

AHS Board and Executive Expense Report

Name: Dr Aaron Low
Title: Zone Medical Director South Zone
Location: Lethbridge
 Expenses posted during the month of November 2024

Travel (1)										
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings					-			
Nov-24	Expense Claim	Meetings				172	172			
Nov-24	Direct Bill	Meetings			143		143			
Total by category			\$ -	\$ -	\$ 143	\$ 172	\$ 315	\$ -	\$ -	\$ -

**Total
posted for
the Month** \$ 315

Maximum daily single meal expense posted in the month \$ -
 Maximum daily base hotel rate posted in the month \$ 129
 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 membership dues, small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report



Prof Corp: Yes	Name: R Aaron Low Prof Corp	Email Address:
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Required Participation Review/Confirmation: Cannot be signed by claimant

VP Quality and CMO

Name	Title	Signature	Date
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Please send the completed invoice and receipts (if applicable) to:

Prepared By: _____

Expense Claim Details - Medical Staff Reimbursement for Approved AHS Committee/Project/Event Participation

ATTN: Please enter PER DATE, not per category		Meals -Per Diem (Refer Below)			Transportation & Accommodation						Mileage**		Details
Committee/ Project/ Event Name	Expense Date (MM/DD/YY)	B	L	D	Hotel	Airfare	Taxi	Parking	Rental	Other* (Note details)	KM	Rate	*Other - include description of expense **Mileage - Required to include to/from destination
South Zone Physician Leader Strategic Planning Session	10/16/24										340	0.505	Travel to Medicine Hat October 16 & return October 17 to Lethbridge
												0.505	
												0.505	
												0.505	
												0.505	
												0.505	
												0.505	
												0.505	
												0.505	
Sub Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	340.00	0.505	

For full terms and conditions, please refer to AHS Travel, Hospitality and Working Sessions Policy, available on the AHS intranet at: <https://www.albertahealthservices.ca/Assets/about/policies/ahs-pol-expenses.pdf>
For applicable "Other" expenses, please identify or explain in the "Details" column.

Required for Travel Expenses: Must be signed by the physician

I attest that I have read and understand the "Travel, Hospitality & Working Session Expenses Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this 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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

I, by signing this form, attest that I am compliant to all the above statements

Physician Signature:

Date: 02-Dec-2024

Totals:	
Total Stipend	\$ 0.00
Total KM Rate	\$ 171.70
Total Expense	\$ 0.00
Total Payment	\$ 171.70

Required for Travel Expenses: Must be signed by the Approver

I attest that I have read and understand all applicable policies of Alberta Health Services 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 and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other organization.

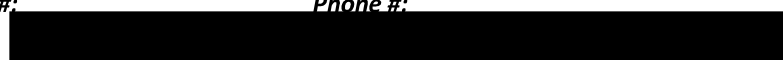
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Approved By (PRINT ONLY):

Dr Peter Jamieson

DOA Level:

2

Position #:
Phone #:


I, by signing this form, attest that I am compliant to all the above statements

Signature:

Title:

VP Quality and CMO

Date:

03-Dec-2024

Expense Limits – Note this is summary information only. For full terms and conditions, please refer to AHS Travel, Hospitality and Working Sessions Policy, available on the AHS intranet at: <https://www.albertahealthservices.ca/Assets/about/policies/ahs-pol-expenses.pdf>

Travel and accommodation are to be booked with the AHS travel provider to ensure AHS/government rates. Expenses to be paid by the individual claimant and then submitted via this expense claim for consideration for reimbursement

Travel – Section 3.1, 3.2, 3.3, 5, 9.1, 9.2, 9.3, 9.4, and Appendix A

- Travel expenses can be minimized by utilizing technology (teleconference, video conference, Telehealth) where it meets business objectives.
- Individuals are expected to consider the cost effectiveness of their travel expenses. Cost effectiveness does not necessarily mean the most inexpensive method of travel; consideration of time, impact to service delivery and safety should be considered when assessing cost effectiveness.
- Where use of technology is not an effective means of achieving the desired business objectives, the following is a list to consider when selecting a mode of transportation: a) AHS fleet vehicle, b) rental vehicle or bus, c) personal vehicle, d) airfare.
- Regular commuting between residence and designated home site(s) will not be reimbursed. AHS will reimburse mileage for approved business travel from residence to an alternate work site or bus/car rental agency/airport only for the portion of mileage that is above their normal commute (or the shorter of the two distances).
- Mileage incurred while traveling between sites is eligible for reimbursement.
- Mileage reimbursement are at the general rate of \$0.505/km for 5,000 km/calendar year and below, \$0.47/km for over 5,000 km/calendar year.
- Vehicle owners responsible for any losses that may occur.
- Airfare within Alberta should not exceed \$600 for a roundtrip or \$1,000 roundtrip within Canada (inclusive of all fees and taxes). Travel outside Canada requires pre-approval by an AHS VP and cannot exceed \$2,000. Seat selection will not be reimbursed. Must be Economy class.
- Taxi fare limit of \$100 within city limits and including gratuity of up to 20%

Meal Allowance – Section 8.1, Appendix A

- Individuals traveling on AHS approved business may only claim meals through a meal allowance and cannot claim using the receipt method for reimbursement.

Expense Type: Within Canada Outside of Canada

Breakfast	\$10.50	\$13.70
Lunch	\$13.00	\$17.00
Dinner	\$24.00	\$31.00

Accommodations – Section 8.2 and Appendix A

- Reimbursed at the actual cost of the room including applicable taxes and surcharges (with receipt provided).
- Hotel base room rate shall not exceed \$200 (South, Calgary, Central and Edmonton Zone) and \$250 (North Zone)

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.
- Refer to Quick Reference Guide for: [Providing a Standard Business Reason\(s\)](#)
- 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 :	Dr. R. Aaron Low	Reporting Period for the Month of :	Nov-24
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
17-Oct-2024	Direct Billing	Hotel	Zone Medical Director accommodation in Medicine Hat for night of October 16, 2024. Purpose: meeting with South Zone Physician Leaders in Medicine Hat. One day strategic planning	Townplace Suites by Marriott	\$143.42
	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					\$ 143.42

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Medicine Hat
7 Stober Bay SE •
Medicine Hat, AB T1B 4Y2
P 403.487.5131 F
587.283.0094
Marriott.com/YXHTS

Aaron Lowe
Room:
Room Type: STQQ

Alberta Health Services / Accounts Payable
Box 1600
Edmonton, Alberta, T5J 2N9

Folio Number:
Number of Guest: 1
Rate: \$129.00
Confirmation:

Arrive 16 Oct 24
Depart 17 Oct 24

DATE	DESCRIPTION	CHARGES	CREDITS
16 Oct 24	Room Charge	129.00	
	Alberta Tourism Levy	5.26	
	Destination Market Fee	2.58	
BALANCE DUE		\$143.42	