

## AHS Board and Executive Expense Report

**Name** Dr. Brenda Hemmelgarn

**Title** AHS Board Vice-Chair

**Location** Calgary

Expenses submitted during the month of July 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)
Jul-18	P-Card	Meetings				390	390			
Jul-18	Expense Claim	Meetings				388	388			
Jul-18	Direct Billing	Meetings			447		447			
<b>Total</b>			\$ -	\$ -	\$ 447	\$ 778	\$ 1,225	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,225

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 199  
 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 P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
Brenda Hemmelgarn	AHS Board Member	Edmonton	\$ 390.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/26/2018	Edmonton - Taxi from Westin Hotel to Alumni House at U of A - attended Private and Public Board Meeting on July 26 - 27, 2018	AB - Other Zones	Taxi	\$ 260.00			Edmonton - Taxi from Westin Hotel to Alumni House at U of A - attended Private and Public Board Meeting on July 26 - 27, 2018 Items charged to Executive Assistant's June 2018 P-Card on behalf of Brenda Hemmelgarn	1			
7/27/2018	Edmonton - Taxi from Westin Hotel to Alumni House at U of A - attended Private and Public Board Meeting on July 26 - 27, 2018	AB - Other Zones	Taxi	\$ 130.00			Edmonton - Taxi from Westin Hotel to Alumni House at U of A - attended Private and Public Board Meeting on July 26 - 27, 2018 Items charged to Executive Assistant's June 2018 P-Card on behalf of Brenda Hemmelgarn	1			
Approver(s) for the claim		Approval Status		Approval Date							
Signature kept on file		Approve									

ATS GROUP  
4608 101 ST NW  
7809897099  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2018/08/08  
TIME 1318 14:43:40  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE  
TOTAL

\$650.00

390.00 - Brenda Hemmelgarn

65.00 David Carpenter  
130.00 Dr. Alika Lafontaine  
65.00 - Hugh Somerville  
-----  
\$650.00

MasterCard  
[REDACTED]

\* July 26, 2018  
\$130.00 (2 caes)  
Downtown to Alumni House  
• Glenda Yates  
• Richard Dicari  
• Hugh Somerville  
• Robb Foote  
• David Carpenter  
• Catherine MacNeill  
• Heather Hirsch

APPROVED

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

\* \$130.00 (2 caes).  
• Alumni House to Downtown  
• above members.

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

GST 73871 2892 RT0001

\* July 27, 2018  
\$130.00 (2 caes)  
• Downtown to Alumni House  
\$65.00 = above Board Members.  
• Alumni House to Downtown  
• Robb Foote • Hugh Somerville  
• Heather Hirsch

65.00 - David Carpenter  
• Alumni House to YEG.  
130.00 - Dr. Alika Lafontaine  
• YEG to Alumni House  
+ return.

Total: \$390.00 (\*)  
Brenda Hemmelgarn

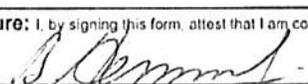
Employee # [REDACTED]

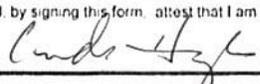
AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4/ANR Applicable? - If yes, indicate line & amt	

## BOARD MEMBER EXPENSE CLAIM FORM

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	Brenda Hemmelgarn			Expense Period Month:	Jul-18
Address:	[REDACTED]		City:	[REDACTED]	
Province:	AB	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attended Private and Public Board Meetings on July 26-27, 2018 in Edmonton.				

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
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	\$388.46 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$388.46 ✓</b>

<b>SECTION 3: AUTHORIZATION</b>			
I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.			
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#
Brenda Hemmelgarn		07/14/18	[REDACTED]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.	
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
	Aug 23 / 2018

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

  
Deborah Rhodes, VP Corporate Services & CFO

For payment please submit to:

14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

**Carry forward from Section 1**

<b>Name:</b>	Brenda Hemmelgarn	<b>Expense Period Month:</b>	Jul-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				
25-Jul-2018	Mileage from residence to Westin Hotel in Edmonton and return to attend Private and Public Board Meetings on July 26-27, 2018.	Yes							632	
25-Jul-2018	Parking at hotel for two days.	Yes					\$69.30	✓		
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$69.30 ✓	\$0.00	632.00	

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ 319.16
----------------------------------	-------	----------------------	-----------

# CIBC IMPERIAL SERVICE

Your Financial Advisor:  
**TOROPDAR RAHMAN**  
403-974-2734 Ext. 256

## CREDIT CARD DETAILS

- [Set up a Minimum Payment Due Alert](#) to receive an alert by email, text message or to your Message Centre.
- Account Services: [Apply for a credit limit increase](#), [transfer your balance](#) or [add a cardholder](#).

