

## AHS Board and Executive Expense Report

**Name** Dr. Ted Braun  
**Title** VP & Medical Director Central & Southern Alberta  
**Location** Calgary  
 Expenses submitted during the month of August 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)
Aug-16	P-Card	Meetings			553	628	1,181			
Aug-16	Expense Claim	Meetings		73		229	302	375		
Aug-16	Direct Billing	Meetings	1,286				1,286			
<b>Total</b>			<b>\$ 1,286</b>	<b>\$ 73</b>	<b>\$ 553</b>	<b>\$ 857</b>	<b>\$ 2,769</b>	<b>\$ 375</b>	<b>\$ -</b>	<b>\$ -</b>

**Total for the Month**      \$      3,144

Maximum daily single meal expense claimed in the month      \$      13  
 Maximum daily base hotel rate claimed in the month      \$      164  
 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.

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>• Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>• Cardholder AND Approver's signatures required where indicated below</li> </ul>			
<u>BRAUN, THEODORE</u>	<u>ACTING-VP AND MEDICAL</u>	Billing Reporting Period:	<u>20/08/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>MEDICAL AFFAIRS</u>	<u>SOUTHPORT TOWER</u>	Total Statement Amount:	<u>\$1,180.62</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>TED BRAUN@AHS.CA</u>		Last 6 digits of the P-Card #:	<u>██████████</u>
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/07/2016	██████████	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01		Taxi from Edmonton Airport to DT Edmonton
19/07/2016	██████████	WESTIN (WESTIN HOTELS), WESTIN HOTELS	184.13	CAD	184.13	8.77	.00	Hotel accommodations while in Edmonton
20/07/2016	██████████	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	70.73	CAD	70.73	3.37		Taxi from Calgary airport to SPTT
26/07/2016	██████████	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Car service from downtown Edmonton to Edmonton airport
26/07/2016	██████████	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Car service from Edmonton Airport to downtown Edmonton
26/07/2016	██████████	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Car service from downtown Edmonton to Edmonton Airport
01/08/2016	██████████	YELLOW CAB, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01		Taxi from downtown Edmonton to Edmonton Airport
02/08/2016	██████████	WESTIN (WESTIN HOTELS), WESTIN HOTELS	184.13	CAD	184.13	8.77	.00	Accommodations while in Edmonton for ELT
08/08/2016	██████████	WESTIN (WESTIN HOTELS), WESTIN HOTELS	184.13	CAD	184.13	8.77	.00	Accommodations while in Edmonton for ELT
09/08/2016	██████████	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	55.20	CAD	55.20	2.63		Taxi from downtown Edmonton to Edmonton Airport
09/08/2016	██████████	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	58.70	CAD	58.70	2.80	.00	Parking at the Calgary Airport Authority while in Edmonton
16/08/2016	██████████	YELLOW CAB, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01		Taxi from Edmonton Airport to downtown Edmonton
16/08/2016	██████████	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	29.35	CAD	29.35	1.40	.00	Parking at Calgary Airport Authority while in Edmonton
17/08/2016	██████████	AHS RDRH PARKING LOTS, AUTOMOBILE PARKING LOTS AND GARAGES	8.50	CAD	8.50	.40		Parking at Red Deer Hospital while at Advanced Cardiac Services meeting

**Cardholder Designate (if Applicable)**
**Cardholder Designate (if Applicable)**

By signing this statement

- 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.

Name of Cardholder Designate \_\_\_\_\_

Cardholder Designate Position/Title \_\_\_\_\_

Signature of Cardholder Designate \_\_\_\_\_

Date of Signature \_\_\_\_\_

**Cardholder**

By signing this statement

- 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.

 BRAUN, THEODORE  
Name of Cardholder \_\_\_\_\_

 ACTING-VP AND MEDICAL  
Cardholder Position/Title \_\_\_\_\_


 Signature of Cardholder

 August 23, 2016  
Date of Signature

**Approver Designate (if Applicable)**

By signing this statement

- 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.

