

## AHS Board and Executive Expense Report

**Name** Brenda Huband  
**Title** VP & Chief Health Operations Officer Central & Southern Alberta  
**Location** Calgary

Expenses submitted during the month of January 2016

### 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)
Jan-16	P-Card	Meetings			368	769	1,137	20		
Jan-16	Expense Claim	Meetings				244	244			
Jan-16	Direct Billing	Meetings	1,841				1,841			
<b>Total</b>			\$ 1,841	\$ -	\$ 368	\$ 1,013	\$ 3,222	\$ 20	\$ -	\$ -

**Total for the Month** \$ 3,242

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 164  
 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.

**Instruction:**

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

HUBAND, BRENDA Cardholder's Name	VP/CHIEF HEALTH OPERATIONS Cardholder's Position/Title	Billing Reporting Period:	20/01/2016
HEALTH OPERATIONS CENTRAL & Cardholder's Dept	SOUTHPORT Cardholder's Site/Location	Total Statement Amount	\$1,157.01
BRENDA.HUBAND@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/12/2015 1	413599334	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi-Workforce Impact, TCC D. O'Brien, Bdgt Task Force, 2:1 CEO
20/12/2015 2	413599335	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Return trip Calgary--Taxi-Workforce Impact, TCC D. O'Brien, Bdgt Task Force, 2:1 CEO
20/12/2015 3	413599336	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi-Workforce Impact, PEOLC Sponsors, System InTeg, T. Gilchrist, AH Abor Hlth Planning, D. Goulard, PRC Updates, K.
20/12/2015 4	413599337	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Return trip Calg-Taxi-Workforce Impact, PEOLC Sponsors, System InTeg, T. Gilchrist, AH Abor Hlth Planning, D. Goulard, PRC
20/12/2015 5	413599338	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi-return trip Calg-System Integ, SHC, ELT, D. Gordon, CEO, Wisdom Council Day 1, Zone Leaders, SHC Update, Wisdom Council
20/12/2015 6	413599339	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	92.00	CAD	92.00	4.38		Taxi-System Integ, SHC, ELT, D. Gordon, CEO, Wisdom Council Day 1, Zone Leaders, SHC Update, Wisdom Council Day 2
20/12/2015 7	413599340	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi-return trip Calg-F. Belanger & D. Mador, & P. MacKinnon in Taxi & went to Matrx, staff Scheduling, G. Preddy & P. MacKinnon, ELT.
20/12/2015 8	413599341	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	87.50	CAD	87.50	4.17		Taxi-System Integ, SHC, ELT, D. Gordon, CEO, Wisdom Council Day 1, Zone Leaders, SHC Update, Wisdom Council Day 2
05/01/2016 9	414988693	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	58.70	CAD	58.70	2.80	.00	Prkg--Mtg L. Lutes, ELT; ELT Budget; Work Session #2 Investment Prioritization
06/01/2016 10	414787050	WESTIN (WESTIN HOTELS), WESTIN HOTELS	184.13	CAD	184.13	00	00	Hotel-Mtgs L. Lutes, ELT; ELT Budget; Work Session #2 Investment Prioritization
06/01/2016 11	414986694	CANADIAN COLLEGE OF HE, ORGANIZATIONS, CHARITABLE AND	20.00	CAD	20.00	95		Canadian College Hlth Leaders registration for Dr. Carl Amrhein speaking
08/01/2016 12	415155237	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	29.35	CAD	29.35	1.40	00	Prkg-Mtg-AH/AHS Workforce Initiatives with DM Amrhein
11/01/2016 13	415529047	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	29.35	CAD	29.35	1.40	00	YYC Airport Parking trip to EDM Cont Care Quarterly Mtg and Dept Minister C. Amrhein
13/01/2016 14	415740281	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	39.85	CAD	39.85	1.90	00	YYC Airport Pkg for trip tp EDM Cont Care Quarterly Mtg with Dept Minister, ELT and ELT Budget Mtg
14/01/2016 15	415740280	WESTIN (WESTIN HOTELS), WESTIN HOTELS	184.13	CAD	184.13	00	00	Workforce Initiatives mtg with Minister, Special ELT meeting



