

AHS Board and Executive Expense Report

Name Colleen Turner

Title VP Community Engagement & Communications

Location Edmonton

Expenses submitted during the month of August 2016

						Travel (1)						
MMM-YY	Source Document	Purpose	Airfare		Meals	Accommodation	Other Travel	Total Trave		Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Aug-16 Aug-16	P-Card Expense Claim	Meetings Meetings			108	181	21 12		94 31	100		
Total			\$	- \$	108	\$ 181	\$ 33	6 \$ 6	25	\$ 100	\$ -	\$ -

Total for

the Month \$ 725

Maximum daily single meal expense claimed in the month \$ 24 Maximum daily base hotel rate claimed in the month \$ 169 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 re-	ceipts and supporting documents in the	same order as it appears on this stat	ement
Cardholder AND Approver's sign.	atures required where indicated below		
TURNER, COLLEEN	VP		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/08/2016
COMMUNITY ENGAGEMENT &	SPPT		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$493.73
COLLEEN.TURNER@AHS.CA			
Cardholder's e-mail address		Last 6 digits of the P-Card #	

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	FreighDescription t
03/08/2016		AHS CVENT, GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED	100.00	CAD	100.00	4.76	Quality Summit 2016 registration
08/08/2016		CO OP TAXI LINE LTD, LIMOUSINES AND TAXICABS	14.80	CAD	14.80	.70	Travel from SSP to Hotel
08/08/2016		DIAMOND LIMO AND TAXI, LIMOUSINES AND TAXICABS	60.00	CAD	60.00	2.86	.00Taxi from Edm Airport to SSP for meetings
09/08/2016		DIAMOND LIMO AND TAXI, LIMOUSINES AND TAXICABS	15.00	CAD	15.00	.71	.00Travel from Hotel to Legislature Bldg re Mtg with AH
09/08/2016		DIAMOND LIMO AND TAXI, LIMOUSINES AND TAXICABS	60.00	CAD	60.00	2.86	.00Taxi from SSP to Edm Airport
09/08/2016		METTERRA HOTEL, LODGING HOTELS, MOTELS, RESORTS	4.20	CAD	4.20	.20	ce Tea charged to room in error. Credit beir issued
09/08/2016		METTERRA HOTEL, LODGING HOTELS, MOTELS, RESORTS	181.03	CAD	181.03	8.62	Accommodation for Aug. 8, one night re ELT Meetings
09/08/2016		THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	58.70	CAD	58.70	2.80	.00YYC Parking Aug. 8 to 9.

0 23450 50





RUN DATE: 08/23/2016



RUN DATE: 08/23/2016

Signatures		
Cardholder Designate (if Applicable)		
By signing this statement		
 I hereby certify that I have reviewed and reconcil Program User Guide and Training. I have allocat 	led this statement in BMO Online to the best of my ability in led the transaction(s) to the proper cost centre.	n accordance to AHS Corporate Policies.
Name of Cardholder Designate	Cardholder Designate Position/Title	
Signature of Cardholder Designate	Date of Signature	
Cardholder		
By signing this statement I attest that I have read and understand the "Travexpenses being claimed are in compliance with s	vel, Hospitality and Working Session Expense Policy (1122 such policy	r)" of Alberta Health Services and confirm
	or valid business purposes for Alberta Health Services and Ith Services or any other Organization. A personal cheque	
 I attest that expenses submitted in this claim have provided. 	re been incurred by using a cost effective method, otherwis	e rationale and supporting analysis is
TURNER, COLLEEN	VP	
Name of Caldoorday	Cardholder Position/Title	
(West)	Sept 1/16	
Signature of Calditolder	Date of bignature	·
Approver Designate (if Applicable)		
By signing this statement	ust Harmarith, and Madding Cogning European Delia, (11.00	IND of Alberta Hands Consider and a constant
expenses being claimed are in compliance with s	vel, Hospitality and Working Session Expense Policy (1122 such policy.) of Alberta Health Services and confirm
	or valid business purposes for Alberta Health Services and Iberta Health Services or any other Organization. A person	
charged has been obtained.		
 I attest that expenses submitted in this claim hav provided. 	e rationale and supporting analysis is	
Name	Annual Paristanta Facility of the	
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 "Travexpenses being claimed are in compliance with several properties." 	vel, Hospitality and Working Session Expense Policy (1122 such policy.)" of Alberta Health Services and confirm
	or valid business purposes for Alberta Health Services and	
claimed by the claimant or on their behalf from Al charged has been obtained.	lberta Health Services or any other Organization, A person	al cheque for personal expenses inadvertently
 I attest that expenses submitted in this claim hav provided. 	e been incurred by using a cost effective method, otherwis	e rationale and supporting analysis is
16-1	0 1 1 7050	
Verna VIII	President + CEO Approver Position/Title	
	41/04/14	
Signature of Approve	Date of Signature	
 Submit approved statement with attachments to Acc	ounts Payable:	
 Atlach:	<u> </u>	Address:
 Original (or scanned) itemized receipts with docume where required 	ented business reasons including names of participants	Alberta Health Services
Signed Cardholder Statement Report (or copies of	electronic signatures if signatures are not on report)	Accounts Payable 7th Street Plaza
And where applicable: Copies of pre-approvals for travel	·	10th Floor, North Tower, 10030-107 Street
 Personal cheque payable to "Alberta Health Service 	es"	Edmonton, AB T5J 3E4
Return, refund and/or credit receipts		
 Disputes letter Business reasons for travel require detailed descrip 	Nions – include where travelled to, who attended life	
meal), why travel was necessary and detailed expla		
Accounts Payable only:		
Reference #:	Reviewed by:	Date:
	·	

