

AHS Board and Executive Expense Report

Name Dr. Braden Manns

Title Associate Chief Medical Officer Strategic Clinical Networks - Contractor

Location Calgary

Expenses submitted during the month of January 2019

							Travel (1)						
MMM-YY	Source Document	Purpose	Aiı	fare	M	leals	Accommodatio	n	Other Travel	Fotal ravel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-19 Jan-19	Expense Claim Direct Billing	Meetings Meetings		146					44	44 146			
Total			\$	146	\$	-	\$	-	\$ 44	\$ 190	\$ -	\$ -	\$ -

Total for the Month

\$ 190

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		Expense Claim Total									
	Associate Chief Medical Officer Strategic Clinical Networks - Contractor	Calgary	\$ 44.02									
Expense	Business reason		Expense	Expense Type	Amount	From Location	To Location	Justification	# of	# of	Attende	Trip
Date			Location						days	Attendees	e	Distance
1/8/2019	Primary Care /SCN Workshop in	Leduc		Parking within Alberta	\$ 44.02			Primary Care /SCN Workshop in Leduc	1			
Approver(s)	for the claim	Approval S	tatus	Approval Date					•	•		
Francois Bel	Francois Belanger Approve			23-Jan-19								

RECEIPT GST NO. R122556194

TRT NO:
EXIT NO.
1N: 01/08/19 15:24
OUT: 01/11/19 08:58
DURATION: 2 17: 34
PAID: \$88.05
(GST INCLUDED)
VISA
AUTH. CODE
REF.

THANK YOU FOR YOUR VISIT

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CALGARY RITERNATIONAL ALEPORT

Jan 8-9 Non UofC related (AHS event) Jan 10-11 UofC related

 $$88.05 \div 2 = 44.02



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: Braden Manns Reporting Period for the Month of: Jan-19

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
8-Jan-2019	Direct Billing	Airline Ticket	Primary Care/SCN Workshop - Flgiht from Calgary to Edmonton on January 8, 2019	Vision Travel	\$146.48
	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				\$ 146.48

From:

visiontravel.ca

Sent:

2018-12-05 13:24

To:

-010 12 00 121

Subject:

Invoice and Itinerary for MANNS/BRADEN DR - 08January19 - Vision Travel Locator:

Attachments:

E-Ticket Receipt 1

January 8 2019

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Vision Travel DT Ontario-West Inc 9929 - 108 St. Edmonton, AB T5K 1G8 (780) 425-8611 1-866-425-8611

www.visiontravel.ca

GST Reg: 723782728 RT 0001

Invoice/Itinerary

Invoice

Issued: 04 December 2018

Agency Ref.: Sales Person: Customer Number Customer Ref.:

ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Passenger(s):

MANNS/BRADEN DR

Disclaimer: It is your responsibility to carefully review this itinerary immediately upon receipt and notify us if there are any discrepancies.

AIR - Tuesday, Ja WestJet Flight WS	anuary 8 2019 3145 Economy Class				Add T	o Calendar
Depart Calgary Calgary	y, Alberta <u>Weather</u> y International Airport PM Tuesday, January	8 2019	Arrive	Edmonto	n, Alberta <u>Weather</u> n International Airp I Tuesday, January	ort
Duration: Status: Operated By: Online Check In: Baggage Allowance:	0 hour(s) and 58 r Confirmed - West WESTJET ENCOI Available 24 hours 0 Piece(s)	Jet Booking RE	Reference			
Remarks:	PLEASE CHECK	IN WITH W	ESTJET EN	CORE		
Invoice Details Transaction	Document / Booking Number	Base Fare	Other Tax	GST/HST	QST	Total
Invoice Number WestJet		97.00	49.48	0.00	0.00 Billed to:	146.48
**************************************	Totals:	97.00	49.48	0.00	0.00	146.48
			To		ard Billing: alance Due:	146.48 0.00