**Signatures**

**Cardholder Designate (if Applicable)**

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Rosalie Krause

Name of Cardholder Designate

Exec Admin Coordinator

Cardholder Designate Position/Title

Rosalie Krause

Signature of Cardholder Designate

January 27, 2016

Date of Signature

**Cardholder**

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

HUBAND, BRENDA

Name of Cardholder

VP/CHIEF HEALTH OPERATIONS

Cardholder Position/Title

Brenda Huband

Signature of Cardholder

2016 Jan 31

Date of Signature

**Approver Designate (If Applicable)**

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

**Approver**

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Dr. Verma Gid

Name of Approver

Chief President & CEO

Approver Position/Title

Signature of Approver

Feb 1, 2016

Date of Signature

**Submit approved statement with attachments to Accounts Payable:**

**Attach:**

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:
  - Copies of pre-approvals for travel
  - Personal cheque payable to "Alberta Health Services"
  - Return, refund and/or credit receipts
  - Disputes letter
  - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

**Address:**

Alberta Health Services  
Accounts Payable  
7th Street Plaza  
10th Floor, North Tower, 10030-107 Street  
Edmonton, AB T5J 3E4

**Accounts Payable only:**

Reference #: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Kerry Pace

**From:** tobias tobias [tobias.goldengoose@gmail.com]  
**Sent:** December 23, 2015 10:19 AM  
**To:** Kerry Pace  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

*- Workforce Impact*  
*- Board Orientation*  
*- TCC & D. O'Brien*  
*- Bdg't Jack Force*  
*- 2:1 & CFO*

**Brenda Huband & Dr. Belanger**  
Nov. 23/2015 ✓  
Ap>SSP

# INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Brenda Huband
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Dec 20 2015 07:36PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)

-----  
\$72.00 ✓  
-----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -

Retain this copy for your records

**Kerry Pace**

*return trip to Calgary*

**From:** tobias tobias [tobias.goldengoose@gmail.com]  
**Sent:** December 23, 2015 8:54 AM  
**To:** Kerry Pace  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

- Workforce Impact
- Board Orientation
- TCC & D. O'Brien
- Bldg Jack Force
- 2:11 @ CKD

**Brenda Huband & Dr. Belanger**  
Nov.24/2015  
SSP>Ap ✓

# INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Brenda Huband
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Dec 20 2015 07:37PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)	\$72.00 ✓
--------------	-----------

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -

Retain this copy for your records

**Kerry Pace**

**From:** tobias tobias [tobias.goldengoose@gmail.com]  
**Sent:** December 23, 2015 8:54 AM  
**To:** Kerry Pace  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

- Workforce Impact
- PEOE Sponsors
- System Integ.
- J. Mitchell
- ANIAH's Aboriginal Health Planning
- D. Gaulard
- PRC Updates
- I.I. Kerry Baker
- D. Sandbeck
- Security
- LRP
- V. Jiu
- Prog Leadership
- L. Anderson

**Brenda Huband**  
Nov.30/2015 ✓  
Ap>Westin

# INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Brenda Huband
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Dec 20 2015 07:37PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)	\$72.00 ✓
--------------	-----------

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -  
Retain this copy for your records

Kerry Pace

*return trip to Calgary*

From: tobias tobias [tobias.goldengoose@gmail.com]  
Sent: December 23, 2015 8:56 AM  
To: Kerry Pace  
Subject: Fwd: Transaction Receipt - Do Not Reply

- Workforce Impact
- PLOLC Sponsors
- System Integ.
- J. Gilchrist
- ANIAMS Aboriginal Health Planning
- D. Gaulard
- PRC Updates
- 1:1 Kerry Bales
- D. Sandbeck
- Security
- LRP J
- V Jiu
- Prog Leadership
- L. Anderson

Brenda Huband  
Dec.03/2015 ✓  
ATB Place>Ap

# INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Brenda Huband
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Dec 20 2015 07:38PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	\$72.00 ✓

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

Kerry Pace

*Return Trip to Calgary*

From: tobias tobias [tobias.goldengoose@gmail.com]  
Sent: December 23, 2015 8:59 AM  
To: Kerry Pace  
Subject: Fwd: Transaction Receipt - Do Not Reply

- System Integ Forum
- TCC re: SHC
- KLT
- D. Gordon
- 2:1 c CEO
- Wisdom Council Day 1
- Zone Leaders
- SHC Update
- Wisdom Council Day 2

Brenda Huband  
Dec.10/2015 ✓  
SSP>Ap

# INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Brenda Huband
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Dec 20 2015 07:39PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)	\$72.00 ✓
--------------	-----------

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -  
Retain this copy for your records



