

AHS Board and Executive Expense Report

Name Glenda Yeates
Title AHS Board Member

Location Edmonton

Expenses submitted during the month of March 2018

						Travel (1)					
										Working	
										Sessions	
							0.1		Professional	Hosting and	0.11
	Source	_					Other	Total	Development	Hospitality	Other
MMM-YY	Document	Purpose	Airfare	Meals	Acc	commodation	Travel	Travel	(2)	(3)	(4)
Mar-18	Expense Claim	Meetings	79	1:	22		393	594			
Mar-18	Direct Billing	Meetings	1,581			603		2,184			
Total			\$ 1,660	\$ 12	22 \$	603	\$ 393	\$ 2,778	\$ -	\$ -	\$ -

Total for

the Month \$ 2,778

Maximum daily single meal expense claimed in the month \$ 21 Maximum daily base hotel rate claimed in the month \$ 179 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#	
AHS - AP Processing - Internal Use Only	
Voucher#	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

					 -					
SECTION	1: PAYE	E INFORM	ATION							- 11
Name:	Glenda Y	eates					Expens Month:	e Period	Mar-18	
Address:					City:					
Province:			F	Postal Code:		Country	:	Canada		
Reason for	Expense				ir Quality & Safety Co S Dispatch and Air An		and the second of the second			end
SECTION	l 2: FINAI	NCE CODII	NG & TOTAL CLA	IM						
<u>Descr</u>	iption	Corp/BU/O rg	<u>Location</u> (If applicable)	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	unctional htre/Primary	1000	ense/ ary Acct	(Note: Th	<u>Total</u> nis column will au	ıto fill)
Meals (A)		101	0005	711	10300000	4500	0000	distant.	\$122.20	
Travel Exp	(B+C+E)	101	0005	711	10300000	6221	2000		\$471.30	/
Other (D)		101	0005	711	10300000	4109	0000		\$0.00	7
			TO	OTAL AMOUNT	PAYABLE BY ACCO	UNTS PA	YABLE		\$593.50	AK
				SECTION 3: A	UTHORIZATION	7,614		4045H		
I attest the ex my behalf fro	kpenses enclo om Alberta He expenses subi frint Name)	osed in this clain ealth Services o	n are for valid business p r any other Organization. aim have been incurred b Signature: I, by s	urposes for Alberta by using a cost effec	penses, and confirm expense Health Services Board and t tive method, otherwise ratio hat I am compliant to all the above	nat this claim	m has not	been previo	usly claimed by me	
I attest the ex claimant or o	openses enclo n their behal	osed in this clair f from Alberta I	Il applicable policies of the name of the	at pertain to these urposes for Alberta er Organization.	expenses, and confirm expe Health Services Board and t	nses being o	claimed a	re in complia	usly claimed by the	
Approved b			aim have been incurred b	y using a cost effec	tive method, otherwise ration Position Title/Program		ipporting	anaiysis is pi	ovided below.	
Linda Hug		,			Board Chair	Огоир				
Signature:	I, by signing this	form, attest that	am compliant with all the above	ve statements				Date Apr	lu/18	
Health and Pers	sonal informatio	n on this form is co	ollected by AHS under the auth of Privacy (FOIP) Act.				(5)	100	(1/18 (1/18 ces & CFO	_0

For payment please submit to:

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

Carry fo	Carry forward from Section 1					
Name:	Glenda Yeates	Expense Period Month:	Mar-18			

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)

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).

