

AHS Board and Executive Expense Report

Name: Colleen Turner
Title: VP Community Engagement & Communications
Location: Edmonton
 Expenses approved during the month of June 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					-			
Jun-23	Expense Claim	Meetings		58	447	392	897			
Jun-23	Direct Bill	Meetings					-			133
Total			\$ -	\$ 58	\$ 447	\$ 392	\$ 897	\$ -	\$ -	\$ 133

**Total for
the Month** \$ 1,030

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 199
 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.

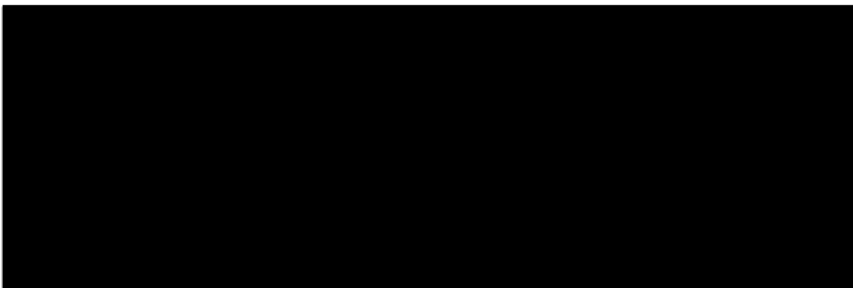
4) Other

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

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
TURNER, COLLEEN	VP Community Engagement & Communications	Calgary	\$ 896.83								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/10/2023	Two nights accommodation in Edmonton, Apr. 10 & 11. Attend NAIT (Northern Alberta Institute of Technology) Tour/ELT (Executive Leadership Team) mtg April 11	AB - Other Zones	Accommodations	\$ 446.84			base room rate below guideline limit	1			
4/10/2023	Dinner in Edm - travel to Edm April 10 for NAIT Tour/ELT Mtg April 11	AB - Other Zones	Meals Per Diem	\$ 24.00				1			
4/10/2023	NAIT Tour/ELT mgt on April 11		Mileage-Other	\$ 152.01	Home	Hotel		1			301
4/11/2023	Breakfast and lunch only on April 11 - travel to Edmonton for NAIT Tour/ELT mtg on April 11.	AB - Other Zones	Meals Per Diem	\$ 23.50				1			
4/12/2023	Return to Calgary April 12 after NAIT Tour/ELT meeting on April 11		Mileage-Other	\$ 152.01	Hotel	Home		1			301
4/12/2023	Breakfast only, April 12 - Return to Calgary April 12 after attending the NAIT Tour/ELT meeting on April 11.	AB - Other Zones	Meals Per Diem	\$ 10.50				1			
5/23/2023	Attend the ELT Strategic Planning Session on May 23, 2023	AB - Other Zones	Taxi	\$ 44.85	208 Airport Rd NE Calgary	Home		1			
5/23/2023	Attend the ELT Strategic Planning Session on May 23, 2023	AB - Other Zones	Taxi	\$ 43.12	Home	208 Airport Road NE Calgary		1			
Approver(s) for the claim	Approval Status	Approval Date									
CHIES, MAURO A	Approve	5-Jun-23									



Ms Colleen Turner



Room: [Redacted]
 Folio: [Redacted]
 Cashier: [Redacted]
 Arrival: 04-10-23
 Departure: 04-12-23
 Reference:

Folio No.: [Redacted]