**Kerry Pace**

**From:** tobias tobias [tobias.goldengoose@gmail.com]  
**Sent:** December 23, 2015 9:00 AM  
**To:** Kerry Pace  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

*- BN + FB mtg  
D. Madon  
- + then it was took  
P. MacKinnon to mtg  
at Matrix  
- Staff scheduling  
- Dr. Prudy + P. MacKinnon  
- EDT  
- North/South Dwyer  
- Healthcare Integ  
Audit*

**Brenda Huband & Dr. Belanger & Peter Mackinnon**  
**Dec. 14/2015**  
**Ap>10080-90st>Matrix** ✓

**INFINITY TRANSPORTATION I**

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Brenda Huband
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Dec 20 2015 07:40PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)

-----  
\$92.00 ✓  
-----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -

Retain this copy for your records

Kerry Pace

*return trip to Calgary*

7

From: tobias tobias [tobias.goldengoose@gmail.com]  
Sent: December 23, 2015 9:00 AM  
To: Kerry Pace  
Subject: Fwd: Transaction Receipt - Do Not Reply

- BN + FB mtg  
D. Madon J

- + then taxi took  
P. MacKinnon to mtg  
at Matrix

- Staff scheduling  
- Dr. P. Pedy + P. MacKinnon

- E.L.T J  
- North/South Dyad  
- Healthcare Integ  
Audit

Brenda Huband  
Dec.15/2015 ✓  
SSP>Ap

# INFINITY TRANSPORTATION I

TYPE PURCHASE

ORDER ID [REDACTED]

CUSTOMER ID Brenda Huband

CARD NUM [REDACTED]  
ACCOUNT MASTERCARD

DATE Dec 20 2015 07:40PM

REF NUM [REDACTED]

AUTH CODE [REDACTED]

AMOUNT (CAD) \$72.00 ✓

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

**Kerry Pace**

**From:** tobias tobias [tobias.goldengoose@gmail.com]  
**Sent:** December 23, 2015 9:01 AM  
**To:** Kerry Pace  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

- System Integ Forum
- TCC re: SHC
- KLT
- D. Gordon
- 2:1 c CEO
- Wisdom Council Day 1
- Zone Readers
- SHC Update
- Wisdom Council Day 2

**Brenda Huband**  
Dec.07/2015  
Ap>Royal Alex ✓

# INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Brenda Huband
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Dec 20 2015 07:42PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)	\$87.50 ✓
--------------	-----------

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -

Retain this copy for your records

Parking

RECEIPT  
GST NO. R122556194

TKT [REDACTED]  
POF: C50  
IN: 01/04/16 15:01  
OUT: 01/05/16 19:49  
PAID \$ 58.70  
DURATION: 1 04: 48  
(GST INCLUDED)

MASTERCARD  
[REDACTED]

YOU HAVE 10 MIN.  
TO EXIT

Calgary International Airport Parkade

- L Suites 9  
- ELT  
- ELT Bdgt Mtg  
- Working Session  
16/17 New  
Investment Prior

-L. Lutes  
-ELT  
-ELT Budget Mtg  
-Working Session #2 Invest Prioritization

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



Brenda Huband

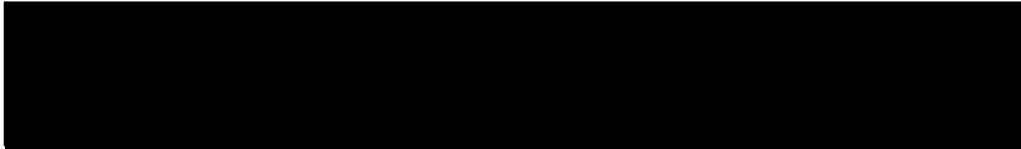
Page Number	:	[REDACTED]	Invoice Nbr	[REDACTED]
Guest Number	:	[REDACTED]		
Folio ID	:	[REDACTED]		
Arrive Date	:	04-JAN-16	15:20	
Depart Date	:	05-JAN-16	06:14	
No. Of Guest	:	1		
Room Number	:	[REDACTED]		
Club Account	:	[REDACTED]		