	10,173,174,175,175,175,175,175,175,175,175,175,175		Meal (A	llowand	e OR Re	ceipt)(A)				
<u>Date</u>	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method	Allowance Within Canada		With Receipt <u>or</u> Allowance Outside Canada		Accom- modation	<u>Transportation</u> (Flight, Car Rental, Fuel, Parking, Taxi)	Other (Itemize) (D)	Mileage km (E)
	point, details of experiulture,	used?	Meal Type	Allow- ance	Meal Type	<u>Amount</u>	(5)	(C)	(5)	# 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1
13-Mar-2018	Taxi from residence to Ottawa Airport to attend Finance Committee; Chair Quality & Safety Committee mtgs on March 14, 2018.	Yes			(A			\$35.25	✓	
13-Mar-2018	Taxi from YEG to hotel.	Yes	LD-\$32.35	\$32.35	/			\$62.75	/	
14-Mar-2018	Taxi from SSP to YEG	Yes						\$71.76	✓	
14-Mar-2018	Taxi from Calgary Airport to pick up personal car at daugher's residence.	Yes	BD-\$29.95	\$29.95	/			\$31.40	/	
25-Mar-2018	Mileage from Canmore residence to Calgary Airport to attend Private/Public Board Meetings in Edmonton.	Yes	D-\$20.75	\$20.75	/					122
26-Mar-2018	Per diems.	Yes	BD-\$29.95	\$29.95	/					
27-Mar-2018	Per diem.	Yes	B-\$9.20	\$9.20	/					
27-Mar-2018	Change Fee to take an earlier flight as bad weather imminent.	Yes						\$78.75	/	
27-Mar-2018	Taxi from Calgary Airport to pick up car at family member's residence.	Yes						\$34.39	✓	
27-Mar-2018	Mileage from Calgary to Canmore residence.									122
	Total: (amount auto fills to	page 1)		\$122.20	/	\$0.00	\$0.00	\$314.30	\$0.00	244.00

BOARD MEMBER Mileage Rate 0.505 Total Mileage \$ 123.22

Created: November 01, 2013 Rev 11 eff April 07, 2017

Carry fo	arry forward from Section 1						
Name:	Glenda Yeates	Expense Period Month:	Mar-18				

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)

SECTION 4B: BOARD MEMBER - TRAVEL EXPENSE CLAIM

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trippend	Appendix L) for interna	Meal (Allowance OR Receipt)(A)							
<u>Date</u>	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	method	thod Within Car				Accom- modation	<u>Transportation</u> (Flight, Car Rental, Fuel, Parking, Taxi)	Other (Itemize)	Mileage km (E)
	point, details of experiencer	used?	Meal Type	Allow- ance	Meal Type	Amount	(5)	(C)	,	
3-Apr-2018	Taxi from Ottawa Airport to residence.	Yes						\$33.78	/	
		5-778 SW-33-3-W-3				es (1) Essere r				
		15								
	Total: (amount auto fills to	page 1)		\$0.00		\$0.00	\$0.00	\$33.78	\$0.00	0.00

BOARD MEMBER Mileage Rate 0.505 Total Mileage s



MADE TO SERVE TO SERVER TO racin parties in rectaining ex-DM- 49-37 THE MELINE ata. irts CH MA



\$35.25



APPROVED - THANK YOU (01-027)

importants Retain this copy for your records

Sustiner Cipy

Thank you for choosing co-op tax:

\$62.75

GREATER EDMONTON TAXE SERVICE 10135 31 AVE NW EDMONTON AB

CARD VISA 2018/03/14 DATE TIME INVOICE # RECEIPT NO AMOUNT. \$62.40

\$9.36 TOTAL

CAS Ldm. Air port Marketing.

APPROVED

AUTH# THANK TO

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456 BARREL TAX: 780.489.7777 EDMTAXI.COM GST 100403070









\$33.78

\$31.40

\$34.39

CUSTOMER COPY



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 	er you have expenses to report in the	is section for this reporting period:	YES	
Name :	Glenda Yeates	Reporting Period for the Month of	: Mar-18	

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
13-Mar-2018	Direct Billing	Airline Ticket	Flight from Ottawa to Edmonton to attend Finance Committee Meeting and Chair Quality & Safety Committee Meeting on March 14, 2018 and return flight to Calgary (Invoice	Marlin Travel	621.86
13-Mar-2018	Direct Billing	Hotel	One night accommodation to attend the above meetings.	Other	200.96
25-Mar-2018	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton to Private/Public Board Meetings and Tour of EMS Dispatch and Air Ambulance on March 26th and 27th (Invoice and return to Calgary on March 27th.	Marlin Travel	423.86
25-Mar-2018	Direct Billing	Hotel	Two nights accommodation to attend the above named meetings.	Other	401.92
3-Apr-2018	Direct Billing	Airline Ticket	Flight from Calgary to Ottawa (Invoice	Marlin Travel	535.31
Total Paid in the	Month				\$ 2,183.91



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Trip #:

Booking Date: 27 Feb 18

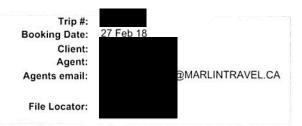
Client: Agent:
Agent: @MARLINTRAVEL.CA

File Locator:

PASSENGERS: MS GLENDA YEATES

REFERENCE/ DESCRIP	TION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	1
AIR CANADA Ticket #				549.90	0.00	\$0.00	71.96	0.00	621.86	CAD
			Total:	549.90	0.00	0.00	71.96	0.00	621.86	CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form of	Payment			Amount	
)2/27/2018)2/27/2018							0.00 621.86	CAD CAD
							Total Pa	yment:	621.86	CAD
					Ва	alance Du	e CAD Cui	rency	0.00	CAD
				Total GS	т	0.00	Tota	al HST	\$0.00	
CORPORATE UNIT 101 REASON FOR TRAVEL		IG								

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4



27 Feb 18

Booking Date:

MY ITINERARY

 Passengers
 Citizenship
 Required Travel Documents

 GLENDA YEATES
 Not Specified
 Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	GLENDA YEATES			File Locator/Ticket #:	
Airline	Flight	From	Terminal	То	Class/Seat Stops
AIR CANADA	00449	OTTAWA INTL 13 Mar 18 11:00AM		TORONTO PEARSON 13 Mar 18 12:06PM	G/
AIR CANADA	00167	TORONTO PEARSON 13 Mar 18 1:25PM		EDMONTON INTL 13 Mar 18 3:38PM	G/





Passengers: GLENDA YEATES

Booking Date: 27 Feb 18
File Locator/Ticket #:

Airline Flight From Terminal To Class/Seat S

AirlineFlightFromTerminalToClass/SeatStopsAIR CANADA08155EDMONTON INTLCALGARY INTLG/

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada

Tel: 780-426-3636 Fax: 780-428-1454

WESTIN

HOTELS & RESORTS

Invoice Nbr

Glenda Yeates

Page Number : Guest Number : Folio ID :

Arrive Date : 13-MAR-18 16:07
Depart Date : 14-MAR-18 10:11

No. Of Guest : 1

Room Number : Club Account :

AR Account : Alberta Health Services

Сору

Tax ID: 815461330RT0001

	Charges (CAD)	Credits (CAD)
Room Charge	179.00	
GST	9.22	
Destination Marketing Fee	5.37	
Tourism Levy	7.37	
Transfer to A/R		-200.96
(4.7.4)	200.05	200.05
** Iotal	200.96	-200.96
	GST Destination Marketing Fee Tourism Levy	GST 9.22 Destination Marketing Fee 5.37 Tourism Levy 7.37 Transfer to A/R ** Total 200.96

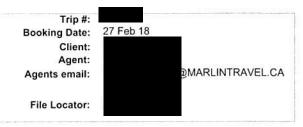
STAY LONGER - Enjoy more time to explore your destination with the benefits of Westin Weekend, from extended breakfast hours to late Sunday checkouts. Book your next Westin Weekend at westin.com/weekend

Continued on the next page



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4



PASSENGERS: MS GLENDA YEATES

REFERENCE/ DESC	RIPTION		FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	_
AIR CANADA Tick	et #		348.90	0.00	\$0.00	74.96	0.00	423.86	CAD
	779	Total:	348.90	0.00	0.00	74.96	0.00	423.86	CAD
PAYMENTS	Invoice #	Payment Date Card Holder		Form o	f Payment	Payment			
		02/27/2018						0.00	CAD
		02/27/2018						423.86	CAD
						Total Pa	ayment:	423.86	CAD
	UII		Balance Due CAD Currency					0.00	CAD
CORPORATE UNIT	101		Total GS	ST	0.00	Tota	al HST	\$0.00	(
	VEL BOARD MEETIN	IG							
FLIGHT TIME CHAN WWW.AIRCANADA	NGE FEES PLUS AN .COM TO CHECK IN	TICKET IS NON REFUNDABLE CHAN Y FARE INCREASE WILL APPLY 24H AND PRINT YOUR BOARDING PASS **** AFTER HOURS EMERGENCY HE DE OF TOLL FREE AREA CALL COLL	OURS IN ADVA SELP DESK WITH	ANCE GO TO) . OR UNIT	ED			
CODE 2EC0 *******	**************	SECRETOR FREE AREA CALL COLL ***********************************	YOUR ITINERA	ARY FOR AC	CURACY	***			
		TS ASSOCIATED WITH MAKING COF							