AHS CVENT Edm

General Options

Name:

Colleen Turner

Confirmation Number:

(needed to modify your registration)

Event Title:

Quality Summit 2016

Location:

MacEw an Conference and Event Centre

2500 University Drive NW

Calgary, Alberta

Date:

10/24/2016

Time:

08:30

Current Registration Details

Colleen Turner

Agenda Items

Registration Item

Preconference Workshops - October 24 ONLY, 2016

Sessions

Date and Time

10/24/2016 08:30

10/24/2016 13:00

10/24/2016 08:30



Session

Using Gamification to Maximize Motivation & Engagement for Health Improvement

Field Trips: Leading Edge Simulation Labs

Liberating Structures Workshops

Order Summaries

Order

Total:

Date 08/03/2016 11:14 MT Type online order

Amt Ordered CAD \$ 100.00 CAD \$ 100.00

Amt Paid CAD \$ 100.00 CAD \$ 100.00

Amt Due CAD \$ 0.00 CAD \$ 0.00

Cost

Cost

Waitlist

Waitlist

CAD \$ 100.00

Payment Details

Details

08/03/2016

Type MasterCard Reference #

0756

Amt Paid CAD \$ 100.00

Registrant Information

Liberating Structures Workshops: 10/24/2016 08:30

You are officially registered to join us for the Liberating Structures Workshop.

Date: October 24, 2016 Program Time: 8:30 am - 4:00 pm Registration Check-in: 7:30 - 8:30 am Location: MacEw an Ballroom - Third Floor (East) MacEw an Conference & Event Centre 2500 University Drive NW

Calgary, AB

Lunch will be provided.

This page displays your registration selections. Please click Finish to complete your registration.

Enter payment information below , as applicable. Fields and options marked with an asterisk are required to complete your registration.

Submit Payment

To pay for Liberating Structures, Visa, MasterCard and American Express are accepted. Visa Debit Cards are not accepted.

ORDERS

Colleen Turner

-	Agenda Items		
-	Name	Price	Total
	Preconference Workshops - October 24 ONLY, 2016		

Sessions

Name	Price	Total
Liberating Structures Workshops	CAD \$ 100.00	CAD \$ 100.00

Order Subtotal:

CAD \$ 100.00

Total:

CAD \$ 100.00

WAITLIST

Colleen Turner

- · Using Gamification to Maximize Motivation & Engagement for Health Improvement
- Field Trips: Leading Edge Simulation Labs

Payment Method

Credit Card - Enter your information in the section below.

Payment Information VISA

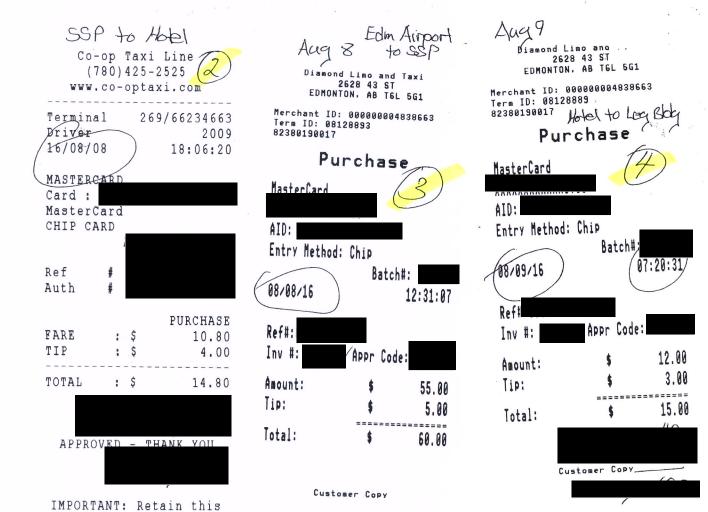




Please note that the vendor description that will appear on your credit card statement will read AHS Cvent Edmonton.