Name of Approver Designate \_\_\_\_\_

Approver Designate Position/Title \_\_\_\_\_

Signature of Approver Designate \_\_\_\_\_

Date of Signature \_\_\_\_\_

**Approver**

By signing this statement

- 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.

 Dr. Verena Yild  
Name of Approver \_\_\_\_\_

 President + CEO  
Approver Position/Title \_\_\_\_\_


 Signature of Approver

 Aug 29, 2016  
Date of Signature

**Attachments**
**Attach:**

- 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.
- 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

**Address:**

 Alberta Health Services  
Accounts Payable  
7th Street Plaza  
10th Floor, North Tower, 10030-107 Street  
Edmonton, AB T5J 3E4

**Accounts Payable Only**

Reference #: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

ID #



①  
July 21-  
August 20<sup>th</sup>  
2016

AIRPORT TAXI SERVICE

4508 101 ST.

(7808507070)

EDMONTON AB

CARD



CARD TYPE MASTERCARD

DATE 2016/07/19

TIME 0732 08:22 34

INVOICE #



RECEIPT NUMBER



PURCHASE

AMOUNT

\$55.00<sup>00</sup>

TIP

\$8.25<sup>00</sup>

TOTAL

\$63.25

MasterCard



APPROVED

AUTH#



THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

D#

3

The Westin Edmonton  
10135 100 St  
Edmonton, AB T5J 0N7  
Canada  
Tel: 780-426-3636 Fax: 780-428-1454

# WESTIN®

HOTELS & RESORTS

Ted Braun  
[Redacted]

Page Number : 2 Invoice Nbr : [Redacted]  
Guest Number : [Redacted]  
Folio ID : A  
Arrive Date : 19-JUL-16 18:00  
Depart Date : 20-JUL-16 13:50  
No. Of Guest : 1  
Room Number : [Redacted]  
Club Account : [Redacted]

As a Starwood Preferred Guest you have earned at least 492 Starpoints for this visit [Redacted]

Tell us about your stay. [www.westin.com/reviews](http://www.westin.com/reviews)

### EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
07-19-2016	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
07-20-2016	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-184.13
Total	164.00	8.45	6.76	0.00	0.00	4.92	184.13	-184.13

ID # [REDACTED]

2

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

**SALE**

MID: [REDACTED]  
TID: [REDACTED] REF# [REDACTED]  
Batch #: [REDACTED] SEQ. [REDACTED]  
07/20/16 19.45.00  
APPR CODE: [REDACTED]  
MASTERCARD

[REDACTED] \*\*/  
**AMOUNT \$61.50**  
**TIP \$9.23**  
**TOTAL \$70.73**

00 - APPROVED - 001

MasterCard  
AID: [REDACTED]  
TVR: [REDACTED]  
TSI: [REDACTED]

THANK YOU

CUSTOMER COPY

TDH



4

**Renay Ellis**

**From:** Infinity Transportation Inc <InfinityTransportationInc@hotmail.com>  
**Sent:** Tuesday, July 26, 2016 6:56 PM  
**To:** Renay Ellis  
**Subject:** Fw: Transaction Receipt - Do Not Reply

Ted only

Receipt July 20/ Dr Ted Braun

---

**From:** INFINITY TRANSPORTATION I <payd\_receipt@moneris.com>  
**Sent:** July 26, 2016 6:25 PM  
**To:** [infinitytransportationinc@hotmail.com](mailto:infinitytransportationinc@hotmail.com)  
**Subject:** Transaction Receipt - Do Not Reply

# INFINITY TRANSPORTATION I

AB

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Theodore Braun
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jul 26 2016 06:25PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)	----- \$72.00 -----
--------------	---------------------------

