

Official Administrator and Executive Expense Report

Name Gail Hufty
Title Chief Program Officer, CancerControl Alberta (Interim)
Location Edmonton

Expenses submitted during the month of September 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-15	P-Card	Meetings				363	363			
Sep-15	Expense Claim	Meetings		224		30	254			
Sep-15	Direct Billing	Meetings	835				835			
Total			\$ 835	\$ 224	\$ -	\$ 393	\$ 1,452	\$ -	\$ -	\$ -

Total for the Month \$ 1,452

Maximum daily single meal expense claimed in the month \$ 21
 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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

HUFTY, GAIL
Cardholder's Name

████████████████████
Cardholder's Position/Title

Chief Program Officer,
CancerControl Alberta (Interim)

CANCER CONTROL ALBERTA
Cardholder's Dept

EDMONTON
Cardholder's Site/Location

Total Statement Amount:

\$ 362.84

GAIL.HUFTY@ALBERTAHEALTHSERVICES.CA
Cardholder's e-mail address

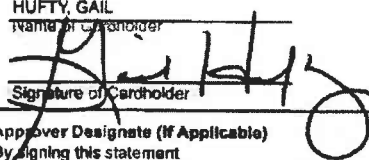
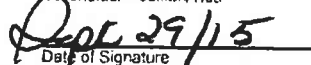
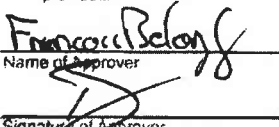

Last 6 digits of the P-Card #: ██████████

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
14/09/2015	402896211	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01	.00	Taxi from home to Edmonton Airport (Sept. 14)
16/09/2015	403043044	HPARK, AUTOMOBILE PARKING LOTS AND GARAGES	6.00	CAD	6.00	.29		Parking at Holy Cross (Sept. 16)
16/09/2015	403260892	AHS FMC PARKING I ZEAG, AUTOMOBILE PARKING LOTS AND GARAGES	6.75	CAD	6.75	.32		Parking at FMC (Sept. 16)
16/09/2015	403260893	AHS FMC PARKING I ZEAG, AUTOMOBILE PARKING LOTS AND GARAGES	14.25	CAD	14.25	.68		Parking at FMC (Sept. 16)
16/09/2015	403260895	AHS SPT PARKING PND, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		Parking at Southport (Sept. 16)
17/09/2015	403260896	AHS FMC PARKING I ZEAG, AUTOMOBILE PARKING LOTS AND GARAGES	14.25	CAD	14.25	.68		Parking at FMC (Sept. 17)
18/09/2015	403260891	BUDGET CAR AND TRUCK R, BUDGET RENT-A-CAR	229.09	CAD	229.09	.00	.00	Budget Car Rental (Sept. 14-18)

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
15/09/2015	403260894	AHS PARKING SOUTH HEAL, HEALTH PRACTITIONERS, MEDICAL SERVICES	14.25	CAD	14.25	.68		Parking at South Health Campus (Sept. 15)

Signatures		
Cardholder Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
_____ Name of Cardholder Designate	_____ Cardholder Designate Position/Title	
_____ Signature of Cardholder Designate	_____ Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
HUFFY, GAIL <small>Name of Cardholder</small>  _____ Signature of Cardholder	SENIOR OPERATING OFFICER <small>Cardholder Position/Title</small>  _____ Date of Signature	
Approver Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
_____ Name of Approver Designate	_____ Approver Designate Position/Title	
_____ Signature of Approver Designate	_____ Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
 _____ Name of Approver	VP + MED DIR, CENTRAL & J. AB <small>Approver Position/Title</small>  _____ Date of Signature	
Submit Approved Statement with Attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

