

AHS Board and Executive Expense Report

Name: Christine Myatt

Title: Senior Program Officer Community Engagement & Communications

Location: Edmonton

Expenses posted during the month of June 2024

| | | | | | 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) |
| Jun-24 | P-Card Expense Claim Direct Bill | Meetings Meetings Meetings | | | 181 | | - - 181 | | | |
| | | Total by category | / \$ - | \$ - | \$ 181 | \$ - | \$ 181 | \$ - | \$ - | \$ - |

Total posted for

the Month \$ 181

Maximum daily single meal expense posted in the month \$
Maximum daily base hotel rate posted 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 membership dues, 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.
- Refer to Quick Reference Guide for: <u>Providing a Standard Business Reason(s)</u>
- A personal cheque must be attached to cover expenses deemed ineligible.

| Indicate whethe | r you have expenses to report in this section for | this reporting period: | YES | |
|-------------------------------------|---|-------------------------------|---------------|--|
| Name : | Christine Mvatt | Reporting Period for the Mont | th of: Jun-24 | |

| Invoice Date DD-MMM-YYYY | Payment Method | Category | Business Reason | Name of Vendor | Amount Paid |
|--------------------------|----------------|----------|---|---------------------|-------------|
| 30-May-2024 | Direct Billing | Hotel | Meetings with Community Engagement & Communications senior leaders 1 night May 29 to May 30, 2024 | Delta Calgary South | \$181.03 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Paid in the Month | | | | | |

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CALGARY SOUTH

135 Southland Drive S.E Calgary, Alberta, T2J 5X5
Telephone 403-278-5050 Fax: 403-225-5834

Alberta Health Services PO BOX 1600

EDMONTON AB T5J 2N9

Canada

Total

Myatt, Christine

Approving Manager

20.73

Room:
Folio:
Cashier:
Arrival:
Departure:
05-2

05-29-24 05-30-24

A/R Invoice: A/R Account:



| Date | Description | Additional Information | Charges | Credits |
|----------|--------------------|------------------------|---------|---------|
| 05-29-24 | Package Wrapper | | 169.00 | |
| 05-29-24 | DMF | | 5.07 | |
| 05-29-24 | Tourism Levy | | 6.96 | |
| 05-29-24 | Rooms - GST | | 8.70 | |
| 05-31-24 | GST Exempt- 120903 | | -8.70 | |

| GST Summai | Ŋ | Total 181.03 | 0.00 |
|------------|------------------------------|--|-------|
| Room | No: 895126332 8.70 | Balance Due 181.03 | 3 CDN |
| F&B | 0.00 | <u>- </u> | |
| Other | 12.03 | | |

Guest Signature: