

AHS Board and Executive Expense Report

Name Deborah Apps
Title AHS Board Member
Location Calgary

Expenses approved during the month of October 2022

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)
Oct-22	P-Card Expense Claim Direct Billing	Meetings Meetings Meetings				271	- 271 -			
Total			\$ -	\$ -	\$ -	\$ 271	\$ 271	\$ -	\$ -	\$ -

Total for the Month \$ 271

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

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

Name:	Deborah Apps	Expense Period Month:	Aug-22
Address:		City:	
Province:	AB	Postal Code:	
		Country:	Canada
Reason for Expense	Attended tour of Cardston Health Centre on on August 24, 2022 and attended Human Resources Committee Meeting and tour of Chinook Regional Hospital, in person, in Lethbridge on August 25, 2022.		

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$270.60
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$270.60

SECTION 3: AUTHORIZATION

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.

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.

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.

Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Deborah Apps		Sept. 25, 2022	

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.

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.

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.

Approved by (Print Name)	Position Title/Program Group
Greg Turnbull	Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
	September 26, 2022

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.

September 26, 2022

Colleen Purdy, VP Corporate Services & CFO

Date

Carry forward from Section 1

Name:	Deborah Apps	Expense Period Month:	Aug-22
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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)

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SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the [Government of Alberta \(GOA\) Travel, Meal and Hospitality Expenses Policy](#)

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates ([Appendix C for USA](#), [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				
24-Aug-2022	Mileage from residence to Lethbridge and retrun on August 25, 2022.	Yes								519
25-Aug-2022	Parking at Lethbridge Hospital.	Yes						\$8.50		
Total: (amount auto fills to page 1)				\$0.00		\$0.00	\$0.00	\$8.50	\$0.00	519.00

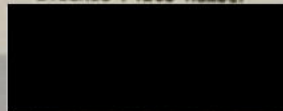
BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 262.10
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Alberta Health
Services
RECEIPT

CHINOOK
REGIONAL HOSPITAL
PARKING

License Plate Number



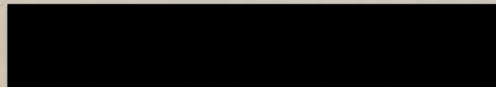
Expiration Date/Time

08:58 AM
AUG 26, 2022

Purchase Date/Time: 08:59am Aug 25, 2022

Total Due: \$8.50 Rate: 24HR-\$8.50 COIN/CARD

Total Paid: \$8.50 Pmt Type: CC (Swipe)



THANK YOU
DRIVE SAFELY