

Official Administrator and Executive Expense Report

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

Expenses submitted during the month of November 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)
Nov-15	P-Card	Meetings			179	306	485			
Nov-15	Expense Claim	Meetings		42			42			
Nov-15	Direct Billing	Meetings	463				463			
Total			\$ 463	\$ 42	\$ 179	\$ 306	\$ 990	\$ -	\$ -	\$ -

Total for the Month \$ 990

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 159
 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, Cancer Control Alberta (Interim)

CANCER CONTROL ALBERTA

EDMONTON

Cardholder's Dept

Cardholder's Site/Location

Total Statement Amount:

\$ 485.08

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	Freigh	Description
20/10/2015	406906664	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	55.10	CAD	55.10	2.62	.00	Taxi TBCC to Calgary Airport (Oct. 14)
21/10/2015	407123286	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	15.87	CAD	15.87	.76	.00	Taxi Sun life Place to Cross Cancer Institute (Oct 21)
27/10/2015	407686949	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01	.00	Taxi Home to Edmonton Airport (Oct. 27)
28/10/2015	407917733	CHECKER CABS LTD., LIMOUSINES AND TAXICABS	12.00	CAD	12.00	.57	.00	Taxi Aloft Hotel to TBCC (Oct. 28)
28/10/2015	407917734	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01	.00	Taxi Edmonton Airport to Home (Oct. 28)
28/10/2015	407917736	ALOFT CALGARY UNIVERSI, aloft(hotels)	178.51	CAD	178.51	26.78	.00	Hotel one night accommodation (Oct. 27)
29/10/2015	407917735	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	47.70	CAD	47.70	2.27	.00	Taxi Calgary Airport to Aloft Hotel (Oct. 27)
03/11/2015	408534043	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	49.40	CAD	49.40	2.35	.00	Taxi TBCC to Calgary Airport (Oct. 28)

✓
✓
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✓

Signatures

Cardholder Designate (if Applicable)

By signing this statement

- 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.

Lisa Brook
Name of Cardholder Designate

Executive Administrative Coordinator
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

Nov. 30/15
Date of Signature

Cardholder Designate (if Applicable)

By signing this statement

- 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.

HUFTY, GAIL
Name of Cardholder

SENIOR OPERATING OFFICER
Cardholder Position/Title

[Signature]
Signature of Cardholder

Nov 26/15
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- 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.

Nancy Guebert
Name of Approver Designate

Chief Program Officer
Approver Designate Position/Title

[Signature]
Signature of Approver Designate

Dec 2/15
Date of Signature

Approver Designate

By signing this statement

- 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.

Lauralee Clarke
[Signature]

Executive Associate
Approver Position/Title

Dec 4/15
Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- 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:

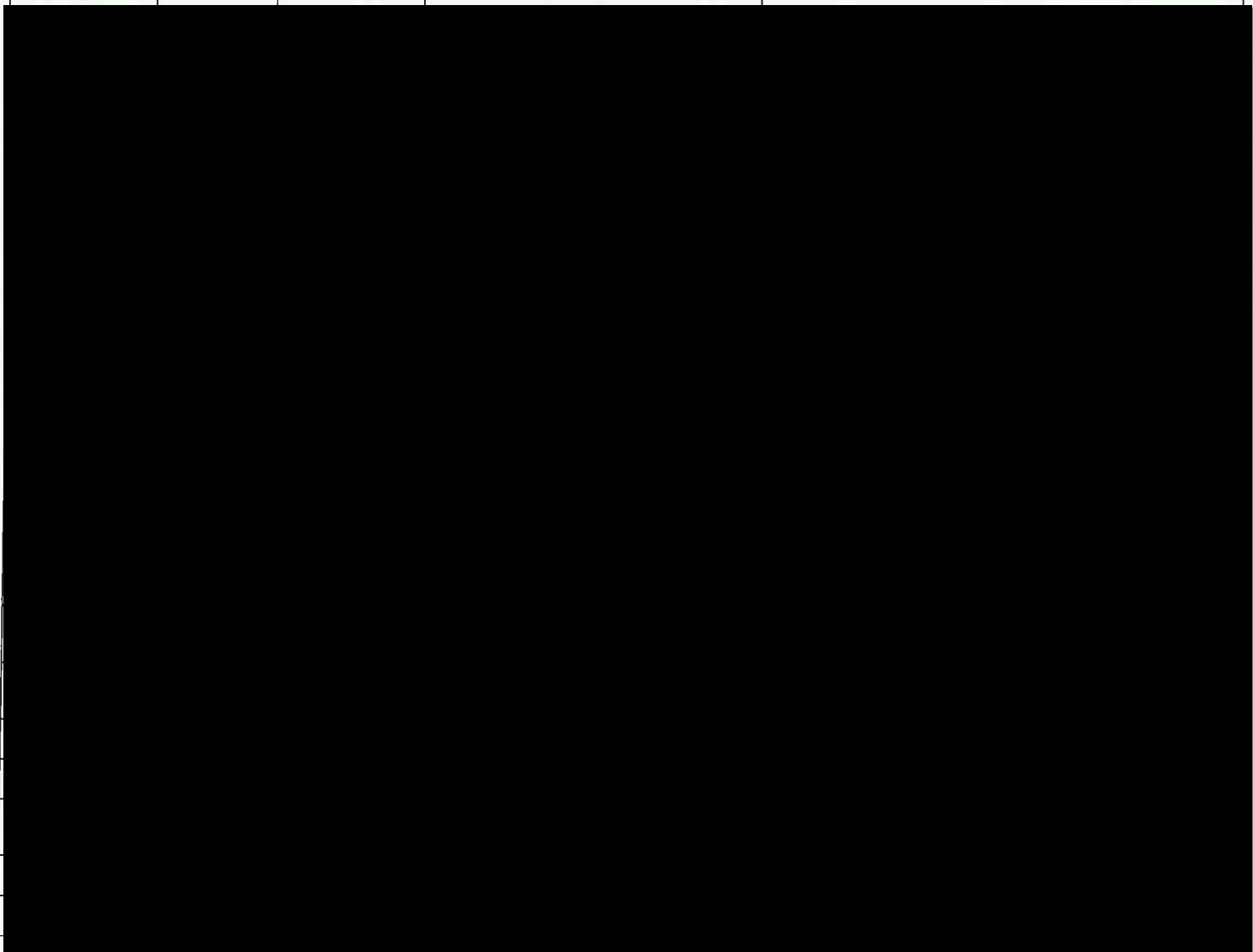
Reference #: _____

Reviewed by: _____

Date: _____

BILLING REPORTING PERIOD: OCTOBER 21 – NOVEMBER. 20, 2015
DETAIL TRANSACTION DESCRIPTION – PCARD STATEMENT REPORT FOR GAIL HUFTY

TRANSACTION #	DATE OF TRAVEL	TYPE OF TRANSACTION	DETAILS OF TRANSACTION	SPECIFICS
1	Oct. 14	Taxi	TBCC to Calgary Airport	Meetings in Calgary on Oct. 14 <ul style="list-style-type: none"> • Dr. S. Verma • Continuous Improvement.
2	Oct. 21	Taxi	Sun Life Place to CCI	Meetings at CCI on Oct. 21 <ul style="list-style-type: none"> • UNA Meeting
3	Oct. 27	Taxi	Home to Edmonton Airport	Meetings in Calgary Oct. 28 <ul style="list-style-type: none"> • TBCC & UNA Update • Media Event – Premier Announcement • 1:1 Michael C. • 1:1 Teresa D.
4	Oct. 28	Taxi	Aloft Hotel to TBCC	
5	Oct. 28	Taxi	Edmonton Airport to home	
6	Oct. 27	Hotel	One night accommodation	
7	Oct. 27	Taxi	Calgary Airport to Aloft Hotel	
9	Oct. 28	Taxi	TBCC to Calgary Airport	



ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299 1111
INSIST ON THE PROFESSIONALS

DATE: 2015/10/14
PICK-UP TIME: 16:01
DROP-OFF TIME: 16:47
TRIP ID: 0
LOCATION: 073000-450241P3787
CAR NUMBER: 0024
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$) : 47.60
EXTRA (\$) : 0.00
SUBTTL (\$) : 47.60