Copy Tax Invoice

Tax ID : 815461330RT0001  
The Westin: Edmonton 05-JAN-16 06:20 SUKHMIn

Date	Reference	Description	Charges (CAD)	Credits (CAD)
04-JAN-16	[REDACTED]	Room Charge	164.00	
04-JAN-16	[REDACTED]	GST	8.45	
04-JAN-16	[REDACTED]	Destination Marketing Fee	4.92	
04-JAN-16	[REDACTED]	Tourism Levy	6.76	
05-JAN-16	[REDACTED]	Mastercard		-184.13
		** Total	184.13	
		*** Balance	-0.00	-184.13

REST EASY - Nothing recharges mind and body like sound sleep. Experience superior rest at home with the Westin Heavenly(R) Bed, a revitalizing retreat for the sleep of your dreams. Learn more at westin.com/store



Continued on the next page

Kerry Pace

*Dr. Paul Amrhein*

From: Brenda Huband  
Sent: January 06, 2016 6:39 AM  
To: Kerry Pace  
Subject: FW: C.C.H.L. Purchase Receipt

*Speaking at RGH*

Brenda Huband

Vice President & Chief Health Operations Officer, Central & Southern Alberta



[brenda.huband@ahs.ca](mailto:brenda.huband@ahs.ca)

Ph:   
Fax:

-----Original Message-----

From: Canadian College of Health Leaders [<mailto:info@cchl-ccls.ca>]  
Sent: January 6, 2016 6:34 AM  
To: Brenda Huband  
Subject: C.C.H.L. Purchase Receipt

INTERNET PURCHASE RECEIPT - CCHL-CCLS

Order Date: 2016-01-06 8:33:05 AM  
Order Number:   
Bank Auth Number:   
Order Total: 20.00 CAD

Name on Card: Brenda Huband  
Card Type: MC  
Email Address: [brenda.huband@albertahealthservices.ca](mailto:brenda.huband@albertahealthservices.ca)

**BILL TO:**

Name: Brenda Huband  
Address Line 1: [REDACTED]  
Address Line 2:  
City: [REDACTED]  
State/Province: [REDACTED]  
Zip/Postal Code: [REDACTED]  
Country: CA  
Phone Number: [REDACTED]

**SHIP TO:**

Name:  
Address Line 1:  
Address Line 2:  
City:  
State/Province:  
Zip/Postal Code:  
Country:  
Phone Number:  
Shipping Method:

**MERCHANT INFO:**

Online Address: <http://www.cchl-ccls.ca>  
Merchant Name: Canadian College of Health Service Executives  
Address: 292 Somerset Street West  
City: Ottawa  
Province: ON  
Postal Code: K2P0J6  
Country: CA  
Phone Number: 613-235-7218

- AH/AHS Workforce union  
= Dep. Minister Amrhein

12

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

TKT ID: [REDACTED]  
POF: [REDACTED]  
IN: 01/08/16 11:46  
OUT: 01/08/16 20:52  
PAID \$ 29.35  
DURATION: 09: 06  
(GST INCLUDED)

[REDACTED]  
YOU HAVE 10 MIN.  
TO EXIT

Calgary International Airport Parkade



- Cont. bare quarterly 11/17  
- dep Minister Ankenin

13

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

TKT ID: [REDACTED]  
POF: CS0  
IN: 01/11/16 06:33  
OUT: 01/11/16 17:58  
PAID \$ 29.35  
DURATION: 0 11: 25  
(GST INCLUDED)

MASTERCARD  
[REDACTED]

YOU HAVE 10 MIN.  
TO EXIT

Calgary International Airport Parkade

- Cont Care Quarterly Meeting -  
  c Dept Minister Amherst
- ELT
- Exec Budget Meeting 14

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

TKT NO [REDACTED]  
POF: CSO  
IN: 01/12/16 17:53  
OUT: 01/13/16 18:30  
PAID \$ 39.85  
DURATION: 1 00: 37  
(GST INCLUDED)

MASTERCARD  
[REDACTED]  
TO EXIT

Calgary International Airport Parkade

Workforce Initiatives meeting  
with Minister  
ELT meeting 15

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



Brenda Huband  
[Redacted]

Page Number : [Redacted] Invoice Nbr : [Redacted]  
Guest Number : [Redacted]  
Folio ID : [Redacted]  
Arrive Date : 12-JAN-16 16:29  
Depart Date : 13-JAN-16 06:15  
No. Of Guest : 1  
Room Number : [Redacted]  
Club Account : [Redacted]

