

AHS Board and Executive Expense Report

Name: Dr. Albert Harmse

Title: Zone Medical Director North Zone (Acting)

Location: St. Paul

Expenses approved during the month of June 2020

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)
Jun-20	P-Card Expense Claim	Meetings		85	364	480	-			
	Direct Billing	Meetings					929			
		Meetings					-			
Total			\$ -	\$ 85	\$ 364	\$ 480	\$ 929	\$ -	\$ -	\$ -

**Total for
the Month** \$ 929

Maximum daily single meal expense claimed in the month	\$ 24
Maximum daily base hotel rate claimed in the month	\$ 169
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								
Dr. Albert Harmse	Zone Medical Director North Zone (Acting)	St. Paul	\$ 928.66								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
2/3/2020	Strategic Panning in Edmonton Feb 3 & 4, 2020		Meals Per Diem	\$ 24.00				1			
2/3/2020	Strategic Panning in Edmonton Feb 3 & 4, 2020		Accommodation	\$ 189.73				1			
2/4/2020	Strategic Panning in Edmonton Feb 3 & 4, 2020		Meals Per Diem	\$ 10.50				1			
2/4/2020	Strategic Panning in Edmonton Feb 3 & 4, 2020		Meals Per Diem	\$ 24.00				1			
2/4/2020	Strategic Panning in Edmonton Feb 3 & 4, 2020		Accommodation	\$ 174.02				1			
2/5/2020	PPEC in Edmonton		Meals Per Diem	\$ 13.00				1			
2/3/2020	Strategic Panning in Edmonton Feb 3 & 4, 2020		Parking	\$ 35.00				1			
2/5/2020	St. Paul to Edmonton & Return from Meeting Feb 3-5, 2020		Mileage	\$ 243.41	St. Paul	Edmonton		1			482
2/11/2020	ELT Meeting in Edmonton		Meals Per Diem	\$ 13.00				1			
2/11/2020	St. Paul to Edmonton & Return from Meeting Feb 11, 2020		Mileage	\$ 202.00	St. Paul	Edmonton		1			400
Approver(s) for the claim	Approval Status	Approval Date									
Francois Belanger	Approve	27-May-20									

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GUEST FOLIO

ROOM: [REDACTED] NAME: HARMSE/ALBERT/DR RATE: 169.00 DEPART: 02/04/20 TIME: DPLICATE 12:28 ACCT#: [REDACTED]
 TYPE: [REDACTED] ARRIVE: 02/03/20 TIME: [REDACTED]
 ROOM CLERK: [REDACTED] ADDRESS: [REDACTED] PAYMENT: VSXXXXXXXXXXXXX [REDACTED] MB#: [REDACTED]

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
02/03	TELECOMM	BASEHSIA		
02/03	TR ROOM	821, 1	.00	
02/03	DMF	821, 1	169.00	
02/03	GST	821, 1	5.07	
02/03	TRSM LEV	821, 1	8.70	
02/04	CCARD-VS		6.96	
	VSXXXXXXXXXXXXX [REDACTED]		189.73	
				.00

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X



Albert Dr Harmse

Room No. : [REDACTED]
Arrival : 02-04-20
Departure Date : 02-05-20
Folio No. : [REDACTED]
Conf. No. : [REDACTED]
P.O. No. :

Company Name:
Group Name:

INFORMATION INVOICE

Date	Description	Charges	Credits
02-04-20	Room Revenue	155.00	
02-04-20	Destination Marketing Fee	4.65	
02-04-20	Room GST	7.98	
02-04-20	Tourism Levy	6.39	
02-05-20	Visa XXXXXXXXXXXX [REDACTED]		174.02
Total Charges		174.02	
Total Credits			174.02
Balance			0.00

Merchant ID [REDACTED]
Transaction ID [REDACTED]
Approval Code [REDACTED]
Approval Amount 174.02

Credit Card # XXXXXXXXXXXX [REDACTED]
Capture Method Swiped
Transaction Amount 174.02

RECEIPT
Impark Lot 02-383

License Plate Number



Expiration Date/Time

06:00 PM
FEB 05, 2020

Purchase Date/Time: 10:34am Feb 05, 2020

Total Parking: \$33.33

Total GST: \$1.67

Total Due: \$35.00

Rate: \$35 - All Day To 6PM

Total Paid: \$35.00

Pmt Type: CC (Swipe)

Ticket #:

S/N #:

Setting: Lot

Mach Name: Meter 1

***** Visa

Auth #: 032206

gst #887315638RT0006
NO IN AND OUT PRIVILEGES

PARKING RECEIPT

RECU DE STATIONNEMENT

PARKING RECEIPT

RECU DE STATIONNEMENT

PAF