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -

Retain this copy for your records

ID#



5

Renay Ellis

From: Infinity Transportation Inc <InfinityTransportationInc@hotmail.com>  
Sent: Tuesday, July 26, 2016 6:58 PM  
To: Renay Ellis  
Subject: Fw: Transaction Receipt - Do Not Reply

Ted Braun  
Brenda Huband  
Lori Anderson

Receipt July 22/ Dr Ted Braun

From: INFINITY TRANSPORTATION I <payd\_receipt@moneris.com>  
Sent: July 26, 2016 6:27 PM  
To: infinitytransportationinc@hotmail.com  
Subject: Transaction Receipt - Do Not Reply

# INFINITY TRANSPORTATION I

AB

TYPE	PURCHASE	
ORDER ID		
CUSTOMER ID	Theodore Braun	
CARD NUM		
ACCOUNT	MASTERCARD	
DATE	Jul 26 2016 06:27PM	
REF NUM		
AUTH CODE		
AMOUNT (CAD)		\$72.00

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

ID# [REDACTED]

6

Renay Ellis

**From:** Infinity Transportation Inc <InfinityTransportationInc@hotmail.com>  
**Sent:** Tuesday, July 26, 2016 6:59 PM  
**To:** Renay Ellis  
**Subject:** Fw: Transaction Receipt - Do Not Reply

Ted Braun  
Brenda Hubbard  
Lori Anderson

Receipt July 22/ Dr Ted Braun

**From:** INFINITY TRANSPORTATION I <payd\_receipt@moneris.com>  
**Sent:** July 26, 2016 6:28 PM  
**To:** [infinitytransportationinc@hotmail.com](mailto:infinitytransportationinc@hotmail.com)  
**Subject:** Transaction Receipt - Do Not Reply

# INFINITY TRANSPORTATION I

AB

TYPE	PURCHASE	
ORDER ID	[REDACTED]	
CUSTOMER ID	Theodore Braun	
CARD NUM	[REDACTED]	
ACCOUNT	MASTERCARD	
DATE	Jul 26 2016 06:28PM	
REF NUM	[REDACTED]	
AUTH CODE	[REDACTED]	
AMOUNT (CAD)		----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -  
Retain this copy for your records

ID # [REDACTED]

7

YELLOW CAB  
10135 31 AVENUE NW  
EDMONTON AB T6H-1C2  
780-462-3456

Term Id: [REDACTED]  
Item #: [REDACTED]  
MasterCard  
PURCHASE  
Op Id: [REDACTED]  
Card #: [REDACTED]

AID [REDACTED]

APPROVED

AMOUNT	CAD\$55.00
TIP	CAD\$8.25
	=====
TOTAL	CAD\$63.25

Ref. #: C  
Auth. #: [REDACTED]  
Resp. Code: 00  
TUR: [REDACTED]  
TSI: [REDACTED]

BOOK ON LINE AT EDMTAXI.COM  
THANK YOU FOR BEING OUR GUEST

100403070

Date: 2016/08/01 Time: 23:03:17  
Response: AUTH [REDACTED]

\*\*\*CUSTOMER COPY\*\*\*



ID # [REDACTED]

The Westin Edmonton  
10135 100 St  
Edmonton, AB T5J 0N7  
Canada  
Tel: 780-426-3636 Fax: 780-428-1454

# WESTIN®

HOTELS & RESORTS

[REDACTED]

Page Number : 1 Invoice Nbr : [REDACTED]  
Guest Number : [REDACTED]  
Folio ID : A  
Arrive Date : 01-AUG-16 23:05  
Depart Date : 02-AUG-16 07:31  
No. Of Guest : 1  
Room Number : [REDACTED]  
Club Account : [REDACTED]

Tax Invoice

Tax ID : 815461330RT0001  
The Westin Edmonton 02-AUG-16 07:40 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
01-AUG-16	[REDACTED]	Room Charge	164.00	
01-AUG-16	[REDACTED]	GST	8.45	
01-AUG-16	[REDACTED]	Destination Marketing Fee	4.92	
01-AUG-16	[REDACTED]	Tourism Levy	6.76	
02-AUG-16	[REDACTED]	Mastercard [REDACTED]		-184.13
		** Total	184.13	-184.13
		*** Balance	-0.00	

