

## AHS Board and Executive Expense Report

**Name** Dr. Brenda Hemmelgarn  
**Title** AHS Board Vice-Chair  
**Location** Calgary

Expenses submitted during the month of November 2018

			Travel (1)					Working Sessions Hosting and Hospitality		
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Hosting and Hospitality (3)	Other (4)
Nov-18	Expense Claim	Meetings				295	295			
Nov-18	Direct Billing	Meetings	1,016				1,016			
<b>Total</b>			\$ 1,016	\$ -	\$ -	\$ 295	\$ 1,311	\$ -	\$ -	\$ -

**Total for the Month**      \$      1,311

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.



Employ. # [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: Nov-18			
Address: [REDACTED]			City: [REDACTED]		
Province: [REDACTED]		Postal Code: [REDACTED]		Country: Canada	
Reason for Expense: Attended AHS Urban Foundation Chairs Meeting on November 19, 2018 and Quality & Safety Committee Meeting on November 21, 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	\$295.40 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$295.40</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) Brenda Hemmelgarn	Signature: I, by signing this form, attest that I am compliant to all the above statements <i>B. Hemmelgarn</i>	Date Dec 5/18	Phone# [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) Linda Hughes	Position Title/Program Group Board Chair		
Signature: I, by signing this form, attest that I am compliant with all the above statements <i>Linda Hughes</i>	Date Dec. 12/18		

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

*Deborah Rhodes* Dec. 5/18  
Deborah Rhodes, VP Corporate Services & CFO  
Position # [REDACTED] DOFA Level: [REDACTED]

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**

Name: **Brenda Hemmelgarn** Expense Period Month: **Nov-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				
19-Nov-2018	Parking at YYC to attend AHS Urban Foundation Chairs Meeting in Edmonton.	Yes					\$29.35	✓		
19-Nov-2018	Taxi from YEG to meeting.	Yes					\$63.25	✓		
19-Nov-2018	Taxi from meeting to YEG.	Yes					\$60.20	✓		
21-Nov-2018	Parking at YYC to attend Quality & Safety Committee Meeting in Edmonton.	Yes					\$29.35	✓		
21-Nov-2018	Taxi from YEG to SSP.	Yes					\$63.25	✓		
21-Nov-2018	Taxi from SSP to YEG.	Yes					\$50.00	✓		
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$295.40	\$0.00	0.00	

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

AHS Urban Foundation Chairs Meeting

November 19<sup>th</sup>, 2018

GREATER EDMONTON TAXI  
SERVICE  
10135 31 AVE NW  
EDMONTON AB

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

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2018/11/19  
TIME 2041 08:49:57  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

-----  
TRANSACTION RECORD  
Terminal 209/66287750  
Driver 5203  
18/11/19 13:44:19

PURCHASE  
AMOUNT \$55.00  
TIP \$8.25  
TOTAL  
**\$63.25** ✓

Card : [REDACTED]  
Visa Credit  
CHIP CARD [REDACTED]  
  
Ref [REDACTED]  
Auth [REDACTED]

Visa Credit  
[REDACTED]

-----  
PURCHASE  
FARE : \$ 54.20  
TIP : \$ 6.00  
-----  
TOTAL : \$ **60.20** ✓

**RECEIPT**  
**GST NO. R122556194**

TKT NO: [REDACTED]  
EXIT No. A4  
IN: 11/19/18 05:58  
OUT: 11/19/18 16:53  
DURATION: 0 10: 55  
PAID: \$ **29.35** ✓  
(GST INCLUDED)  
VISA [REDACTED]  
AUTH. CODE [REDACTED]  
REF. [REDACTED]  
THANK YOU FOR  
YOUR VISIT



**APPROVED**

AUTH# 087331 01-027  
THANK YOU

APPROVED - THANK YOU  
(01-027)

CARDHOLDER COPY

IMPORTANT: Retain this  
copy for your records

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

Customer Copy

YELLOW CAB 780.462.3456  
BARREL TAXI 780.489.7777  
EDMTAXI.COM  
GST 100403070

Thank you for choosing  
Co-op taxi

Quality & Safety Meeting

November 21<sup>st</sup>, 2018

AIRPORT TAXI SERVICE  
4608 101 ST.  
(7808907070)  
EDMONTON AB

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

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2018/11/21  
TIME 4101 08:32:03  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

TRANSACTION RECORD  
Terminal 487/66287208  
Driver 4366  
18/11/21 14:14:41

**RECEIPT**  
**GST NO. R122556194**

PURCHASE  
AMOUNT \$55.00  
TIP \$8.25  
TOTAL

Card : [REDACTED]  
Visa Credit  
CHIP CARD [REDACTED]

TKT NO: [REDACTED]  
POF: C52  
IN: 11/21/18 05:54  
OUT: 11/21/18 16:44 ✓  
PAID: \$ 29.35 ✓  
DURATION: 0 10: 50  
(GST INCLUDED)

**\$63.25** ✓

Ref  
Auth [REDACTED]

FARE : \$ 45.00  
TIP : \$ 5.00  
TOTAL : \$ **50.00** ✓

VISA [REDACTED]  
YOU HAVE 10 MIN.  
TO EXIT

Visa Credit  
[REDACTED]