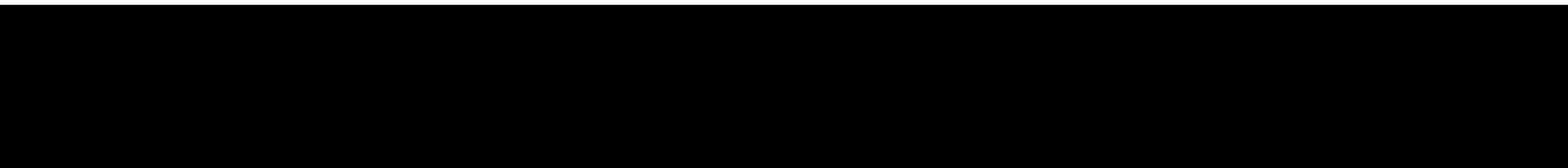
Date	Description	Additional Information	Charges	Credits
04-10-23	Room Charge		199.00	
04-10-23	DMF		5.97	
04-10-23	Tourism Levy		8.20	
04-10-23	GST		10.25	
04-11-23	Room Charge		199.00	
04-11-23	DMF		5.97	
04-11-23	Tourism Levy		8.20	
04-11-23	GST		10.25	
04-12-23	[Redacted]			446.84

GST Summary	
Reg. No: 73961 5284 RT0002	
Room	20.50
F&B	0.00
Other	0.00
Total	20.50

Total	446.84	446.84
Balance Due	0.00	CDN

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



Total CA\$43.12

Trip fare CA\$26.26

Subtotal CA\$26.26

Booking Fee CA\$3.00

TNC fee recovery surcharge CA\$0.45

Pickup/Dropoff Surcharge CA\$2.00

Airport Recovery Surcharge CA\$4.00

Tips CA\$5.62

GST CA\$1.79

Payments

CA\$37.50



CA\$5.62



Total

CA\$44.85

Trip fare

CA\$27.19

Subtotal

CA\$27.19

Booking Fee

CA\$3.00

Airport Recovery Surcharge

CA\$4.50

Pickup/Dropoff Surcharge

CA\$2.00

TNC fee recovery surcharge

CA\$0.45

Tips

CA\$5.85

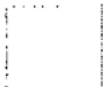
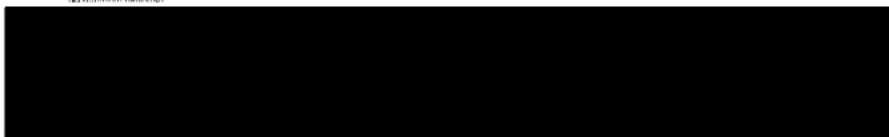
GST