REST EASY - Nothing recharges mind and body like sound sleep. Experience superior rest at home with the Westin Heavenly(R) Bed, a revitalizing retreat for the sleep of your dreams. Learn more at [westin.com/store](http://westin.com/store)

As a Starwood Preferred Guest you have earned at least 492 Starpoints for this visit [REDACTED]

Tell us about your stay. [www.westin.com/reviews](http://www.westin.com/reviews)

Continued on the next page

ID #



9

The Westin Edmonton  
10135 100 St  
Edmonton, AB T5J 0N7  
Canada  
Tel: 780-426-3636 Fax: 780-428-1454

# WESTIN®

HOTELS & RESORTS



Page Number : 1 Invoice Nbr :   
Guest Number :   
Folio ID : A  
Arrive Date : 08-AUG-16 20:12  
Depart Date : 09-AUG-16 06:24  
No. Of Guest : 1  
Room Number :   
Club Account :

Copy Tax Invoice

Tax ID : 815461330RT0001  
The Westin Edmonton 09-AUG-16 06:30

Date	Reference	Description	Charges (CAD)	Credits (CAD)
08-AUG-16		Room Charge	164.00	
08-AUG-16		GST	8.45	
08-AUG-16		Destination Marketing Fee	4.92	
08-AUG-16		Tourism Levy	6.76	
09-AUG-16				-184.13
		** Total	184.13	-184.13
		*** Balance	-0.00	

BETTER BALANCE - The soothing scent of White Tea revitalizes and uplifts from the moment you step through our doors. Enhance any environment by taking our signature scent home with you. Learn more at [westin.com/store](http://westin.com/store)

As a Starwood Preferred Guest you have earned at least 492 Starpoints for this visit

Tell us about your stay. [www.westin.com/reviews](http://www.westin.com/reviews)

Continued on the next page

ID#



10

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

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2016/08/09  
TIME 6443 17:07:41  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

-----  
PURCHASE  
AMOUNT \$48.00  
TIP \$7.20  
TOTAL

\$55.20  
-----

MasterCard



APPROVED

AUTH# [REDACTED] [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

GST 81934 7915 RT0001

ID # [REDACTED]

11

**RECEIPT**  
**GST NO. R122556194**

EXIT No. A2  
IN: 08/08/16 16:47  
OUT: 08/09/16 19:16  
DURATION: 1 02: 29  
PAID: \$ 58.70  
(GST INCLUDED)  
MASTERCARD  
[REDACTED]

REF. [REDACTED]  
THANK YOU FOR  
YOUR VISIT



ID # [REDACTED]

12

12

YELLOW CAB  
10135 31 AVENUE NW  
EDMONTON AB T6H-1C2  
780-462-3456

Term Id: [REDACTED]  
Item #: [REDACTED]  
MasterCard  
PURCHASE  
Op Id: [REDACTED]  
Card #: [REDACTED]

AID: [REDACTED]

APPROVED

AMOUNT	CAD\$55.00
TIP	CAD\$8.25
	=====
TOTAL	CAD\$63.25

Ref. #: C  
Auth. #: [REDACTED]  
Resp. Code: 00  
TUR: [REDACTED]  
TSI: [REDACTED]

BOOK ON LINE AT EDMTAXI.COM  
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2016/08/16 Time: 08:31:46  
Response: AUTH [REDACTED]

\*\*\*CUSTOMER COPY\*\*\*

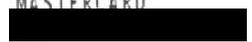
13

ID #



**RECEIPT**  
**GST NO. R122556194**

EXIT No. A4  
IN: 08/16/16 06:03  
OUT: 08/16/16 19:04  
DURATION: 0 13: 01  
PAID: \$ 29.35  
(GST INCLUDED)  
MASTERCARD



