

## AHS Board and Executive Expense Report

**Name** David Carpenter  
**Title** AHS Board Member  
**Location** Lethbridge

Expenses submitted during the month of January 2020

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-20	Expense Claim	Meetings		42		227	269			
Jan-20	Direct Billing	Meetings			330		330			
<b>Total</b>			\$ -	\$ 42	\$ 330	\$ 227	\$ 599	\$ -	\$ -	\$ -

**Total for the Month** \$ 599

Maximum daily single meal expense claimed in the month \$ 21  
Maximum daily base hotel rate claimed in the month \$ 154  
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.

*Employee#* [REDACTED]

<b>AHS - AP Processing - Internal Use Only</b>	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

## BOARD MEMBER EXPENSE CLAIM FORM

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	David Carpenter			Expense Period Month:	Jan-20
Address:	[REDACTED]		City:	[REDACTED]	
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attended Strategic Planning Board Meeting on January 29 and Board Meeting on January 30, 2020.				

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
Description	Corp/BU/Orgr	Location (If applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$41.50 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$227.25 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$268.75 ✓</b>

<b>SECTION 3: AUTHORIZATION</b>			
<p>I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.</p> <p>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.</p> <p>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.</p>			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
David Carpenter	<i>See attached email for approval.</i>	Feb 8, 2020	[REDACTED]
<p>I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.</p> <p>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.</p> <p>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.</p>			
Approved by (Print Name)	Position Title/Program Group		Date
David Weyant, Q.C.	Board Chair		Feb 13 2020
Signature: I, by signing this form, attest that I am compliant with all the above statements			Date
<i>[Signature]</i>			Feb 13 2020

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

For payment please submit to:

14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

<b>Carry forward from Section 1</b>										
Name:	David Carpenter						Expense Period Month:	Jan-20		
Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below										
Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)										
<b>SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM</b>										
The Board Members follow the <u>Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy</u>										
Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for <u>USA</u> , Appendix D for International).										
Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)( A )				Accommodation ( B )	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) ( C )	Other (Itemize) ( D )	Mileage km ( E )
			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
28-Jan-2020	Mileage from residence to Southport Board Office in Calgary and return to attend Board Meetings on January 29 and 30, 2020.	Yes								450 ✓
28-Jan-2020	Dinner per diem. In Calgary to attend the Strategic Planning Board Meeting and Board Meeting	Yes	D-\$20.75	\$20.75						
29-Jan-2020	Dinner per diem. In Calgary to attend the Strategic Planning Board Meeting and Board Meeting	Yes	D-\$20.75	\$20.75						
<b>Total: (amount auto fills to page 1)</b>				\$41.50		\$0.00	\$0.00	\$0.00	\$0.00	450.00 ✓
<b>BOARD MEMBER Mileage Rate</b>							0.505	<b>Total Mileage</b>	\$	227.25 ✓

## 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**

<b>Name :</b>	David Carpenter	<b>Reporting Period for the Month of :</b>	Jan-20
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
28-Jan-2020	<b>Direct Billing</b>	<b>Hotel</b>	Two nights accommodation to attend Strategic Planning Board Meeting on January 29 and Board Meeting on January 30, 2020 in Calgary.	<b>Other</b>	\$329.92
	<b>Direct Billing</b>	<b>Airline Ticket</b>		<b>Vision Travel</b>	
	<b>Direct Billing</b>	<b>Airline Ticket</b>		<b>Vision Travel</b>	
	<b>Direct Billing</b>	<b>Airline Ticket</b>		<b>Vision Travel</b>	
	<b>Direct Billing</b>	<b>Airline Ticket</b>		<b>Vision Travel</b>	
<b>Total Paid in the Month</b>					\$ 329.92



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

Alberta Health Services  
Alberta Health Services  
PO BOX 1600  
EDMONTON AB T5J 2N9  
Canada

Room: [REDACTED]  
Folio: [REDACTED]  
Cashier: [REDACTED]  
Arrival: 01-28-20  
Departure: 01-30-20

Carpenter, David

A/R Invoice: [REDACTED]  
A/R Account: [REDACTED]

Date	Description	Additional Information	Charges	Credits
01-28-20	Room Charge	<span style="background-color: black; color: black;">[REDACTED]</span>	154.00	
01-28-20	DMF		4.62	
01-28-20	Tourism Levy		6.34	
01-28-20	Rooms - GST		7.93	
01-29-20	Room Charge		154.00	
01-29-20	DMF		4.62	
01-29-20	Tourism Levy		6.34	
01-29-20	Rooms - GST		7.93	
02-03-20	GST Exempt- 120903		-15.86	

GST Summary

Registration No: **895126332**

Room 15.86

F&B 0.00

Other 21.92

**Total 37.78**

Total	329.92	0.00
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Balance Due	329.92 CDN
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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.