

## AHS Board and Executive Expense Report

**Name:** Colleen Purdy  
**Title:** VP Corporate Services & Chief Financial Officer  
**Location:** Calgary  
 Expenses approved during the month of August 2023

			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					-			
Aug-23	Direct Bill	Meetings			798		798			
<b>Total</b>			\$ -	\$ -	\$ 798	\$ -	\$ 798	\$ -	\$ -	\$ -

**Total for  
the Month** \$ 798

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 155  
 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.
- Refer to Quick Reference Guide for: [Providing a Standard Business Reason\(s\)](#)
- 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> Colleen Purdy	<b>Reporting Period for the Month of :</b> Aug-23
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
11-Apr-23	<b>Direct Billing</b>	<b>Hotel</b>	Attend AHS Executive & Lab Meeting in Edmonton on April 11, 2023	<b>Matrix Hotel</b>	\$166.04
17-Aug-23	<b>Direct Billing</b>	<b>Hotel</b>	Attend Lab Negotiation/Meetings in Edmonton August 15 to 17, 2023	<b>Matrix Hotel</b>	\$488.79
5-Jul-23	<b>Direct Billing</b>	<b>Hotel</b>	Attend Lab & AHS Executive Meetings in Edmonton July 4, 2023	<b>Matrix Hotel</b>	\$143.64
	<b>Direct Billing</b>	<b>Choose from Drop-down List</b>		<b>Choose from Drop-down List</b>	
	<b>Direct Billing</b>	<b>Choose from Drop-down List</b>		<b>Choose from Drop-down List</b>	
<b>Total Paid in the Month</b>					\$ 798.47



AB Health Service  
PO Box 1600  
Edmonton AB T5J 2N9  
Canada

COPY OF INVOICE

Room No. [REDACTED]  
Arrival : 07-04-23  
Departure : 07-05-23  
Page No. : 1 of 1  
Folio No. [REDACTED]  
Invoice No. [REDACTED]  
AR No. [REDACTED]  
Conf. No. [REDACTED]  
Cashier No. [REDACTED]  
Custom Ref. :

Company Name :  
Group Name :  
Guest Name : Purdy, Colleen Ms

Date	Description	Charges	Credits
07-04-23	Room Revenue	134.10	
07-04-23	Destination Marketing Fee	4.02	
07-04-23	Tourism Levy	5.52	
Total Charges		143.64	
Total Credits			0.00
Balance			143.64

I agree that I am personally liable for payment of this account, and if this person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association.

Matrix Hotel | 10640 100 Ave NW | Edmonton, AB T5J 3N8  
Reservations: (866) 465-8150 | Telephone: (780) 429-2861 | Fax: (780) 420-4962  
Email: info@matrixedmonton.com  
www.matrixedmonton.com



**AB Health Services**  
**Accounts Payable**  
**P.O. Box 1600**  
**Suite 300, 10030 - 107 Street NW**  
**Edmonton AB T5J 2N9**  
**Canada**



Company Name :  
 Group Name :  
 Guest Name : Purdy, Colleen Ms

**COPY OF INVOICE**

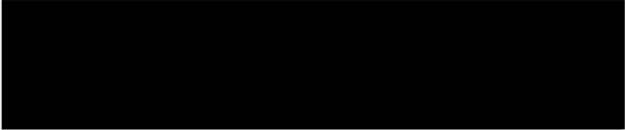
Room No. :   
 Arrival : 04-11-23  
 Departure : 04-12-23  
 Page No. : 1 of 1  
 Folio No. :   
 Invoice No. :   
 AR No. :   
 Conf. No. :   
 Cashier No. :   
 Custom Ref. :

Date	Description	Charges	Credits
04-11-23	Room Revenue	155.00	
04-11-23	Destination Marketing Fee	4.65	
04-11-23	Tourism Levy	6.39	
<b>Total Charges</b>		166.04	
<b>Total Credits</b>			0.00
<b>Balance</b>			166.04

I agree that I am personally liable for payment of this account, and if this person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association.



AB Health Service  
PO Box 1600  
Edmonton AB T5J 2N9  
Canada



Company Name :  
Group Name :  
Guest Name : Purdy, Colleen Ms

COPY OF INVOICE

Room No. : [Redacted]  
Arrival : 08-14-23  
Departure : 08-17-23  
Page No. : 1 of 1  
Folio No. : [Redacted]  
Invoice No. : [Redacted]  
AR No. : [Redacted]  
Conf. No. : [Redacted]  
Cashier No. : [Redacted]  
Custom Ref. : [Redacted]

Date	Description	Charges	Credits
08-14-23	Room Revenue	152.10	
08-14-23	Destination Marketing Fee	4.56	
08-14-23	Tourism Levy	6.27	
08-15-23	Room Revenue	152.10	
08-15-23	Destination Marketing Fee	4.56	
08-15-23	Tourism Levy	6.27	
08-16-23	Room Revenue	152.10	
08-16-23	Destination Marketing Fee	4.56	
08-16-23	Tourism Levy	6.27	
<b>Total Charges</b>		488.79	
<b>Total Credits</b>			0.00
<b>Balance</b>			488.79

I agree that I am personally liable for payment of this account, and if this person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association.