CA\$1.86

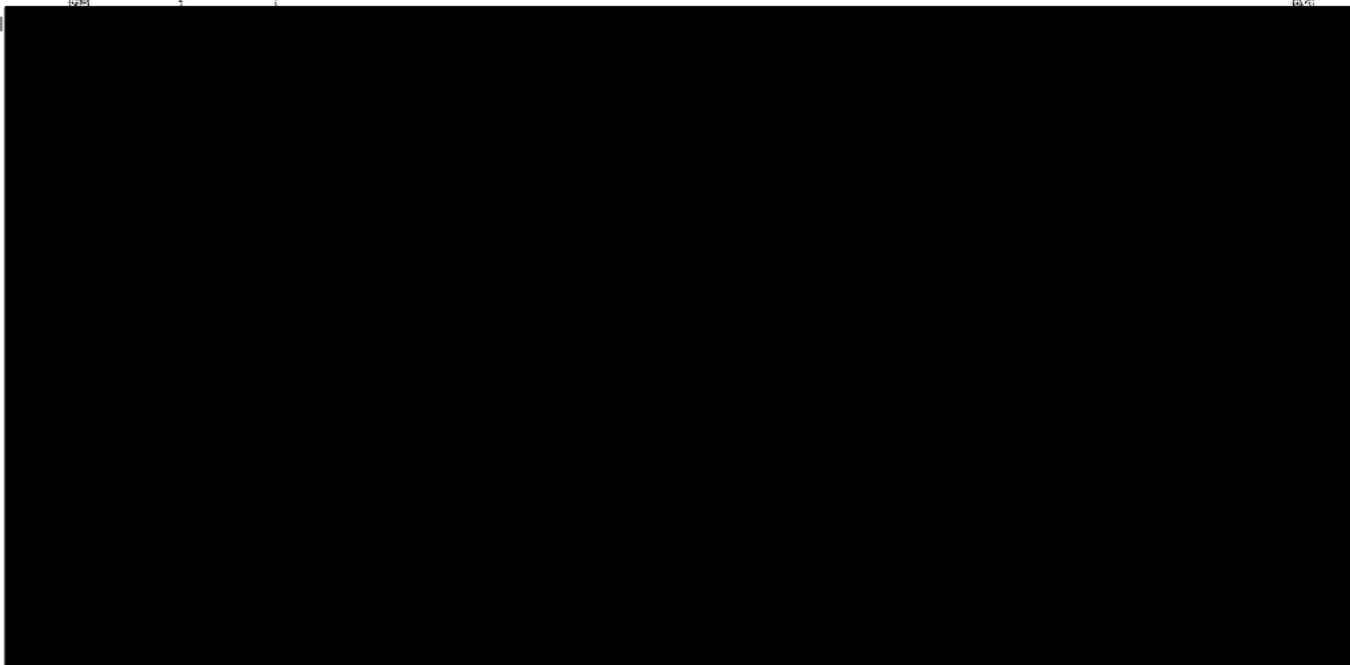
Payments



CA\$39.00



CA\$5.85



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.

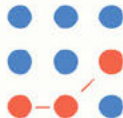
Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable 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

Name : Colleen Turner	Reporting Period for the Month of : Jun-23
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
19-May-2023	Direct Billing	Other	Institute of Corporate Directors - Board Membership Fee - August 01, 2023 - July 31, 2024.	Institute of Corporate Directors	\$133.33
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
Total Paid in the Month					\$ 133.33



Invoice

ICD Member

██████████ ██████████
Alberta Health Services
14th Floor, Seventh Street Plaza
10030-107 Street NW, North Tower
Edmonton AB T5J 3E4

Billing Date	ICD Member
19-May-2023	██████████

<u>Code</u>	<u>Item</u>	<u>From</u>	<u>To</u>	<u>Amount</u>
FEE_BRDSEC	Board Membership / Adhésion globale du C. A.	1-Aug-2023	31-Jul-2024	2,000.00
Total Billing				2,000.00

Please contact ██████████ to pay by Visa/Mastercard or by Electronic Funds Transfer (EFT). Remember to include your Member ID with your payment.

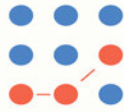
Additional Personal Information			Membership is 15 = \$2000/15 is \$133.33 per membership fee	
Work Phone:	██████████	Chapter:		██████████
Home Phone:		Home Address:		
Cell Phone:				
Language:	English			██████████
Email:				

Please take a moment to review and confirm that your mailing and additional information is accurate and up-to-date.
Please send any updates and changes to us at ██████████

Thank you for your membership!

