

## AHS Board and Executive Expense Report

**Name:** Dr Dean Ruether  
**Title:** Senior Medical Director Cancer Care Alberta  
**Location:** Calgary  
 Expenses approved during the month of December 2023

|                    |                    |          | Travel (1) |       |               |                 |                 |                                    |  |              |
|--------------------|--------------------|----------|------------|-------|---------------|-----------------|-----------------|------------------------------------|--|--------------|
| Approved<br>MMM-YY | Source<br>Document | Purpose  | Airfare    | Meals | Accommodation | Other<br>Travel | Total<br>Travel | Professional<br>Development<br>(2) | Working<br>Sessions<br>Hosting and<br>Hospitality<br>(3) | Other<br>(4) |
|                    | P-Card             | Meetings |            |       |               |                 | -               |                                    |  |              |
|                    | Expense Claim      | Meetings |            |       |               |                 | -               |                                    |  |              |
| Dec-23             | Direct Bill        | Meetings |            |       | 153           |                 | 153             |                                    |  |              |
| <b>Total</b>       |                    |          | \$ -       | \$ -  | \$ 153        | \$ -            | \$ 153          | \$ -                               | \$ -   | \$ -         |

**Total for  
the Month** \$ 153

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 143  
 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> Dr. Dean Ruether | <b>Reporting Period for the Month of :</b> Dec-23 |
|--------------------------------|---|

| Invoice Date<br>DD-MMM-YYYY    | Payment Method | Category                   | Business Reason   | Name of Vendor             | Amount Paid |
|--------------------------------|----------------|----------------------------|---|----------------------------|-------------|
| 1-Nov-23                       | Direct Billing | Hotel                      | Strategic Planning, Cancer Care Alberta - ENGAGE Phase, Cross Cancer Institute 11560 University Avenue, Edmonton, AB T6G 1Z2 Oct 31-Nov 1, 2023 | Varscona Hotel on Whyte    | \$152.62    |
|                                | 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 |             |
| <b>Total Paid in the Month</b> |                |                            |   |                            | \$ 152.62   |



**VARSCONA**  
HOTEL ON WHYTE

Alberta Health Services  
Accounts Payable  
P.O. Box 1600  
Edmonton AB T5K 1G8  
Canada

**COPY OF INVOICE**

Room No. : [REDACTED]  
Arrival : 10-31-23  
Departure : 11-01-23  
Page No. : 1 of 1  
Folio No. : [REDACTED]  
Invoice No. : [REDACTED]  
AR No. : [REDACTED]  
Conf. No. : [REDACTED]  
Cashier No. : [REDACTED]  
Custom Ref. :

Function Cost Centre: [REDACTED]  
Approving Manager: [REDACTED]  
Approving Manager Contact: [REDACTED]

Company Name : Alberta Health Services  
Group Name :  
Guest Name : Ruether, Joseph Dean Mr

| Date                 | Description               | Charges | Credits |
|----------------------|---------------------------|---------|---------|
| 10-31-23             | Package Revenue           | 143.10  |         |
| 10-31-23             | Destination Marketing Fee | 4.01    |         |
| 10-31-23             | Room GST                  | 6.89    |         |
| 10-31-23             | Tourism Levy              | 5.51    |         |
| 12-01-23             | Adj Room GST              | -6.89   |         |
| <b>Total Charges</b> |                           | 152.62  |         |
| <b>Total Credits</b> |                           |         | 0.00    |
| <b>Balance</b>       |                           |         | 152.62  |

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.