Credit Card Payment:

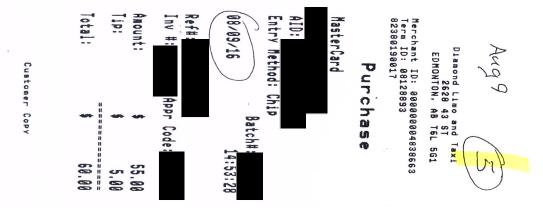
CAD \$ 100.00	
	*Name on Card:
Colleen Turner	
	*Type:
MasterCard	▼
	*Credit Card Number:
	*Expiration Date:
Month	
Year	
real	
	*Country:
Canada	▼
	*Address:
	*City:
	Oily.
	Province:
Alberta	▼



Customer Copy

copy for your records

Thank you for choosing Co-op taxi







MS Colleen Turner

Room Number:

Arrival Date:

0.00

08-08-16

Departure Date:

08-09-16

Page No:

1 of 1

Guest Name:

INFORMATION INVOICE

Folio No:

08-23-16

Date	Description		Charges	Credits
08-09-16	Mastercard		- Ice 1ea charged in error.	4.20
08-23-16	Mastercard			-4.20
		Total	0.00	0.00

Balance

Signature:

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0009





Ms Colleen Turner

Guest Name:

Room Number:

Arrival Date:

08-08-16

Departure Date:

08-09-16

Page No:

1 of 1

INFORMATION INVOICE

Folio No:

08-09-16

Date	Description		Charges	Credits
08-08-16	Room		169.00	
08-08-16	Destination Marketing Fee - 3%		5.07	
08-08-16	Tourism Levy - 4%		6.96	
08-09-16	Mastercard			181.03
		Total	181.03	181.03
		Balance	0.00	

Signature:

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0009

RECEIPT GST NO. R122556194



EXIT No. A2
IN: 08/08/16 09:05
OUT: 08/09/26 17:00
DURATION: 1 07: 55
PAID: \$ 58.70
(GST INCLUDED)

REF. THANK YOU FOR YOUR VISIT

Of FlyYYC



AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
TURNER, COLLEEN	VP Community Engagement & Communications (Acting)	Calgary	231.31									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/8/2016	Staff meetings and I	ELT on Aug. 9	AB - Other Zones	Meals Per Diem	37.00			Lunch and dinner in Edm - Staff meeting and ELT on Aug. 9 Lunch = \$13.00 Dinner = \$24.00	1			
8/8/2016	ELT Meeting - trave	l to YYC		Mileage-Local- Home Zone	16.67			ELT Meeting - travel from home to YYC Airport, travel to Edm	1			33
8/9/2016	Return home from I	Edm		Mileage-Local- Home Zone	16.67			ELT Meetings - return to Calgary from Edmonton	1			33
8/9/2016	ELT and AH/AHS me	eetings	AB - Other Zones	Meals Per Diem	10.50			ELT and AH/AHS Meeting in Edmonton Bfast = \$10.50	1			
8/22/2016	Rocky Mtn. House r	e Helipad		Mileage-Local- Home Zone	13.64			Return from Deerfoot Mall to SPT.	1			27
8/22/2016	Rocky Mtn House re	e Helipad		Mileage-Local- Home Zone	13.64			Rocky Mtn House re Helipad. Travelled to Deerfoot Mall and carpooled from the Mall to Rocky Mtn. House.	1			27
8/22/2016	Rocky Mtn. House H	Helipad	AB - Other Zones	Meals Per Diem	23.50			spent day at Rocky Mtn House re Helipad Bfast = \$10.50 Lunch = \$13.00	1			

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
TURNER, COLLEEN	VP Community Engagement & Communications (Acting)	Calgary	231.31									
Expense Date	Business reason		Expense Location	Expense Type	Amount		To Location		# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/23/2016	YYC Parking - ELT M	leeting	AB - Other Zones	Parking - Lot or Parkade	29.35			YYC Parking - ELT Meeting in Edm	1			
8/23/2016	ELT Meeting return	home		Mileage-Local- Home Zone	16.67			ELT Meeting - Return home	1			33
8/23/2016	ELT Meeting		AB - Other Zones	Meals Per Diem	37.00			Attend ELT meeting Lunch = \$13.00 Dinner = \$24.00	1			
8/23/2016	ELT Meeting - trave	l to YYC		Mileage-Local- Home Zone	16.67			ELT Meeting -	1			33
Approver(s) for	the claim	Approval St	atus	Approval Date	•	•	•	•	•	•	•	•

Approver(s) for the claim	• •	Approval Date
YIU, VERNA	Approve	8-Sep-16

RECEIPT GST NO. R122556194

EXIT NO. A1
IN: 08/23/16 06:02
OUT: 08/23/16 19:07
DURATION: 0 13: 05
PAID: \$ 29.35
(GST INCLUDED)
VISA
REF.
THANK YOU FOR
YOUR VISIT



