

AHS Board and Executive Expense Report

Name: Brenda Huband

Title: VP & Chief Health Operations Officer Central & Southern Alberta

Location: Calgary

Expenses approved during the month March of 2020

Travel (1)										
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings					-			
	Expense Claim	Meetings					-			
Mar-20	Direct Bill	Meetings	1,168				1,168			
Total			\$ 1,168	\$ -	\$ -	\$ -	\$ 1,168	\$ -	\$ -	\$ -

**Total for
the Month** \$ 1,168

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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

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 Huband	Reporting Period for the Month of : Mar-20
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
10-Dec-2019	Direct Billing	Airline Ticket	AHS ELT Meeting Dec 18-19, 2019 Credit	Vision Travel	-\$9.90
15-Jan-2020	Direct Billing	Airline Ticket	AHS Strategic Planning Meeting February 3-4/20 in Edmonton	Vision Travel	\$480.60
28-Jan-2020	Direct Billing	Airline Ticket	AHS Strategic Planning Meeting February 3-4/20 in Edmonton - Change Fees	Vision Travel	\$164.36
19-Feb-2020	Direct Billing	Airline Ticket	AHS ELT Meeting February 23-24/20 in Edmonton	Vision Travel	\$566.14
20-Feb-2020	Direct Billing	Airline Ticket	AHS ELT Meeting February 23-24/20 in Edmonton	Vision Travel	\$585.88
20-Feb-2020	Direct Billing	Airline Ticket	AHS ELT Meeting February 23-24/20 in Edmonton - Credit Received -Flight Cancelled	Vision Travel	-\$566.14
12-Mar-2020	Direct Billing	Airline Ticket	AHS ELT Meeting Sep-19, 2019 Credit	Vision Travel	-\$52.50
Total Paid in the Month					\$1,168.44



Missing Receipt Attestation

This form can only be used for missing receipts under \$200 as per the:

<https://www.albertahealthservices.ca/Assets/about/policies/ahs-pol-expenses.pdf>

Date of Expense	12/12/2019		
Vendor Name	Vision Travel		
Vendor Address			
Expense Amount	-\$9.90		
Expense Details: (IE: Purchase of supplies; Taxi; etc)			
Credit issued for over chage for ticket number 1853751090.			
Circumstances as to why the receipt is missing:			
Not able to find.			
Coding for the Expense (BU,Site,Functional Centre, Account Code):			
101.0767.71205000206.62312000			
<ul style="list-style-type: none"> I attest that I have read and understand the Travel, Hospitality and Working Session Expense Policy (1122), along with other AHS governing policies and confirm expenses being claimed are in accordance with all AHS policies. 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. 			
Claimant name	Employee number		
Brenda Huband			
Signature	Date		
Unavailable for signature, no longer with AHS			
<ul style="list-style-type: none"> I attest that I have read and understand the Travel, Hospitality and Working Session Expense Policy (1122), along with other AHS governing policies and confirm expenses being claimed are in accordance with all AHS policies. 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. 			
Approver's name	Employee number		
Position/Title	DOAA		
Signature	Date		



Alberta Health Services
 North Tower
 10030-107 St
 Suite 800
 Edmonton, AB T5J 3E4

Sale Invoice No: [REDACTED]
 Date Issued: 1/15/2020
 Agent: [REDACTED]
 Group No.:

Traveler Type	Ticket/Conf No	Department Airline/Vendor	Depart Date	Return Date	Remarks	QST	Total Fare
From	To	Flight A/L	Depart		Arrive		
Huband/Brenda Ms			2/3/2020	2/4/2020			
Dom. Air	3676406052	AIR CANADA				0.00	480.60
YYC Calgary	YEG Edmonton	8150 AC	2/3/2020 3:20 PM		2/3/2020 4:14 PM		
YEG Edmonton	YYC Calgary	8157 AC	2/4/2020 6:10 PM		2/4/2020 7:05 PM		
Huband/Brenda Ms			2/3/2020	2/4/2020	Guaranteed To: MC [REDACTED]		
Hotel	81299317	Renaissance Edmonton 4236 36 Street Edmonton AB T9E 0V4 +1 (780) 488-7159					

Payments Applied To This Invoice							
MC [REDACTED] 9	Received	1/15/2020	Pynt For Inv [REDACTED]				-480.60

HST Amount	0.00
GST/HST Combined Total	0.00
QST Total	0.00
Invoice Total	480.60
Payment Total	-480.60
Balance Due	0.00



Alberta Health Services
 North Tower
 10030-107 St
 Suite 800
 Edmonton, AB T5J 3E4

Sale Invoice No: [REDACTED]
 Date Issued: 1/28/2020
 Agent: [REDACTED]
 Group No.:

Traveler	Department	Depart Date	Return Date	Remarks	QST	Total Fare
Type	Airline/Vendor	GST/HST Combined				
From	To	Flight	A/L	Depart	Arrive	
Huband/Brenda Ms				2/3/2020	2/4/2020	
Dom. Air	AIR CANADA				0.00	164.36
	3676497334				0.00	
	Exch: 3676406052					
YYC Calgary	YEG Edmonton	8134	AC	2/3/2020 8:30 AM	2/3/2020 9:24 AM	
YEG Edmonton	YYC Calgary	8157	AC	2/4/2020 6:10 PM	2/4/2020 7:05 PM	

Payments Applied To This Invoice						
MC [REDACTED]	Received	1/28/2020		Pymt For Inv # [REDACTED]		-164.36

HST Amount	0.00
GST/HST Combined Total	0.00
QST Total	0.00
Invoice Total	164.36
Payment Total	-164.36
Balance Due	0.00



Alberta Health Services
 North Tower
 10030-107 St
 Suite 800
 Edmonton, AB T5J 3E4

Sale Invoice No: 3079080
 Date Issued: 2/19/2020
 Agent: Tiffany Aske
 Group No.:

Traveler Type	Ticket/Conf No	Department Airline/Vendor	Depart Date	Return Date	Remarks	QST	Total Fare
From	To	Flight A/L	Depart		Arrive		
				GST/HST Combined			
Huband/Brenda Ms			2/23/2020	2/24/2020			
Dom. Air	3676638476	AIR CANADA		0.00		0.00	566.14
YYC Calgary	YEG Edmonton	8146 AC	2/23/2020 2:15 PM		2/23/2020 3:09 PM		
YEG Edmonton	YYC Calgary	8161 AC	2/24/2020 7:05 PM		2/24/2020 8:06 PM		

Payments Applied To This Invoice								
MC 55-XXXX-3249	Received	2/19/2020	Pymt For Inv #3079080					-566.14

HST Amount	0.00
GST/HST Combined Total	0.00
QST Total	0.00
Invoice Total	566.14
Payment Total	-566.14
Balance Due	0.00



Alberta Health Services
 North Tower
 10030-107 St
 Suite 800
 Edmonton, AB T5J 3E4

Sale Invoice No: [REDACTED]
 Date Issued: 2/20/2020
 Agent: [REDACTED]
 Group No.:

Traveler Type	Ticket/Conf No	Department Airline/Vendor	Depart Date	Return Date	Remarks	QST	Total Fare
From	To	Flight A/L	Depart	Arrive			
Huband/Brenda Ms			2/23/2020	2/24/2020			
Dom. Air	3676638496	AIR CANADA				0.00	585.88
YYC Calgary	YEG Edmonton	8146 AC	2/23/2020 2:15 PM	2/23/2020 3:09 PM			
YEG Edmonton	YYC Calgary	8157 AC	2/24/2020 6:10 PM	2/24/2020 7:05 PM			

Payments Applied To This Invoice							
MC [REDACTED]	Received	2/20/2020	Pymt For Inv [REDACTED]				-585.88

HST Amount	0.00
GST/HST Combined Total	0.00
QST Total	0.00
Invoice Total	585.88
Payment Total	-585.88
Balance Due	0.00



Alberta Health Services
 North Tower
 10030-107 St
 Suite 800
 Edmonton, AB T5J 3E4

Refund Invoice No: 3079107
 Date Issued: 2/20/2020
 Agent: Tiffany Aske
 Group No.:

Traveler Type	Ticket/Conf No	Department Airline/Vendor	Depart Date	Return Date	Remarks	QST	Total Fare
From	To	Flight A/L	Depart		Arrive		
				GST/HST Combined			
Huband/Brenda Ms			2/23/2020	2/24/2020			
Dom. Air	3676638476	AIR CANADA		0.00		0.00	-566.14
YYC Calgary	YEG Edmonton	8146 AC	2/23/2020 2:15 PM		2/23/2020 3:09 PM		
YEG Edmonton	YYC Calgary	8161 AC	2/24/2020 7:05 PM		2/24/2020 8:06 PM		

Payments Applied To This Invoice							
MC 55-XXXX-3249	Made	2/20/2020	Pymt For Inv #3079107				566.14

HST Amount	0.00
GST/HST Combined Total	0.00
QST Total	0.00
Invoice Total	-566.14
Payment Total	566.14
Balance Due	0.00



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<https://www.albertahealthservices.ca/Assets/about/policies/ahs-pol-expenses.pdf>

Date of Expense	3/12/2020		
Vendor Name	Vision Travel		
Vendor Address			
Expense Amount	-\$52.50		
Expense Details: (IE: Purchase of supplies; Taxi; etc)			
Credit issued for over chage for ticket number 2118080223			
Circumstances as to why the receipt is missing:			
Not able to find.			
Coding for the Expense (BU,Site,Functional Centre, Account Code):			
101.0767.71205000206.62312000			
<ul style="list-style-type: none"> I attest that I have read and understand the Travel, Hospitality and Working Session Expense Policy (1122), along with other AHS governing policies and confirm expenses being claimed are in accordance with all AHS policies. 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. 			
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Position/Title	DOAA		
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