Copy Invoice

Tax ID : 815461330RT0001  
The Westin Edmonton 27-JAN-16 13:47 BRADSMO

Date	Reference	Description	Charges (CAD)	Credits (CAD)
12-JAN-16	[Redacted]	Room Charge	164.00	
12-JAN-16	[Redacted]	GST	8.45	
12-JAN-16	[Redacted]	Destination Marketing Fee	4.92	
12-JAN-16	[Redacted]	Tourism Levy	6.76	
13-JAN-16	MC	Mastercard		-184.13
		<b>** Total</b>	184.13	-184.13
		<b>*** Balance</b>	-0.00	

PACK LIGHT, STAY FIT - With the Westin Gear Lending program, New Balance(TM) workout gear is conveniently delivered to your room so you can keep moving. Experience it during your next stay. Learn more at [westin.com/newbalance](http://westin.com/newbalance)



Continued on the next page

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
HUBAND, BRENDA	VP & Chief Health Operations Officer, Central & Southern Alberta	Calgary	244.10

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/13/2015	SPTT to YYC return for 2:2 Dr. Yiu, Workforce, ELT, Healthcare Interration		Mileage	29.29	SPTT	YYC		1			58
12/16/2015	SPTT to RGH return, 2:2 with D. Goulard, Dr. deSouza, 1:1 with D. Goulard		Mileage	5.05	SPTT	RGH		1			10
1/4/2016	SPTT to YYC return for L. Lutes, ELT, ELT Budget and working session prioritization		Mileage	29.29	SPTT	YYC		1			58
1/8/2016	SPTT to YYC return for Workforce mtg with Deputy Minister		Mileage	29.29	SPTT	YYC		1			58
1/11/2016	EDM transit, meeting at ATB Place with Deputy Minister	AB - Local	Miscellaneous	3.20				1			
1/11/2016	Home to YYC return, Cont. Care Quarterly with Dept. Minister		Mileage	38.38	Home	YYC		1			76
1/12/2016	SPTT to YYC for Workforce mtg with Minister and ELT meeting		Mileage	29.29	SPTT	YYC		1			58
1/14/2016	SPTT to Fort Calgary for ZMAC		Mileage	10.10	SPTT	Fort Calgary		1			20
1/15/2016	Britannia Dr to FMC mtg with CHT and Dr. Yiu		Mileage	7.58	4239 Britannia	FMC		1			15
1/15/2016	FMC to Sheldon M. Chumier Dr. Yiu facility tour		Mileage	4.04	FMC	Sheldon M.		1			8
1/15/2016	Sheldon M. Chumir to PLC Dr. Yiu facility tour		Mileage	6.06	Sheldon M. Chumir	Peter Lougheed		1			12
1/15/2016	PLC to SPTT return to office after facility tour with Dr. Yiu		Mileage	10.61	Peter Lougheed	Southport Tower		1			21
1/15/2016	SPTT to Britannia Drv, meeting with Palix Foundation		Mileage	3.54	SPTT	4239 Britannia		1			7
1/17/2016	Home to YYC return for Executive Education launch, Zone Leaders Budget, ELT, ELT Budget		Mileage	38.38	Home	YYC		1			76
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
YIU, VERNA		Approve		10-Feb-16							



## 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 Huband	<b>Reporting Period for the Month of :</b> Jan-16
-----------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
04-Jan-16	Direct Billing	Airline Ticket	Inv # [REDACTED] Mtgs L. Lutes; ELT; ELT Budget; Investment Prioritization	Marlin Travel	353.78
11-Jan-16	Direct Billing	Airline Ticket	Inv [REDACTED] 1 - Mtg - Continuing Care Quarterly Mtg with DM Dr. C. Amrhein	Marlin Travel	387.26
12-Jan-16	Direct Billing	Airline Ticket	Inv [REDACTED] Mtgs - 1:1 L. Anderson, COEC, DM Amrhein, Special ELT	Marlin Travel	350.06
08-Jan-16	Direct Billing	Airline Ticket	Inv [REDACTED] - Mtg - Workforce Initiatives - DM Amrhein	Marlin Travel	387.26
14-Jan-16	Direct Billing	Airline Ticket	Inv [REDACTED] mtgs Exec Education graduation, Eec Leadership budget mtgs, ELT and Investment Worktime with Deb Gordon	Marlin Travel	363.08
<b>Total Paid in the Month</b>					<b>\$ 1,841.44</b>

\$353.78

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]

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

-mtg with L. Lutes  
-ELT  
-Bdgt mtg with ELT -  
Investment Prioritization

Invoice Number: [REDACTED]  
Date: December 29, 2015  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