TIP (\$) : 7.50

TOTAL (\$) : 55.10

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299 1111
INSIST ON THE PROFESSIONALS

Term Id:4502412509415
Item #:0928
MasterCard
PURCHASE
Op Id:212227
Card #: [REDACTED]

AID:A0000000041010

APPROVED

AMOUNT CAD\$13.80
TIP CAD\$2.07
=====

TOTAL CAD\$15.87

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Resp. Code: 00
TUR: 4000000000
TSI: E800

Book on line at
EDMTAXI.COM
Thank you for being our guest
GST 062184769

Date: 2015/10/21 Time: 12:54:46
Response: AUTH [REDACTED]

CUSTOMER COPY

PRESTIGE CAB'S
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-462-4444

Term Id:4502412509415
Item #:0956
MasterCard
PURCHASE
Op Id:212277
Card #: [REDACTED]

AID:A0000000041010

APPROVED

AMOUNT CAD\$55.00
TIP CAD\$8.25
=====

TOTAL CAD\$63.25

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Resp. Code: [REDACTED]
TUR: [REDACTED]
TSI: E800

Book on line at
EDMTAXI.COM
Thank you for being our guest
GST 062184769

Date: 2015/10/27 Time: 17:53:10
Response: AUTH [REDACTED]

CUSTOMER COPY

TERMINAL ID: 514 051 556
MERCHANT ID: 43200506
VENDOR ID: 0006
DRIVER ID: 0002
GST ACCOUNT ID: 071020920
TRIP NUMBER: 00000002
PASSAGE ID: [REDACTED]

TO: 28 2015
START: 07:25
DISTANCE: 22.00

FARE AMOUNT: [REDACTED]

TAX AMOUNT: 4.00
TIP AMOUNT: 4.00

TOTAL : 4 12.00

MASTER CARD SALE : [REDACTED]

APPROVAL NUMBER : [REDACTED]

PASSENGER COPY

Thank you
CALL US AT 299 1111
WWW.THECHECKERGROUP.COM



ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299 1111
INSIST ON THE PROFESSIONALS

Term Id:4502412509415
Item #:0962
MasterCard
PURCHASE
Op Id:212227
Card #: [REDACTED]

AID:A0000000041010

APPROVED

AMOUNT CAD\$55.00
TIP CAD\$8.25
=====

TOTAL CAD\$63.25

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Resp. Code: [REDACTED]
TUR: [REDACTED]
TSI: E800

Book on line at
EDMTAXI.COM
Thank you for being our guest
GST 062184769

Date: [REDACTED]

CUSTOMER COPY

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299 1111
INSIST ON THE PROFESSIONALS

DATE: 2015/10/27
PICK-UP TIME: 20:06
DROP-OFF TIME: 20:28
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER: 0349
DRIVER: 958943
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$) : 41.70
EXTRA (\$) : 0.00
SUBTTL (\$) : 41.70

TIP (\$) : 6.00

TOTAL (\$) : 47.70

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Aloft Calgary University
2359 Banff Trail NW
Calgary, AB T2M 4LZ
Canada
Tel: 403-289-1973 Fax: 403-282-1241



Gail Hufty



Page Number	:	[REDACTED]	Invoice Nbr	:	[REDACTED]
Guest Number	:	[REDACTED]			
Folio ID	:	[REDACTED]			
		27-OCT-15	20:29		
		28-OCT-15	06:53		
		1			
		[REDACTED]			

Tax Invoice

Tax ID : 893755702RT0001

Aloft Calgary Univ 28-OCT-15 07:00 ROBCOKE

Date	Description	Charges (CAD)	Credits (CAD)
27-OCT-15	Room Charge	159.00	
27-OCT-15	Goods And Services Tax (GST)	8.19	
27-OCT-15	Alberta Tourism Levy	6.55	
27-OCT-15	Destination Marketing Fee	4.77	
28-OCT-15	MasterCard / Diners Intl		-178.51
For Authorization Purpose Only			
27-OCT-15	[REDACTED] ed	206.7	
	** Total	178.51	-178.51
	*** Balance	0.00	