BILLING REPORTING PERIOD: AUG. 21 – SEPT. 20, 2015

DETAIL TRANSACTION DESCRIPTION – P CARD STATEMENT REPORT FOR GAIL HUFTY

TRANSACTION #	DATE OF TRAVEL	TYPE OF TRANSACTION	DETAILS OF TRANSACTION	SPECIFICS
2	Sept. 14	Taxi	Taxi from home to Edmonton Airport	Meetings in Calgary Sept. 14 – 17 <ul style="list-style-type: none"> • PRC L302-S • 1:1 Teresa D. • Vision and Strategic Priorities • Retirement for Dr. Peter C. • Holy Cross Staff Meeting • CancerControl Radiation Therapy Capital Replacement Plan • TBCC Long Service Awards • 1:1 Michael C. • CCELC • Phase I Trial at TBCC Meetings in Red Deer Sept. 18 <ul style="list-style-type: none"> • Cancer Care Ethics Education Day
3	Sept. 15	Parking	Parking at South Health Campus	
4	Sept. 16	Parking	Parking at Holy Cross	
5	Sept. 16	Parking	Parking at Foot Hills Medical Centre	
6	Sept. 16	Parking	Parking at Foot Hills Medical Centre	
7	Sept. 16	Parking	Parking at Southport	
8	Sept. 17	Parking	Parking at Foot Hills Medical Centre	
9	Sept. 14-18	Car Rental	Budget Car Rental	

FRANCIS LTD 866
10125 51 Avenue NW
Edmonton AB T6H 3C2
780-462-4444

Term Id:4582412509411
Item #:1368
MasterCard
PURCHASE
Op Id:212568
Card [REDACTED]

AID:A0000000041010

APPROVED

AMOUNT 63.25
TIP 0.00

TOTAL 63.25

Ref. [REDACTED]
Auth. [REDACTED]
Resp. [REDACTED]
TUR: 40000000
TSI: E800

Book on line at
EDTAXI.COM
Thank you for being our guest
GST 862184769

Date: 2015/09/14 Time: 17:51:50

Responser: AUTO [REDACTED]
APPROVED

RECEIPT

License Plate Number

Expiration Date/Time

11:01 AM
SEP 16, 2015

Purchase Date/Time: 09:31am Sep 16, 2015
Total Due: \$6.00 Rate: 1 HR 30 MIN
Total Paid: \$6.00 Payment Type: Card
Ticket [REDACTED]
S/N #: 52001408043
Setting: Holy Cross
Mach Name: Holy Cross West

Card [REDACTED] MasterCard

Auth [REDACTED]

RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

ALBERTA HEALTH SERVICES
FMC Lot 1

ENTRY DATE/TIME: 16/09/15 09:00
PAY DATE/TIME: 16/09/15 09:05
PARK-DUR.: HRS:MIN 0:01:33

ALLOWED EXIT TO: 16.09.15 09:20

PAID: \$ 6.75
MASTER CARD

Alberta Health Services
FMC Lot 1

RECEIPT H1

IN: 17.09.15 08:26
OUT: 17.09.15 17:40
DUE: 0:09:14

PAID: 14.25

KIND OF PAYMENT: MASTER CARD

REF. 69

ALBERTA HEALTH SERVICES
FMC Lot 1

RECEIPT

ENTRY DATE/TIME:

16/09/15 12:37

PAY DATE/TIME:

16/09/15 14:28

PAID: \$ 14.25

17.09.15 12:52

PAID: \$ 14.25

MASTER CARD

PLACE ON DASH FACE UP PLACE ON DASH FACE UP PLACE ON DASH FACE UP

ALBERTA HEALTH SERVICES
SPT-1 GST R124072513
EXPIRES

17 SEP 15
10:54 AM PAID \$ 15.00C

ENTRY TIME 16 SEP 15 10:54 AM
SPACE 17

PLACER SUR LE TABLEAU DE BORD CE COTE VISIBL PLACER SUR LE TABLEAU DE BORD CE COTE VISIBL PLACER SUR LE TABLEAU DE BORD CE COTE VISIBL

EXPIRES

17 SEP 15
10:54 AM
PAID \$ 15.00C

RECEIPT SPACE 17

RECEIPT

Rental Agreement Number: [REDACTED]
Vehicle Number: [REDACTED]

YOUR INFORMATION

HUFTY, GAIL
BUDGET DISC: (a)
ALBERTA PROVINCIAL GOVERNMENT
PAYMENT METHOD: [REDACTED]

YOUR RENTAL

Picked up: YYC
Date/Time: SEP 14, 2015@08:39PM
Returned: YYC
Date/Time: SEP 18, 2015@05:09PM
Veh Group: Intermediate
Veh Charged: Intermediate
Vehicle: CHEVROLET CRUZE
Odometer Out: 71046
Odometer In: 71527
Fuel Reading: Full

