

AHS Board and Executive Expense Report

Name Dr. Brenda Hemmelgarn

Title AHS Board Vice-Chair

Location Calgary

Expenses submitted during the month of February 2018

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-18	Expense Claim	Meetings				179	179			
Feb-18	Direct Billing	Meetings	750		572		1,322			
Total			\$ 750	\$ -	\$ 572	\$ 179	\$ 1,501	\$ -	\$ -	\$ -

Total for the Month \$ 1,501

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 179
 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.



Employee # [REDACTED]

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Brenda Hemmelgarn			Expense Period Month:	Feb-18
Address:	[REDACTED]	City:	[REDACTED]		
Province:	AB	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Private Board Meeting on February 01, 2018 in Edmonton.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$178.95 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$178.95 ✓

SECTION 3: AUTHORIZATION			
I attest that I have read and understand all applicable policies 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 Board 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 below.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Dr. Brenda Hemmelgarn	<i>B. Hemmelgarn</i>	Apr 10/18	[REDACTED]
I attest that I have read and understand all applicable policies of 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 Board 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 below.			
Approved by (Print Name)	Position Title/Program Group		
Linda Hughes	Board Chair		
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date		
<i>Linda Hughes</i>	April 11/18		

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Privacy (FOIP) Act, respectively for the purpose of administering the program.

Deborah Rhodes
 Deborah Rhodes, VP Corporate Services & CFO
 Position #: [REDACTED] DOFA Level: [REDACTED]

For payment please submit to:
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

Carry forward from Section 1

Name:	Brenda Hemmelgarn	Expense Period Month:	Feb-18
--------------	-------------------	------------------------------	--------

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
31-Jan-2018	Parking at YYC to attend Private Board Meeting on February 01, 2018 in Edmonton.	Yes					\$58.70	✓		
31-Jan-2018	Taxi from YEG to Westin Hotel.	Yes					\$63.25	✓		
1-Feb-2018	Taxi from SSP to YEG.	Yes					\$57.00	✓		
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$178.95	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
----------------------------------	-------	----------------------	------

RECEIPT
GST NO. R122556194

TKT NO: [REDACTED]
POF: CS2
IN: 01/31/18 15:11
OUT: 02/01/18 19:36
PAID: \$ 58.72 ✓
DURATION: 1 04: 25
(GST INCLUDED)

VISA
[REDACTED]

YOU HAVE 10 MIN.
TO EXIT



Co-op Taxi Line
(780)425-2525
www.co-optaxi.com

Terminal [REDACTED]
Driver [REDACTED]
18/02/01

VISA
Card : [REDACTED]
Visa Credit
CHIP CARD

Ref # [REDACTED]
Auth # [REDACTED]

		PURCHASE
FARE	: \$	50.00
TIP	: \$	7.00

TOTAL	: \$	57.00 ✓

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain this
copy for your records

Customer Copy

Thank you for choosing
Co-op taxi

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2018/01/31
TIME 1121 20:44:35
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$8.25
TOTAL

\$63.25 ✓

Visa Credit
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 100403070

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: **YES**

Name : Brenda Hemmelgarn	Reporting Period for the Month of : February and March 2018
---------------------------------	--

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
31-Jan-2018	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return (Invoice # [REDACTED] to attend Private Board Meeting on February 01, 2018 in Edmonton.	Marlin Travel	529.31
31-Jan-2018	Direct Billing	Hotel	One night accommodation to attend the above named meeting.	Marlin Travel	170.32
25-Mar-2018	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton (Invoice # [REDACTED] to attend Private and Public Board Meetings on March 26th and tour of EMS Dispatch Centre and Air Ambulance on March 27, 2018.	Marlin Travel	220.48
25-Mar-2018	Direct Billing	Hotel	Two nights accommodation to attend above named meetings.	Marlin Travel	401.92
Total Paid in the Month					\$ 1,322.03



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 25 Jan 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
--	--

PASSENGERS: MS BRENDA HEMMELGARN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	454.35	0.00	\$0.00	74.96	0.00	529.31 CAD
Total:	454.35	0.00	0.00	74.96	0.00	529.31 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	01/25/2018	[REDACTED]	[REDACTED]	529.31 CAD
Total Payment:					529.31 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL AHS BOARD MEETING

-----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY*** PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 25 Jan 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: BRENDA HEMMELGARN

Booking Date: 25 Jan 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08150	CALGARY INTL		EDMONTON INTL	Q/	
		31 Jan 18 5:00PM		31 Jan 18 5:52PM		



AIR

Passengers: BRENDA HEMMELGARN

Booking Date: 25 Jan 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08157	EDMONTON INTL		CALGARY INTL	G/	
		01 Feb 18 7:45PM		01 Feb 18 8:46PM		



**AB Health Services
14th Floor North Tower
10030-107Street
Edmonton AB 5J 3E4
Canada**

Room No. [REDACTED]
Arrival : 01-31-18
Departure : 02-01-18
Folio No. : [REDACTED]

Guest Name: Hemmelgarn, Brenda
Approver: [REDACTED]

Invoice No. [REDACTED]
AR No. [REDACTED]
Cost Centre : 101.0005.71110300000

INVOICE

Date	Description	Charges	Credits
01-31-18	Room Revenue	159.00	
01-31-18	Destination Marketing Fee	4.77	
01-31-18	Room GST	8.19	
01-31-18	Tourism Levy	6.55	
03-01-18	Adj Room GST	-8.19	
		Total Charges	170.32
		Total Credits	0.00
		Balance	170.32

Vision

A DIRECT TRAVEL™ COMPANY

Invoice

ALBERTA HEALTH SERVICES
 ALBERTA HEALTH SERVICES
 10030 - 107 STREET
 EDMONTON AB
 T5J 3E4

Trip #: [REDACTED]
 Booking Date: 16 Feb 18
 Client: [REDACTED]
 Agent: [REDACTED]
 Agents email: [REDACTED]@MARLINTRAVEL.CA
 File Locator: [REDACTED]

PASSENGERS: MS BRENDA HEMMELGARN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	183.00	0.00	\$0.00	37.48	0.00	220.48 CAD
Total:	183.00	0.00	0.00	37.48	0.00	220.48 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	02/16/2018	[REDACTED]	[REDACTED]	220.48 CAD
Total Payment:					220.48 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL BOARD MEETING

-----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** **PLEASE REVIEW YOUR ITINERARY FOR ACCURACY** PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 16 Feb 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: BRENDA HEMMELGARN	Booking Date: 16 Feb 18
	File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08154	CALGARY INTL 25 Mar 18 8:10PM		EDMONTON INTL 25 Mar 18 9:04PM	T/	

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Brenda Hemmelgarn

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 25-MAR-18 21:46
 Depart Date : 27-MAR-18 07:22
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : [REDACTED]

Copy Tax Invoice

Tax ID : 815461330RT0001
 The Westin Edmonton MAR-28-2018 10:05 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
25-MAR-18	[REDACTED]	Room Charge	179.00	
25-MAR-18	[REDACTED]	GST	9.22	
25-MAR-18	[REDACTED]	Destination Marketing Fee	5.37	
25-MAR-18	[REDACTED]	Tourism Levy	7.37	
26-MAR-18	[REDACTED]	Room Charge	179.00	
26-MAR-18	[REDACTED]	GST	9.22	
26-MAR-18	[REDACTED]	Destination Marketing Fee	5.37	
26-MAR-18	[REDACTED]	Tourism Levy	7.37	
27-MAR-18	[REDACTED]	Direct Bill		-401.92
		** Total	401.92	-401.92
		*** Balance	0.00	

Continued on the next page