REF. [REDACTED]  
THANK YOU FOR  
YOUR VISIT



11 H



14

# RECEIPT

Red Deer  
Regional Hospital

License Plate Number



Expiration Date/Time

**02:16 PM**  
**AUG 18, 2016**

Purchase Date/Time: 02:16pm Aug 17, 2016  
Total Due: \$8.50 Rate: BUY 24 HRS FOR \$8.50  
Total Paid: \$8.50 Payment Type: Card  
Ticket #:   
S/N #:   
Setting: Red Deer  
Mach Name:

MasterCard  
Auth #:

DO NOT PLACE ON DASH

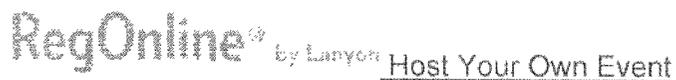
RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
BRAUN, TED	VP & Medical Director, Central & Southern Alberta (Acting)	Calgary	676.72									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
7/25/2016	Registration fees for the PCN Strategic Leadership Forum	AB - Other Zones	Conference Fees	375.00			Registration fees for the PCN Strategic Leadership Forum	1				
8/1/2016	Travel from SPTT to YYC Airport to fly to Edmonton.		Mileage-Local-Home Zone	14.65			Travel from SPTT to YYC Airport to fly to Edmonton.	1			29	
8/2/2016	Meals while in Edmonton for ELT	AB - Other Zones	Meals Per Diem	23.50			Meals while in Edmonton for ELT Bfast = 1 * 10.50 Lunch = 1 * 13.00	1				
8/4/2016	Meeting with Jason regarding Mosaic	AB - Other Zones	Parking - Lot or Parkade	1.00			Meeting with Jason regarding Mosaic	1				
8/4/2016	Travel from SPTT to Sunridge building		Mileage-Local-Home Zone	10.55			Travel from SPTT to Sunridge building to meet with Jason. RE: Mosaic	1			20.9	
8/8/2016	Travel from SPTT to YYC Airport to fly to Edmonton.		Mileage-Local-Home Zone	14.65			Travel from SPTT to YYC Airport to fly to Edmonton.	1			29	
8/8/2016	Meals while in Edmonton for ELT	AB - Other Zones	Meals Per Diem	10.50			Meals while in Edmonton for ELT Bfast = 1 * 10.50	1				
8/15/2016	Travel from SPTT to YYC Airport to fly to Edmonton.		Mileage-Local-Home Zone	14.65			Travel from SPTT to YYC Airport to fly to Edmonton.	1			29	
8/16/2016	Meals while in Edmonton for ELT	AB - Other Zones	Meals Per Diem	13.00			Meals while in Edmonton for ELT Lunch = 1 * 13.00	1				

8/17/2016	Meals while in Red Deer for a site visit	AB - Other Zones	Meals Per Diem	13.00			Meals while in Red Deer for a site visit Lunch = 1 * 13.00	1			
8/17/2016	Travel from SPTT to Red Deer Regional Hospital - Advanced Cardiac Services Red Deer Presentation		Mileage-Other	158.57			Travel from SPTT to Red Deer Regional Hospital - Advanced Cardiac Services Red Deer Presentation and return to Calgary.	1			314
8/22/2016	Travel from SPTT to YYC Airport to fly to Edmonton		Mileage-Local-Home Zone	11.97			Travel from SPTT to YYC Airport to fly to Edmonton	1			23.7
8/22/2016	Travel from SPTT to YYC Airport to fly to Edmonton		Mileage-Local-Home Zone	2.68			Travel from SPTT to YYC Airport to fly to Edmonton	1			5.3
8/23/2016	Meals while in Edmonton for ELT	AB - Other Zones	Meals Per Diem	13.00			Meals while in Edmonton for ELT Lunch = 1 * 13.00	1			