Continued on the next page

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NW (403) 299-1111
INSIST ON THE PROFESSIONALS

9

DATE: 2015/10/23
PICK-UP TIME: 13:20
DROP-OFF TIME: 13:55
TRIP ID: 0
LOCATION: 073000-4502418377
CAR NUMBER: 8324
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: 155354

FARE (\$): 42.40
EXTRA (\$): 0.00
SUBTTL (\$): 42.40

TIP (\$): 7.00

TOTAL (\$): 49.40

CHECKER/YELLOW CAB
316 MERIDIAN ROAD SE
CALGARY, AB T2A 1X2

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	41.55

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/27/2015	Travelling on an evening flight to Calgary		Meals Per Diem	20.75			Dinner	1			
10/28/2015	Attending multiple meetings in Calgary		Meals Per Diem	20.80			B/F & Lunch	1			
Approver(s) for the claim		Approval Status	Approval Date								
GUEBERT, NANCY COLLEEN		Approve	1-Dec-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 : Nov-15
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
14-Sep-2015	Direct Billing	Airline Ticket	Inv # [REDACTED] Flight Change Fee Depart on Sept 14 instead of Sept. 13 Mtgs in Calgary: Sept 15 Vision & Strategic Priorities) Sept.16 Retirement for Peter C, Holy Cross Staff Meeting, CCA Radiation Therapy Capital Replacement Plan, TBCC Long Service Awards, 1:1 Michael C. Sept. 17 1:1 Kira K, CCELC, Phase 1 Trail at TBCC Mtgs in Red Deer: Sept. 18 Cancer Care Ethic Education Day, Dept. of Oncology Recognition Sept. 21 Tertiary & Regional Cancer Centre Oncologists & Medical Leaders	Marlin Travel	50.00
23-Sep-2015	Direct Billing	Airline Ticket	Inv [REDACTED] Mtgs in Calgary Flight Change Fee No Longer travelling to Calgary	Marlin Travel	50.00
27-Oct-2015	Direct Billing	Airline Ticket	Inv [REDACTED] Mtgs in Calgary: Oct. 28 TBCC & UNA, Media Event, 1:1 Michael C. 1:1 Teresa D	Marlin Travel	363.08
Total Paid in the Month					\$ 463.08

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: December 14, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MS GAIL HUFTY
AC [REDACTED]

Monday, September 14, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB Flight: 8171 M CLASS
To: CALGARY AB 07:00 PM Equipment: D8 (300 SERIES)
Stops: 0 Arrival: 14Sep15 07:55 PM Mile(s) Flown: 163
AIR CANADA E
AIR CANADA CO [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 6C

Cost:

AIR CANADA WEB [REDACTED] 50.00

Total:

Grand Total:	50.00
Less Credit Card Payments:	50.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

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: December 14, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MS GAIL HUFTY
AC [REDACTED]

Wednesday, September 23, 2015

 **Air**

AIR CANADA **Flight:** 8140 U CLASS
From: CALGARY AB 02:30 PM
To: EDMONTON INTL AB 03:19 PM
Stops: 0 **Arrival:** 23Sep15
Seat(s): 5C
AIR CANADA [REDACTED]
TICKET NUM [REDACTED]

Cost:

AIR CANADA [REDACTED] 50.00

Total:

Grand Total:	50.00
Less Credit Card Payments:	50.00
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.....

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

Branch:

Agent:

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

Invoice Number:

Date: October 26, 2015

Page: 1/2

Our Reference:

INVOICE

For

MS GAIL HUFTY

A

Tuesday, October 27, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 27Oct15
AIR CANADA E
SEAT 11D

Flight: 8173 V CLASS
07:00 PM Equipment: DH4
07:50 PM

Mile(s) Flown: 163

Wednesday, October 28, 2015

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 28Oct15
AIR CANADA E
SEAT 3C

Flight: 8156 V CLASS
03:30 PM Equipment: D8 (300 SERIES)
04:22 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB

288.12

Tax: 74.96

Ticket Total: 363.08