

AHS Board and Executive Expense Report

NameDr. Blair O'NeillTitleACMO Strategic Clinical NetworksLocationEdmontonExpenses submitted during the month of December 2015

| | | | | | | Travel (1) | | | | | |
|------------------|---------------------------------|----------------------|----|-------|-------|---------------|-----------------|-----------------|------------------------------------|--|--------------|
| МММ-ҮҮ | Source Document | Purpose | Ai | rfare | Meals | Accommodation | Other Travel | Total Fravel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
| Dec-15 Dec-15 | Expense Claim Direct Billing | Meetings Meetings | | 977 | | | 277 | 277 977 | | | |
| Total | | | \$ | 977 | \$ - | - \$ - | \$ 277 | \$ 1,254 | \$ - | \$ - | \$ |
| Total for | | | | | | | | | | | |

Total for

the Month \$ 1,254

| Maximum daily single meal expense claimed in the month | \$ |
|--|----|
| Maximum daily base hotel rate claimed in the month | \$ |
| 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 |
|------------------|-------------------|----------------------|------------------|
| O'NEILL, | ACMO, Strategic | Edmonton | 277.40 |
| BLAIR | Clinical Networks | | |

| Expense Date | Business reas | | Expense Location | Expense Type | Amount | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
|----------------|---|-----------------|------------------------|------------------|--------|------------------|----------------|---|--------------|-------------------|---------------------|---------------|
| | Calgary meetings (flew i before for early morning | g meetings) O | AB - Other Cones | Taxi | 13.80 | | | Taxi from Calgary airport to Westin Hotel downtown calgary | 1 | | | |
| 12/2/2015 | SCN Co-Design Meeting meeting and Meeeting a Foothills Hospital | at the O | AB - Other Cones | Taxi | 263.60 | | | I used the same driver. Multiple meetings. Multiple sites. Driver was willing to wait and not charge for that and it was the same price as a taxi and Calgary cancelled Uber. | | | | |
| Approver(s) fo | | Approval Status | | Approval Date | | | | | | | | |
| | YIU, VERNA | A | Approve | 17-Dec-15 | | | | | | | | |

315 MERIDIAN ROAD SE CALGARY, AB 12A 1X2

| IERMINAL 1D: MERCHANI 1D: VEHICLE ID : DRIVER 1D : GSI ACCOUNT A: TRIP NUMBER: PASSENGERS: | 314-635-825 43276ABA 0432 9023 |
|--|---|
| 12/01-2015 START: 21:30 UTSTANCE: 32.00 ~ FARE ANOUNT: | END: 21:41 Rate: 1 \$ 11.24 |
| iax angunt: Tip angunt. Total: \$ | \$ 0.56 \$ 2.00 13.80 |
| VISA SALE : APPROVAL NUMBER : ****PASSENGER | CODAwaa |

THANK YOU

(403)299-9999

WHAT. THECHECKERGROUP. COM

YELLOW CAB:

CHECK

BLACK SEDAN CAR SERVICE 1608 MARLYN WAY NE CALGARY AB T2A 3K7 (403) 478-6766

SALE

| MID: 5720925 TID: A5720925 Batch 12/02/15 | REF#: SEQ: 193001001003 14:58:51 CVC: Y |
|---|--|
| APPR CODE: VISA | |
| | |
| AMOUNT TIP TOTAL | \$210.u0 \$31.50 \$241.50 |
| 00 - APPR | OVED - 001 |

SCOTIABANK VISA AID: A0000000031010 TVR: 00 80 00 80 00

TSI: F8 00

CUSTOMER COPY

1.) Town Car Westin to soluth Port

2.) South Port to Deita Airport

3.) De Ita AirDart +0 Foothills Hospitar

Foothills - Hokel

CALGARY UNITED CABS 5660 10TH STREET NE SUITE 8 CALGARY AB T2E 8W7 (403) 777-1111

SALE



00 - APPROVED - 001

SCOTIABANK VISA AID: A0000000031010 TVR: 00 80 00 80 00 TSI: F8 00

CUSTOMER COPY



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:

| Name: O-NEILL, BLAIR | Reporting Period for the Month of : Dec-15 |
|----------------------|--|
|----------------------|--|

YES

| DD-MMM-YYYY | Payment Method | Category | Description/Purpose of the Expense | Name of Vendor | Amount Paid |
|-------------------------|----------------|----------------------------|--|----------------|-------------|
| 16-09-2015 | Direct Billing | Airline Ticket | Attended Seniors Health SCN Core Committee Meeting, SCN Kiidney Group meeting, 1:1 SMD Meetings, and Story Telling Workshop. Invoice # | Marlin Travel | 520.96 |
| 21-09-2015 | Direct Billing | Airline Ticket | Change Fee and additional fare for travel to Calgary. Invoice # | Marlin Travel | 130.00 |
| 7-Oct-2015 | Direct Billing | Airline Ticket | Attended PPEC Meeting at the Delta Calgary Airport Hotel | Marlin Travel | 32588 |
| 13-10-2015 | Direct Billing | Airline Ticket | Calgary Meetings- Invoice # Ticket was cancelled - decided to drive to Calgary. The amount remains in credit for future travel | Marlin Travel | 325.88 |
| | Direct Billing | Choose from Drop-down List | | Marlin Travel | - |
| Total Paid in the Month | | | | | |

Scotember 16th Calgany Mtgs.

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

Invoice Number: Date: Page: Our Reference:

September 15, 2015 1/2



Seist 21/15 Calgony Change Fee.

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

| Invoice Number: | |
|------------------------|--------------------|
| Date: | September 18, 2015 |
| Page: | 1/2 |
| Our Reference: | |



To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB CA T5J 3E4 Invoice Number: Date: Page: Our Reference:



INVOICE

Total:

| Grand Total: | 130.00 |
|---------------------------------------|--------|
| Less Credit Card Payments: | 130.00 |
| Credit / Balance Due To This Invoice: | 0.00 |
| Total Balance Due: | 0.00 |

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:......DECLINED:.....DECLINED:....DECLINED:....DECLINED:....DECLINED:....DECLINED:...DECLINED:...DECLINED...DECLINED...DECLINED...DECLINED...DECLINED...DECLINED...DECTION 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 UNDER WRITTEN 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.

OCH 7/15 PPEC MHy Calgary.

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

| Invoice Number: |
|-----------------------|
| Date: |
| Page: |
| Our Reference: |

September 23, 2015



To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB CA T5J 3E4 Invoice Number: Date: Page: Our Reference:



| For DR BLAIR ONEILL AC | | |
|---|---|----------------------------------|
| Tuesday, October 13, 2015 乘 Air | | |
| AIR CANADA From: EDMONTON INTL AB To: CALGARY AB Stops: 0 Arrival: 13Oct15 AIR CANADA E AIR CANADA CONFIRMATION TICKET NUMBER | Flight: 8171 G CLASS 07:00 PM Equipment: DH4 07:52 PM | Mile(s) Flown: 163 |
| Wednesday, October 14, 2015 👞 Air | | |
| AIR CANADA From: CALGARY AB To: EDMONTON INTL AB Stops: 0 Arrival: 14Oct15 AIR CANADA E AIR CANADA CONFIRMATION TICKET NUMBER | Flight: 8164 G CLASS 07:30 PM Equipment: D8 (300 SERIES) 08:22 PM | Mile(s) Flown: 163 |
| Cost: AIR CANADA WE | Tax: Ticket Total: | 250.92 74.96 325.88 |
| | | |