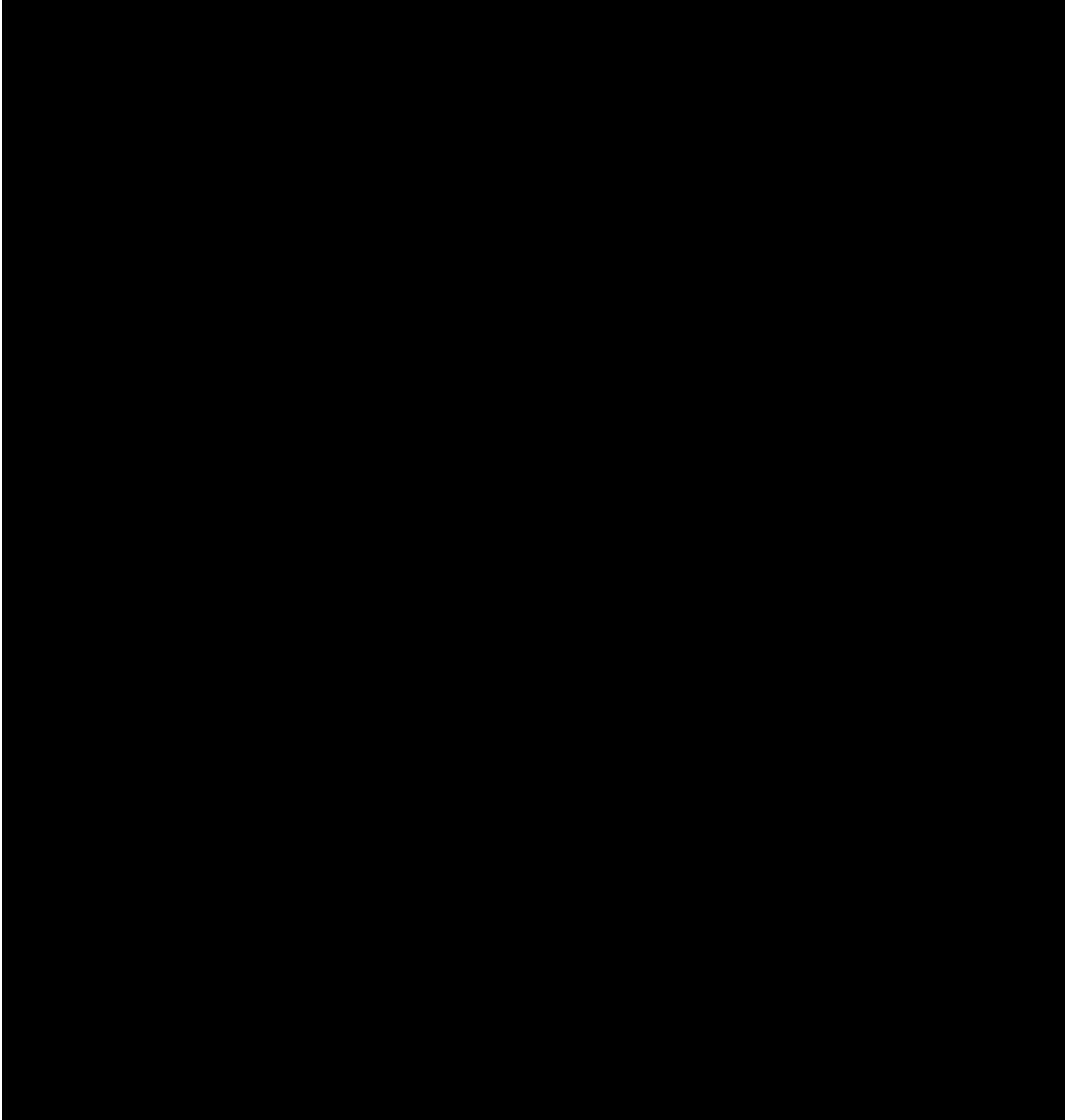
INSTITUTE OF
CORPORATE
DIRECTORS
*THINK BEYOND
THE BOARDROOM.*

INSTITUT DES
ADMINISTRATEURS
DE SOCIÉTÉS
*PENSER AU-DELÀ
DE LA SALLE DU CONSEIL.*



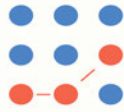
2701-250 Yonge Street
Toronto ON M5B 2L7
Tel: 416-593-7741
Web: icd.ca
admin@icd.ca