For MS BRENDA HUBAND  
AC [REDACTED]

Monday, January 4, 2016 ✓

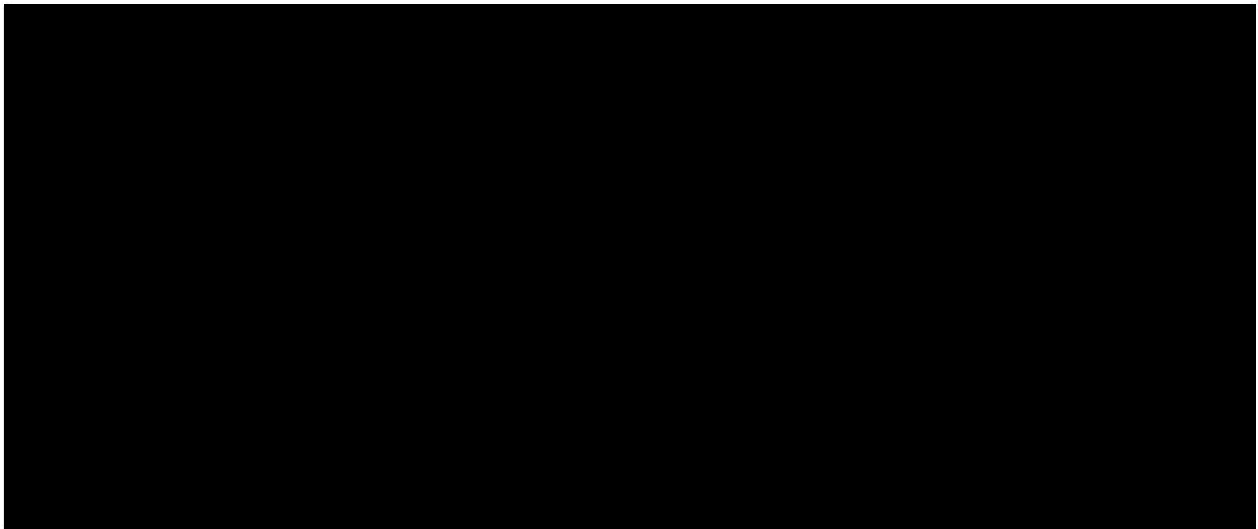
✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 04Jan16

Flight: 8150 W CLASS  
04:35 PM Equipment: DH4  
05:27 PM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 9F [REDACTED]



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

Invoice Number: [REDACTED]  
Date: December 29, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Tuesday, January 5, 2016

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 05Jan16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 9F

Flight: 8153 W CLASS  
06:40 PM Equipment: DH4  
07:34 PM

Mile(s) Flown: 163

**Cost:**

AIR CANADA [REDACTED]	278.82
Tax:	74.96
<b>Ticket Total:</b>	<b>353.78</b>

**Total:**

<b>Grand Total:</b>	353.78
Less Credit Card Payments:	353.78
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF 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 UNDERWRITTEN 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.



\$387.26

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

-Continuing Care Quarterly  
Mtg with Deputy Minister  
Carl Amrhein

Branch: [REDACTED]  
Agent: [REDACTED]

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

Invoice Number: [REDACTED] ✓  
Date: January 7, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For**  
MS BRENDA HUBAND  
AC [REDACTED]

Monday, January 11, 2016 ✓

 **Air**

AIR CANADA  
**From:** CALGARY AB  
**To:** EDMONTON INTL AB  
**Stops:** 0 **Arrival:** 11Jan16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 9F

**Flight:** 8441 V CLASS  
08:30 AM **Equipment:** DH4  
09:22 AM

**Mile(s) Flown:** 163

 **Air**

AIR CANADA  
**From:** EDMONTON INTL AB  
**To:** CALGARY AB  
**Stops:** 0 **Arrival:** 11Jan16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 9F

**Flight:** 8169 V CLASS  
05:00 PM **Equipment:** DH4  
05:54 PM

**Mile(s) Flown:** 163

**Cost:**  
AIR CANADA WEB [REDACTED] [REDACTED] 312.30  
[REDACTED] tax: 74.96  
**Ticket Total:** 387.26

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

Invoice Number: [REDACTED]  
Date: January 7, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:** [REDACTED]

Grand Total:	387.26
Less Credit Card Payments:	387.26
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF 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 UNDERWRITTEN 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.