APPROVED - THANK YOU  
(01-027)

**APPROVED**

AUTH# [REDACTED]  
THANK YOU

IMPORTANT: Retain this  
copy for your records

CARDHOLDER COPY

Customer Copy

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

Thank you for choosing  
Co-op taxi

## 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> Nov-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
19-Nov-18	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to attend Urban Foundation Chairs Meeting. (Invoice ██████████)	Vision Travel	\$560.66
21-Nov-18	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to attend Quality & Safety Committee Meeting. (Invoice ██████████)	Choose from Drop-down List	\$454.96
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
<b>Total Paid in the Month</b>					<b>\$ 1,015.62</b>

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Wednesday, November 14, 2018 3:51 PM  
**To:** [REDACTED]  
**Subject:** FW: Invoice and Itinerary for HEMMELGARN/BRENDA MS - 19November18 - Vision Travel Location [REDACTED]

Not sure the reason Tiffany sent this to me☺

**From:** [REDACTED] [mailto:tiffany.aske@visiontravel.ca]  
**Sent:** Wednesday, November 14, 2018 3:50 PM  
**To:** [REDACTED]  
**Subject:** Invoice and Itinerary for HEMMELGARN/BRENDA MS - 19November18 - Vision Travel Location [REDACTED]



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

[www.visiontravel.ca](http://www.visiontravel.ca)  
GST Reg : 723782728 RT 0001

## Invoice/Itinerary

Invoice: [REDACTED] Agency Ref.: [REDACTED] Customer Number: [REDACTED]  
Issued: 14 November 2018 Sales Person: Tiffany Aske Customer Ref.: [REDACTED]

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

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





**From:** [REDACTED]@visiontravel.ca  
**Sent:** Sunday, November 18, 2018 5:47 PM  
**To:** [REDACTED]  
**Subject:** Invoice and Itinerary for HEMMELGARN/BRENDA MS - 21November18 - Vision Travel  
Locator [REDACTED]  
**Attachments:** E-Ticket Receipt 1 [REDACTED] - November 21 2018 [REDACTED].pdf



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: [REDACTED]  
Issued: 19 November 2018

Agency Ref.: [REDACTED]  
Sales Person: [Tiffany Aske](#)

Customer Number: [REDACTED]  
Customer Ref.: [REDACTED]

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

Passenger(s): HEMMELGARN/BRENDA MS

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

AIR - Wednesday, November 21 2018		<a href="#">Add To Calendar</a>
<b>Air Canada Flight AC8130 Economy Class</b>		
<b>Depart</b>	Calgary, Alberta <a href="#">Weather</a> Calgary International Airport 07:00 AM Wednesday, November 21 2018	<b>Arrive</b> Edmonton, Alberta <a href="#">Weather</a> Edmonton International Airport 07:56 AM Wednesday, November 21 2018
<b>Duration:</b>	0 hour(s) and 56 minute(s) Non-stop	
<b>Status:</b>	Confirmed - Air Canada Booking Reference [REDACTED]	
<b>Operated By:</b>	AIR CANADA EXPRESS - JAZZ	
<b>FF Number:</b>	[REDACTED] HEMMELGARN/BRENDA MS - please reconfirm at check-in	
<b>Online Check In:</b>	Available 24 hours prior - <a href="#">click here</a>	
<b>E Upgrade:</b>	For Eligible Flight - Aeroplan Members <a href="#">click here</a>	
<b>Baggage Allowance:</b>	0 Piece(s)	
<b>Remarks:</b>	PLEASE CHECK IN WITH AIR CANADA EXPRESS - JAZZ	

**Air Canada Flight AC8153 Economy Class**

<b>Depart</b>	Edmonton, Alberta <a href="#">Weather</a> Edmonton International Airport 03:40 PM Wednesday, November 21 2018	<b>Arrive</b>	Calgary, Alberta <a href="#">Weather</a> Calgary International Airport 04:35 PM Wednesday, November 21 2018
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Duration: 0 hour(s) and 55 minute(s) Non-stop  
 Status: Confirmed - Air Canada Booking Reference: [REDACTED]  
 Operated By: AIR CANADA EXPRESS - JAZZ  
 FF Number: [REDACTED] HEMMELGARN/BRENDA MS - please reconfirm at check-in  
 Online Check In: Available 24 hours prior - [click here](#)  
 E Upgrade: For Eligible Flight - Aeroplan Members [click here](#)  
 Baggage Allowance: 0 Piece(s)

Remarks: PLEASE CHECK IN WITH AIR CANADA EXPRESS - JAZZ

**Invoice Details**

Transaction	Document / Booking Number	Base Fare	Other Tax	GST/HST	QST	Total
Invoice Number: Air Canada	[REDACTED]	380.00	74.96	0.00	0.00	454.96
					Billed to: [REDACTED]	
	<b>Totals:</b>	<b>380.00</b>	<b>74.96</b>	<b>0.00</b>	<b>0.00</b>	<b>454.96</b>
					<b>Total Credit Card Billing:</b>	<b>454.96</b>
					<b>Balance Due:</b>	<b>0.00</b>