Approver(s) for the claim	Approval Status	Approval Date
YIU, VERNA	Approve	12-Sep-16



## 2016 Fall PCN Strategic Leadership Forum

Friday, September 16, 2016 8:00 AM - Saturday, September 17, 2016 3:00 PM (Mountain Time)

### Hyatt Regency Calgary

700 Centre Street SE

Calgary, Alberta T2G 5P6

Canada

Phone: 780-970-6212 [Email Us](#)

#### Personal Info

Registration ID: [REDACTED]

Registrant: Dr. Ted Braun  
VP & Medical Director

[REDACTED]

Registration Date: 7/25/2016 10:39 AM

Registrant Type: AHS Governance Lead

Status: Confirmed

Work Phone: [REDACTED]

Email: [REDACTED]

PCN/Organization: [REDACTED]



#### Fees

Fee	Quantity	Unit Price	Amount
Fee			
AHS Governance Event Fee	1	CDN\$375.00	CDN\$375.00
<b>Subtotal:</b>			<b>CDN\$375.00</b>
GST:			CDN\$0.00
<b>Total:</b>			<b>CDN\$375.00</b>

**Transactions**

Transaction Type	Date	Amount	Balance
Transaction Amount	7/25/2016	CDN\$375.00	CDN\$375.00
Online Credit Card Payment <a href="#">Details</a>	7/25/2016	-CDN\$375.00	CDN\$0.00
<b>Current Balance:</b>			<b>CDN\$0.00</b>

**Payment Method**

**Payment Method:** Credit Card (Visa)

The online credit card payment for this event will be listed on your credit card statement with the name AMA PCN PMO.

**Refund Information**

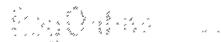
Cancellations after Monday, September 12, 2016 will be charged the full registration fee.

- [Event Home](#)
- [Event Contact Information](#)

Interested in hosting your own event?[Get Started!](#)

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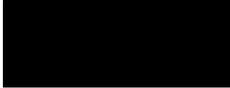


Quick, easy and affordable [online event registration](#) and [event management software](#) for all event sizes.

~~main~~ / expense

# RECEIPT

License Plate Number



\*Expiration Date/Time\*

**04:11 PM**  
**AUG 04, 2016**

Purchase Date/Time: 03:11pm Aug 04, 2016  
Total Due: \$1.00      Rate: 1 HOUR  
Total Paid: \$1.00      Payment Type: Card  
Ticket #: [REDACTED]  
S/N #: [REDACTED]  
Setting: Lot 286  
Mach Name: Lot 285 -3

[REDACTED] Visa

Auth #: [REDACTED]

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

## 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> Dr. Ted Braun	<b>Reporting Period for the Month of :</b> Aug-16
-----------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
2-Aug-2016	Direct Billing	Airline Ticket	Flight from Edmonton back to Calgary after ELT.	Marlin Travel	179.63
8-Aug-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return; to attend ELT.	Marlin Travel	368.76
16-Aug-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return; to attend ELT.	Marlin Travel	359.26
23-Aug-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return; to attend ELT.	Marlin Travel	378.26
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 1,285.91</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: N61107  
Agent: MEA MOORE Tel: 780-425-8611

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

Invoice Number: [REDACTED]  
Date: July 27, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

For  
DR TED BRAUN  
AC [REDACTED]  
WS [REDACTED]

Tuesday, August 2, 2016

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 02Aug16

Flight: 8155 W CLASS  
07:30 PM Equipment: DH4  
08:21 PM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2C

Cost:  
AIR CANADA WEB [REDACTED]

		142.15
	Tax:	37.48
	<b>Ticket Total:</b>	<b>179.63</b>

**Total:**

	<b>Grand Total:</b>	179.63
	<b>Less Credit Card Payments:</b>	179.63
	<b>Credit / Balance Due To This Invoice:</b>	0.00
	<b>Total Balance Due:</b>	0.00