\$350.<sup>06</sup>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

-1:1 L. Anderson  
- COEC  
- Special ELT Mtg  
~~2:2 Shawna/Kerri~~  
~~1:1 Shawna~~

Branch: [REDACTED]  
Agent: [REDACTED]

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

Invoice Number: [REDACTED]  
Date: January 7, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

For  
MS BRENDA HUBAND  
AC [REDACTED]

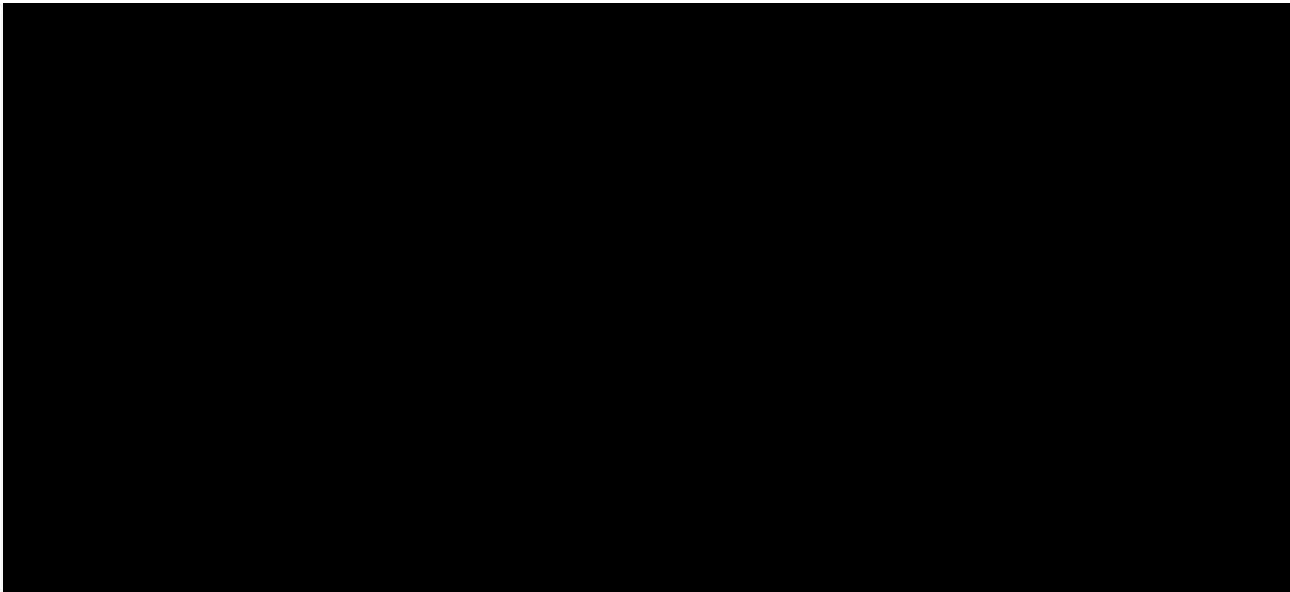
Tuesday, January 12, 2016 ✓  
✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 12Jan16

Flight: 8170 W CLASS  
07:20 PM Equipment: DH4  
08:12 PM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBE [REDACTED]  
SEAT 9F



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

Invoice Number: [REDACTED]  
Date: January 7, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Wednesday, January 13, 2016

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 13Jan16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 9F

Flight: 8153 W CLASS  
06:40 PM Equipment: DH4  
07:34 PM

Mile(s) Flown: 163

**Cost:**

AIR CANADA	[REDACTED]	[REDACTED]	275.10
		Tax:	74.96
		<b>Ticket Total:</b>	<b>350.06</b>

**Total:**

	<b>Grand Total:</b>	350.06
	Less Credit Card Payments:	350.06
	<b>Credit / Balance Due To This Invoice:</b>	0.00
	<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF 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 UNDERWRITTEN 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.

\$387.26

-Workforce Initiatives with  
DM Dr. Carl Amrhein

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]

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

Invoice Number: [REDACTED]  
Date: January 7, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

For  
MS BRENDA HUBAND  
AC [REDACTED]

Friday, January 8, 2016 ✓

✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 08Jan16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 9F

Flight: 8144 V CLASS  
01:20 PM Equipment: DH4  
02:12 PM

Mile(s) Flown: 163

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 08Jan16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 9F

Flight: 8171 V CLASS  
07:30 PM Equipment: DH4  
08:24 PM

Mile(s) Flown: 163

Cost:

AIR CANADA W [REDACTED]	[REDACTED]	312.30
	Tax:	74.96
	<b>Ticket Total:</b>	<b>387.26</b>

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

Invoice Number: [REDACTED]  
Date: January 7, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	387.26
<b>Less Credit Card Payments:</b>	387.26
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT..VISA..TOURIST CARD..  
...PROOF 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 UNDERWRITTEN 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.

