUERS AGREEMENT WITH

CARDHOLDER

Application Label:



GSTt:887315638RT001 Thank you for Visiting! 600B

ATB PLACE GST:887315638RT001 RECEIPT

IN: 10.04.17 09:16 PAY: 10.04.17 10:08 AMOUNT: \$ 5.00

---- TRANSACTION RECORD -----

Card #:

Card Energiunin

Account: MASTERCARD

Trans: PURCHASE

<u>Δπου</u>nt:\$5.00 Auth

Sequence #:

Term ID: Date: 17/04/1

Time: 10:07:24

APPROVED

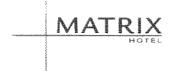
BY ENTERING A VERIFIED PIN, CARDHOLDER AGREES TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH ISSUERS AGREEMENT WITH CARDHOLDER

Application Label:



*** CUSTOMER COPY ***

Thank you for Visiting!



Mr Stafford Dean

Guest Name:

Room Number:

Arrival Date:

04-10-17

Departure Date:
Page No:

04-11-17 1 of 1

INFORMATION INVOICE

Folio No

04-21-17

Date	Description	10	Charges	Credits
04-10-17	Room Revenue		149.00	**************************************
04-10-17	Destination Marketing Fee - 3%		4.47	
04-10-17	Tourism Levy - 4%		6.14	
04-11-17	Mastercard			159.61
Autorica de la constitución de l		Total	159.61	159.61
		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. #105631154 RT 0008

AHS Public Disclosure Expense Claims

Claimant Name		Claimant Location	Expense Claim Total										
	Chief Analytics Officer & Senior Program Officer Analytics (DIMR)	Calgary	\$ 313.10										
Expense Date	pense Date Business reason		Expense	Expense Type		Amount	From	To Location	Justification	# of	# of	Attendee	Trip
			Location				Location			days	Attendees	Name(s)	Distance
4/10/2017 Meetings / Presentation with Alberta Health for Base Case Projection Presentation			Mileage-C	ther	\$ 313.10	Calgary	Edmonton	Meetings / Presentation with Alberta Health for Base Case Projection Presentation	2			310	
Approver(s) for the claim		Approval S		Approval Date									
TODD, KATHRYN Api		Approve	2	!-May-17									