

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 December 2020

					Travel (1)						
Approved Source MMM-YY Document	Purpose	Airfar	e	Meals	Accommodation	Other Travel		Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-20 Expense Claim	Meetings Meetings Meetings			111	447	6:	35	- 746 447			
Total		\$	- \$	111	\$ 447	\$ 63	35 \$	1,193	\$ -	\$ -	\$ -

Total for

the Month \$ 1,193

Maximum daily single meal expense claimed in the month \$ 24
Maximum daily base hotel rate claimed in the month \$ 139
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) Othe

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.

Car allowance 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	\$ 746.29								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	_	# of Attendees	Attendee Name(s)	Trip Distance
9/27/2020	Travel to Grande Prairie from St. Paul - Sep 27-20 for Physician Meetings in Grande Prairie on Sep 28-20 and Workforce planning with Deb W. and meeting with Dr. Miles-Sep 29-20		Meals Per Diem	\$ 24.00				1			
9/27/2020	Travel to Grande Prairie from St. Paul - Sep 27-20 for Physician Meetings in Grande Prairie on Sep 28-20 and Workforce planning with Deb W. and meeting with Dr. Miles-Sep 29-20		Mileage	\$ 317.65				1			
9/28/2020	Physician Meetings in Grande Prairie-Sep 28-20		Meals Per Diem	\$ 37.00				1			
9/29/2020	Workforce planning with Deb W. and meeting with Dr. Miles-Sep 29-20		Meals Per Diem	\$ 37.00				1			
9/30/2020	Return Travel St. Paul from Grande Prairie-Sep 30-20		Meals Per Diem	\$ 13.00				1			
9/30/2020	Return Travel St. Paul from Grande Prairie-Sep 30-20		Mileage	\$ 317.65				1			
Approver(s) for the claim	Approval Status	Approval Date		•	•	•	•			•	
Francois Belanger	Approve	5-Dec-20	7								



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 n 	ave expenses to report in this section fol	this reporting period:	YES	
Name :	Dr. Albert Harmse	Reporting Period for the Month of :	Dec-20	

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Sep-2020	Direct Billing	Hotel	Face to face meetings with GP Physicians (Dr. Pope, Dr. Torbey) and workforce planning with Deb W Sep 27 to 29, 2020	Vision Travel	\$446.
	Direct Billing	Airline Ticket		Vision Travel	
	Direct Billing	Airline Ticket		Vision Travel	
	Direct Billing	Airline Ticket		Vision Travel	
	Direct Billing	Airline Ticket		Vision Travel	
Total Paid in th	ne Month				\$ 446.7

PHCC Partnership o/a GP Pomeroy Hotel

GST #720259688 RT0001 11633 100th

Street Prairie, AB T8V 3Y4

Phone:

(780)532-5221

Fax:

(780)532-5441

fd@pomeroyhotelgp.com

Website: www.pomeroyhotel.com/grande-

prairie

Guest Charges

Folio #: Room #:

Guest: HARMSE, ALBERT DR

Conf #:

CRS #:

Rate:

Payment Method : Direct Bill

Company:

AHS-Medical Affairs North

Arrival:

9/27/2020

9/27/2020

\$139.00

Departure: 9/30/2020

Date	Department	Reference	Voucher	Room	Charge	Credit	Balance
9/27/2020	ROOM CHARGE	Auto Posted Rate: AHS			\$139.00	`	\$139.00
9/27/2020	HOTEL TAX	Auto Posted Rate: AHS			\$5.56		\$144.56
9/27/2020	HOTEL TAX	Auto Posted Rate: AHS			\$0.17		\$144.73
9/27/2020	D.M.F. FEE	Auto Posted Rate: AHS			\$4.17		\$148.90
9/28/2020	ROOM CHARGE	Auto Posted Rate: AHS			\$139.00		\$287.90
9/28/2020	HOTEL TAX	Auto Posted Rate: AHS			\$5.56		\$293.46
9/28/2020	HOTEL TAX	Auto Posted Rate: AHS			\$0.17		\$293.63
9/28/2020	D.M.F. FEE	Auto Posted Rate: AHS			\$4.17		\$297.80
9/29/2020	ROOM CHARGE	Auto Posted Rate: AHS			\$139.00		\$436.80
9/29/2020	HOTEL TAX	Auto Posted Rate: AHS		·	\$5.56		\$442.36
9/29/2020	HOTEL TAX	Auto Posted Rate: AHS			\$0.17		\$442.53
9/29/2020	D.M.F. FEE	Auto Posted Rate: AHS			\$4.17		\$446.70
9/30/2020	Direct Bill					\$446.70	\$0.00
	<u>.l</u>				Balan	ce	\$0.00

I agree that my liability for all charges is not waived.

Guest Signature			