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

Invoice Number: [REDACTED]  
Date: July 27, 2016  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

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: N61107  
Agent: MEA MOORE Tel: 780-425-8611

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

Invoice Number: [REDACTED]  
Date: August 3, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For**  
DR TED BRAUN  
AC [REDACTED]  
WS [REDACTED]

Monday, August 8, 2016

 **Air**

AIR CANADA  
**From:** CALGARY AB  
**To:** EDMONTON INTL AB  
**Stops:** 0 **Arrival:** 08Aug16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3D

**Flight:** 8225 W CLASS  
06:15 PM **Equipment:** DH4  
07:05 PM

**Mile(s) Flown:** 163



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

Invoice Number: [REDACTED]  
Date: August 3, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Tuesday, August 9, 2016

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 09Aug16  
AIR CANADA E

Flight: 8153 W CLASS  
06:00 PM Equipment: D8 (300 SERIES)  
06:55 PM

Mile(s) Flown: 163

**Cost:**

AIR CANADA WEB [REDACTED]	293.80
Tax:	74.96
<b>Ticket Total:</b>	<b>368.76</b>

**Total:**

<b>Grand Total:</b>	368.76
<b>Less Credit Card Payments:</b>	368.76
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	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: N61107  
Agent: MEA MOORE Tel: 780-425-8611

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

Invoice Number: [REDACTED]  
Date: August 10, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For**  
DR TED BRAUN  
AC [REDACTED]  
WS [REDACTED]

Tuesday, August 16, 2016

 **Air**

AIR CANADA  
**From:** CALGARY AB  
**To:** EDMONTON INTL AB  
**Stops:** 0 **Arrival:** 16Aug16  
AIR CANADA E  
SEAT 4C - BRAUN/TED DR  
TICKET NUMBER [REDACTED]

**Flight:** 8130 W CLASS  
07:00 AM **Equipment:** D8 (300 SERIES)  
07:53 AM **Mile(s) Flown:** 163

 **Air**

AIR CANADA  
**From:** EDMONTON INTL AB  
**To:** CALGARY AB  
**Stops:** 0 **Arrival:** 16Aug16  
AIR CANADA E  
SEAT 3C - BRAUN/TED DR  
TICKET NUMBER [REDACTED]

**Flight:** 8153 W CLASS  
06:00 PM **Equipment:** D8 (300 SERIES)  
06:55 PM **Mile(s) Flown:** 163

**Cost:**  
AIR CANADA WEB [REDACTED] 284.30  
**Tax:** 74.96  
**Ticket Total:** 359.26

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

Invoice Number: [REDACTED]  
Date: August 10, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	359.26
<b>Less Credit Card Payments:</b>	359.26
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	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  
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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  
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MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: N61107  
Agent: ASHLEY QUACH Tel: 780-425-8611

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

Invoice Number: [REDACTED]  
Date: August 19, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

## For

DR TED BRAUN  
AC [REDACTED]  
WS [REDACTED]

Tuesday, August 23, 2016

## Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 23Aug16  
AIR CANADA E  
SEAT 2D - BRAUN/TED DR  
TICKET NUMBER [REDACTED]

Flight: 8130 V CLASS  
07:00 AM Equipment: D8 (300 SERIES)  
07:53 AM

Mile(s) Flown: 163

## Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 23Aug16  
AIR CANADA E  
SEAT 3C - BRAUN/TED DR  
TICKET NUMBER [REDACTED]

Flight: 8153 V CLASS  
06:00 PM Equipment: D8 (300 SERIES)  
06:55 PM

Mile(s) Flown: 163

## Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	303.30
	Tax:	74.96
	<b>Ticket Total:</b>	<b>378.26</b>

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

Invoice Number: [REDACTED]  
Date: August 19, 2016  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

**Total:**

<b>Grand Total:</b>	378.26
<b>Less Credit Card Payments:</b>	378.26
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	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.....  
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