YOUR VEHICLE CHARGES

4 DY@ 39.00 156.00
YOUR TIME AND MILEAGE: 156.00

YOUR TAXABLE FEES

GST TAX 10.91
**15.61% FEE 26.22
CUST FAC CHARGE 6.00/DY 24.00
VEH LIC FEE 11.96

YOUR SUBTOTAL
TAXABLE SUBTOT 218.18
PST .000% .00

YOUR NON TAXABLE ITEMS

TOTAL CHARGES 229.09
NET CHARGES 229.09
YOUR TOTAL DUE: 0.00

PAID ON MASTER [REDACTED]
**CONCESSION RECOVERY FEE

THANK YOU FOR RENTING WITH BUDGET

GST NO 104285754rt0001

For inquiries or e-receipt visit
WWW.BUDGET.COM

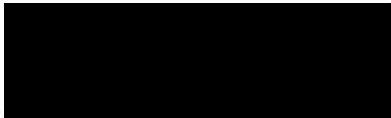
or call 403-226-1550



Alberta Health Services

Sept. 29, 2015

Alberta Health Services



Attention: Finance/Accounts Payable

Re:

I, Gail Hufty, attest that the parking expense listed below was incurred related to AHS business and was not previous claimed. The receipt was not dispensed.

**South Health Campus Parking - \$14.25 (Sept. 15/15)

Sincerely,

Gail Hufty
Acting Chief Program Officer
CancerControl, AB

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
HUFTY, GAIL L	Chief Program Officer, Cancer Control Alberta (Interim)	Edmonton	253.95

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/14/2015	Multiple Meetings in Calgary Sept. 14		Meals Per Diem	20.75			Dinner	1			
9/18/2015	Cancer Care Ethics Education Day in Red Deer Sept. 18		Meals Per Diem	29.95			B/F & Dinner	1			
9/21/2015	Tertiary and Regional Cancer Centres Oncologists & Medical Leaders Meeting		Meals Per Diem	29.95			B/F & Dinner	1			
9/15/2015	Vision and Strategic Priorities in Calgary Sept. 15		Meals Per Diem	29.95			B/F & Dinner	1			
9/16/2015	Multiple Meetings in Calgary Sept. 16		Meals Per Diem	41.55			B/F,Lunch & Dinner	1			
9/17/2015	CCELC in Calgary Sept. 17		Meals Per Diem	41.55			B/F,Lunch & Dinner	1			
9/22/2015	Edmonton airport to home - Car rental		Mileage	30.30	Edmonton	Home		1			60
9/22/2015	All Leaders Meeting in Lacombe		Meals Per Diem	29.95			B/F & Dinner	1			
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		14-Oct-15							

Executive Expenses Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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**

Name : Gail Hufty	Reporting Period for the Month of : [REDACTED]	Sept-15
--------------------------	---	---------

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
[REDACTED]					
24-Sep-2015	Direct Billing	Airline Ticket	Inv [REDACTED] Mtgs in Calgary Sept. 28 - C-MORE Long Service Awards, 1:1 Shawna S.	Marlin Travel	344.48
28-Sep-2015	Direct Billing	Airline Ticket	Inv [REDACTED] Flight Change Fee	Marlin Travel	75.00
29-Sep-2015	Direct Billing	Airline Ticket	Inv [REDACTED] Mtgs in Calgary Oct. 5 - PRC for TBCC, Holy Cross Staff meeting	Marlin Travel	415.16
Total Paid in the Month					[REDACTED]

\$834.64

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: September 24, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS GAIL HUFTY
AC [REDACTED]

Monday, September 28, 2015

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 28Sep15
AIR CANADA E
SEAT 3C - HUFTY/GAIL MS
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

Flight: 8133 W CLASS
07:00 AM **Equipment:** CRJ JET
07:49 AM

Mile(s) Flown: 163

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 28Sep15
AIR CANADA E
SEAT 3C
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

Flight: 8150 W CLASS
04:00 PM **Equipment:** DH4
04:49 PM

Mile(s) Flown: 163

Cost:
AIR CANADA [REDACTED]