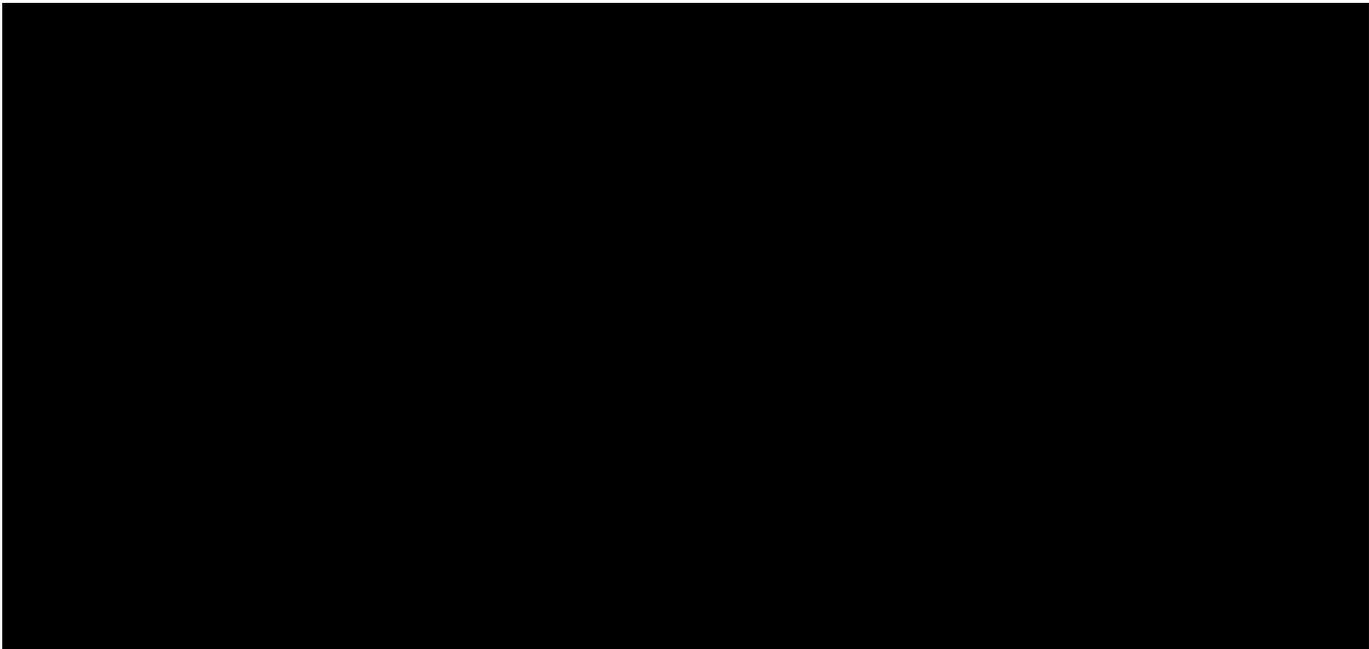
CIBC VISA [REDACTED] Account Nickname

[TRANSACTIONS](#)

[SPEND REPORT](#)

[ALERTS](#)

[PERSONAL SPEND MANAGER](#)



### PAST TRANSACTIONS (July 3, 2018 to August 5, 2018)

[Custom search](#)

[Show Graph](#)

View: [Last 4 weeks](#) [Last 3 months](#) [Last 6 months](#) [Last 12 months](#)

View: [All](#) [Pending](#) [Posted](#)

TRANSACTION DATE	DETAILS	AMOUNT
------------------	---------	--------

Jul 28, 2018

WESTIN (WESTIN HOTELS) 780-4263636, AB

*ranking*

-\$69.30 ✓

## 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.

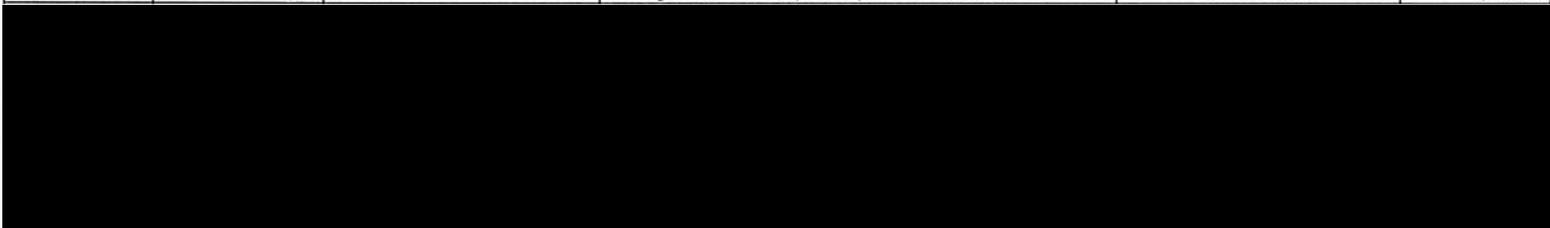
Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable 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

<b>Name :</b> Brenda Hemmelgarn	<b>Reporting Period for the Month of :</b> Jul-18
---------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-Jul-18	Direct Billing	Hotel	Two nights accommodation to attend Private/Public Board Meetings/Retreat on July 26-27, 2018 in Edmonton.	Vision Travel	\$446.84



	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$

<b>Total Paid in the Month</b>		\$	
--------------------------------	--	----	--

\$446.84

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



Brenda Hemmelgarn  
 Alberta Health Services li

Page Number : 1 Invoice Nbr : [REDACTED]  
 Guest Number : [REDACTED]  
 Folio ID : [REDACTED]  
 Arrive Date : 25-JUL-18 19:09  
 Depart Date : 27-JUL-18 07:19  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Club Account : [REDACTED]  
 AR Account : [REDACTED]

Copy Tax Invoice

Tax ID : 815461330RT0001  
 The Westin Edmonton JUL-30-2018 10:13 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
25-JUL-18	[REDACTED]	Room Charge	199.00	
25-JUL-18	[REDACTED]	GST	10.25	
25-JUL-18	[REDACTED]	Destination Marketing Fee	5.97	
25-JUL-18	[REDACTED]	Tourism Levy	8.20	
26-JUL-18	[REDACTED]	Room Charge	199.00	
26-JUL-18	[REDACTED]	GST	10.25	
26-JUL-18	[REDACTED]	Destination Marketing Fee	5.97	
26-JUL-18	[REDACTED]	Tourism Levy	8.20	
27-JUL-18	[REDACTED]	Direct Bill		-446.84
** Total			446.84	-446.84
*** Balance			0.00	

Continued on the next page