\$363.08

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

- Executive Education Graduation
- Executive Leadership budget mtgsx2
- ELT
- Investment worktime with Deb Gordon

Branch: [REDACTED]  
Agent: [REDACTED]

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

Invoice Number: [REDACTED]  
Date: January 17, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

For  
MS BRENDA HUBAND  
AC [REDACTED]

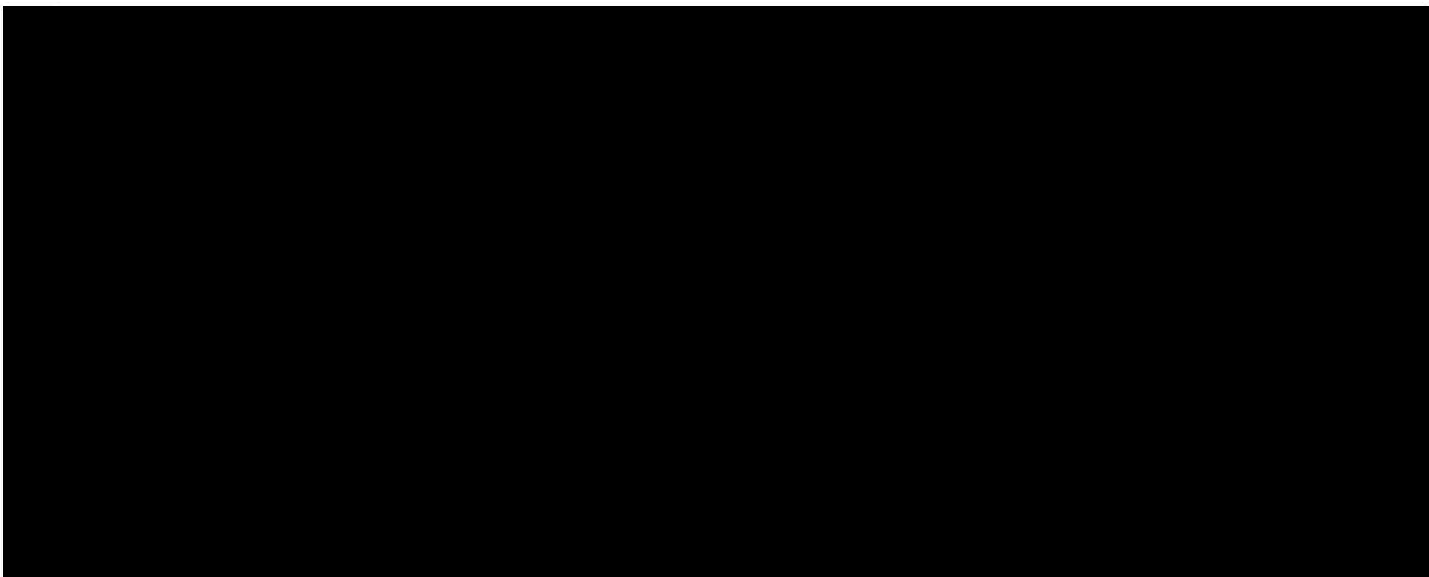
Sunday, January 17, 2016

✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 17Jan16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 9F

Flight: 8172 V CLASS  
05:55 PM Equipment: DH4  
06:47 PM

Mile(s) Flown: 163



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

Invoice Number: [REDACTED]  
Date: January 14, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Tuesday, January 19, 2016

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 19Jan16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 9F

Flight: 8171 W CLASS  
07:30 PM Equipment: DH4  
08:24 PM

Mile(s) Flown: 163

**Cost:**

AIR CANADA WE [REDACTED] 288.12  
Tax: 74.96  
Ticket Total: 363.08

**Total:**

Grand Total: 363.08  
Less Credit Card Payments: 363.08  
Credit / Balance Due To This Invoice: 0.00  
Total Balance Due: 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT... VISA.. TOURIST CARD..  
...PROOF 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 UNDERWRITTEN 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.