[REDACTED]

Tax: 74.96
Ticket Total: 344.48

269.52

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: September 28, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS GAIL HUFTY
AC [REDACTED]

Monday, September 28, 2015

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 28Sep15
AIR CANADA E
SEAT 3C
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

Flight: 8150 W CLASS
04:00 PM **Equipment:** DH4
04:49 PM

Mile(s) Flown: 163

Cost:
AIR CANAD [REDACTED] 75.00

Total:

Grand Total:	75.00
Less Credit Card Payments:	75.00
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	344.48
Total Charges Previous Invoices:	344.48
Total Balance Due:	0.00

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: September 29, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS GAIL HUFTY
AC [REDACTED]

Sunday, October 4, 2015

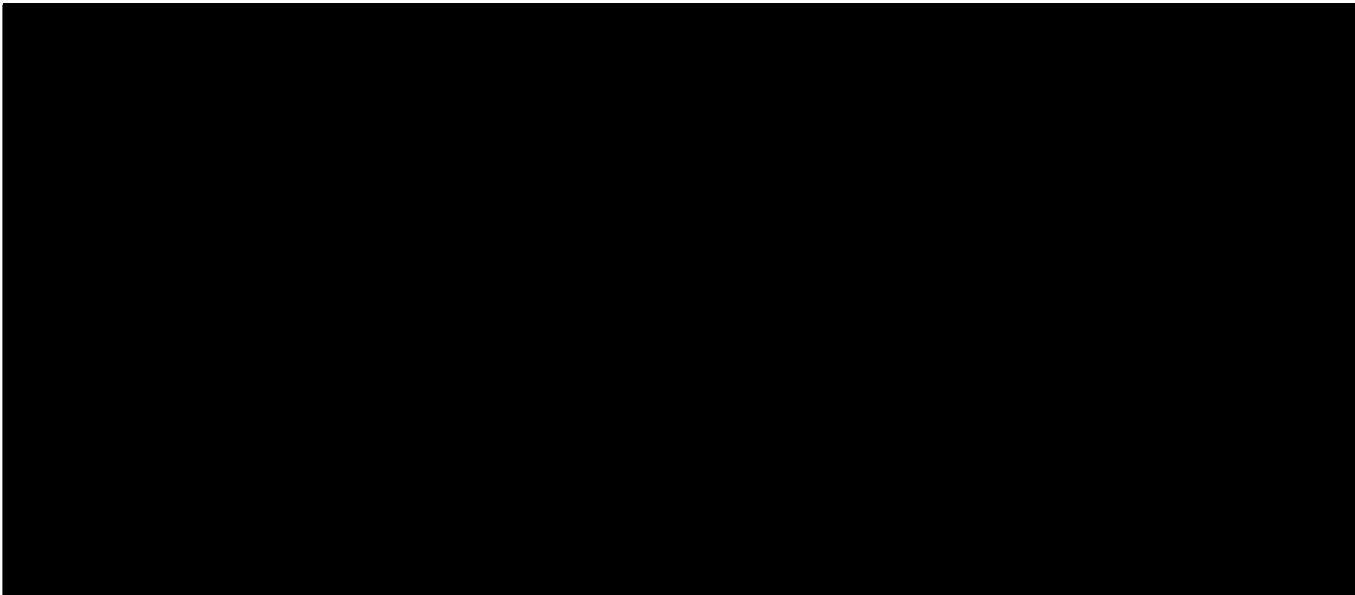
✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 04Oct15

Flight: 8171 W CLASS
07:00 PM Equipment: DH4
07:52 PM

Mile(s) Flown: 163

AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2C



To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: September 29, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Monday, October 5, 2015

 Air

AIR CANADA
From: CALGARY AB Flight: 8140 U CLASS
To: EDMONTON INTL AB 02:30 PM Equipment: D8 (300 SERIES)
Stops: 0 Arrival: 05Oct15 03:22 PM Mile(s) Flown: 163
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2C

Cost:

AIR CANADA WE [REDACTED]	[REDACTED]	340.20
	Tax:	74.96
	Ticket Total:	415.16
Total:	Grand Total:	415.16
	Less Credit Card Payments:	415.16
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT... VISA.. TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.