Board Membership Program - Company Listing



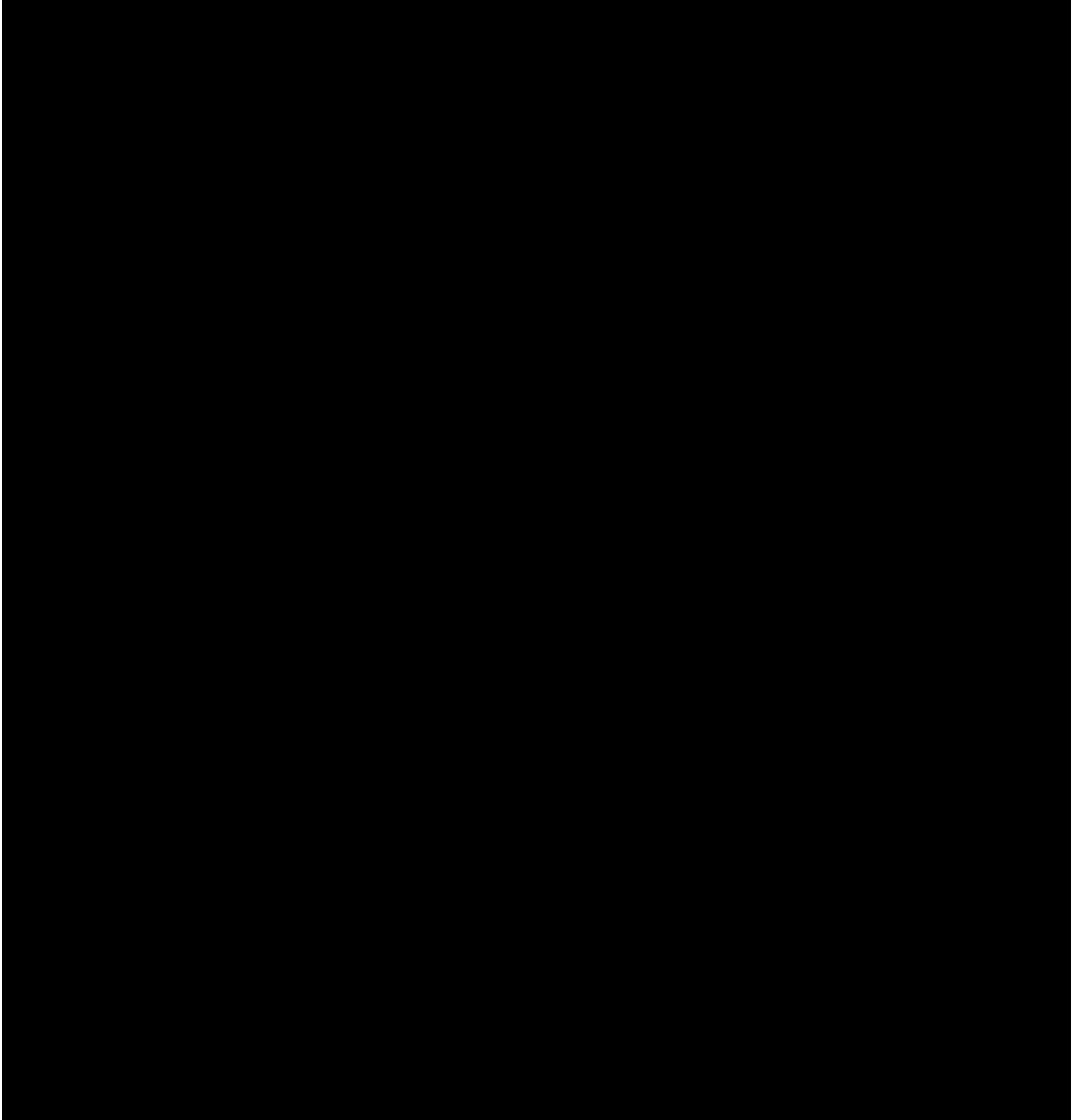
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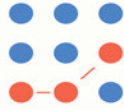
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Board Membership Program - Company Listing





Board Membership Program - Company Listing

██████████ Alberta Health Services

██████████ TURNER, COLLEEN

MB

Expiry: 31-Jul-2024

Ms Colleen Turner
Vice President, Community Engagement & Communications
Alberta Health Services

Chapter: ██████████
Member since: 9-Dec-2022

Business Address

████████████████████
████████████████████

Work Phone: ██████████
Fax: ██████████
Language: English
Email: ██████████

Home Address

████████████████████
████████████████████

Home Phone: ██████████
Cell Phone: ██████████