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET **EDMONTON AB** T5J 3E4

Trip #: 27 Feb 18 **Booking Date:** Client: Agent: MARLINTRAVEL.CA Agents email: File Locator:

MY ITINERARY

Passengers

Citizenship

Required Travel Documents

GLENDA YEATES

Not Specified

Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

GLENDA YEATES Passengers:

Booking Date: File Locator/Ticket #:

27 Feb 18

Airline

AIR CANADA

Flight 08154

CALGARY INTL

Terminal

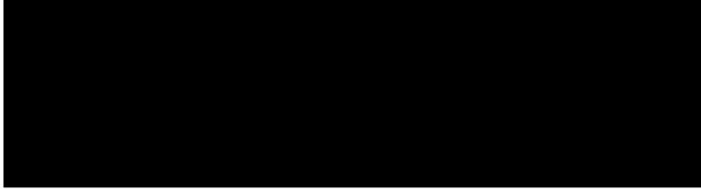
To

Class/Seat

Stops

EDMONTON INTL

25 Mar 18 8:10PM 25 Mar 18 9:04PM





AIR

GLENDA YEATES Passengers:

Booking Date: File Locator/Ticket #: 27 Feb 18

Airline

Terminal

Class/Seat

Flight 08149

EDMONTON INTL

CALGARY INTL

AIR CANADA

27 Mar 18 3:25PM

27 Mar 18 4:17PM

Stops

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7

Canada

Tel: 780-426-3636 Fax: 780-428-1454

WESTIN

HOTELS & RESORTS

Glenda Yeates

Page Number
Guest Number
Folio ID
Arrive Date
Depart Date
No. Of Guest

25-MAR-18 27-MAR-18 1

21:45 07:25

Invoice Nbr

Room Number Club Account

AR Account

Alberta He

Alberta Health Services

Copy Tax Invoice

Tax ID: 815461330RT0001

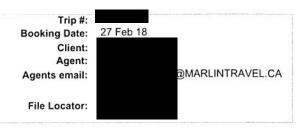
Date Refe	rence Description	Charges (CAD)	Credits (CAD)
25-MAR-18	Room Charge	179.00	
25-MAR-18	GST	9.22	
5-MAR-18	Destination Marketing Fee	5.37	
25-MAR-18	Tourism Levy	7.37	
6-MAR-18	Room Charge	179.00	
26-MAR-18	GST	9.22	
26-MAR-18	Destination Marketing Fee	5.37	
6-MAR-18	Tourism Levy	7.37	
27-MAR-18	Direct Bill		-401.92
	** Total	401.03	404.02
		401.92	-401.92
	*** Balance	0.00	

Continued on the next page



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4



PASSENGERS: MS GLENDA YEATES

REFERENCE/ DESCRIPTION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL		
AIR CANADA Ticket #			497.83	0.00	\$0.00	37.48	0.00	535.31	1 CAE	
			Total:	497.83	0.00	0.00	37.48	0.00	535.31	CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form o	f Payment			Amount	
		02/27/2018							535.31	CAD
							Total Pa	ayment:	535.31	CAD
	:::::::::::::::::::::::::::::::::::::				В	Balance Due CAD Currency			0.00	CAD
CORPORATE LINIT 101				Total GS	ST	0.00	Tota	al HST	\$0.00	Ü

CORPORATE UNIT 101
REASON FOR TRAVEL BOARD MEETING

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET **EDMONTON AB** T5J 3E4



MY ITINERARY

Passengers

Citizenship

Required Travel Documents

GLENDA YEATES

Not Specified

Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

GLENDA YEATES Passengers:

Booking Date:

27 Feb 18

File Locator/Ticket #:

Airline

Flight

From

CALGARY INTL

Terminal

To

OTTAWA INTL

Class/Seat

Stops

AIR CANADA

00350 03 Apr 18 11:15AM

03 Apr 18 5:04PM