

## AHS Board and Executive Expense Report

**Name** Glenda Yeates  
**Title** AHS Board Member  
**Location** Edmonton

Expenses submitted during the month of July 2018

			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)
Jul-18	Expense Claim	Meetings		41		70	111			
Jul-18	Direct Billing	Meetings	1,013		447		1,460			
<b>Total</b>			\$ 1,013	\$ 41	\$ 447	\$ 70	\$ 1,571	\$ -	\$ -	\$ -

**Total for the Month**      \$      1,571

Maximum daily single meal expense claimed in the month      \$      21  
 Maximum daily base hotel rate claimed in the month      \$      199  
 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# [REDACTED]

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

## BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Glenda Yeates	Expense Period Month:	Jul-18		
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attend Board Retreat and Private/Public Board Meetings on July 26-27, 2018 in Edmonton				

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	7111030000	45000000	\$41.50 ✓
Travel Exp (B+C+E)	101	0005	7111030000	62212000	\$69.74 ✓
Other (D)	101	0005	7111030000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$111.24</b> ✓

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#
Glenda Yeates	<i>Please see attached email for approval.</i>	Sept 11/2018	[REDACTED]

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
Linda Hughes	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>Linda Hughes</i>	Sept 27/18

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Information and Protection of Privacy (FOIP) Act, respectively, for the purposes of:

*Deborah Rhodes*  
Deborah Rhodes, VP Corporate Services & CFO  
Position #: [REDACTED] DOFA Level: [REDACTED]

**For payment please submit to:**  
14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

**Carry forward from Section 1**

Name:	Glenda Yeates	Expense Period Month:	Jul-18
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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)

**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				
19-Jul-2018	Taxi from residence to Ottawa Airport (travelled to Calgary, stayed in Calgary on route of Edmonton for Board Retreat on July 26-27, 2018).	Yes					\$35.25	✓		
25-Jul-2018	Dinner Per diem.	Yes	D-\$20.75	\$20.75	✓					
27-Jul-2018	Dinner Per diem.	Yes	D-\$20.75	\$20.75	✓					
9-Aug-2018	Taxi from Ottawa Airport to residence.	Yes					\$34.49	✓		
<b>Total: (amount auto fills to page 1)</b>			\$41.50		\$0.00	\$0.00	\$69.74	\$0.00	0.00	

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ -
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[REDACTED]

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**From:** Glenda Yeates [REDACTED]  
**Sent:** Thursday, August 09, 2018 4:11 PM  
**To:** [REDACTED]  
**Subject:** July expenses

Blue Line  
Blue Line 1001  
[REDACTED]  
[REDACTED]  
July 19, 2018  
\$35.25 ✓

Blue Line  
Blue Line 1001  
[REDACTED]  
[REDACTED]  
August 9, 2018  
\$34.49 ✓

## 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 you have expenses to report in this section for this reporting period: **YES**

<b>Name :</b> Glenda Yeates	<b>Reporting Period for the Month of :</b> Jul-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
19-Jul-18	Direct Billing	Airline Ticket	Flight from Ottawa to Calgary on July 19th, Calgary to Edmonton on July 25th to attend Private/Public Board Meetings/Retreat on July 26-27, 2018. Flight from Edmonton to Calgary on July 27th; and Calgary to Ottawa on August 8, 2018.	Vision Travel	\$1,013.45
25-Jul-18	Direct Billing	Hotel	Two nights accommodation to attend Private/Public Board Meetings/Retreat on July 26-27, 2018 in Edmonton.	Vision Travel	\$446.84
	Direct Billing	Hotel		Vision Travel	
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
<b>Total Paid in the Month</b>					<b>\$ 1,460.29</b>

# Vision

A DIRECT TRAVEL™ COMPANY

**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 22 May 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED] File Locator: [REDACTED]
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**PASSENGERS:** MS GLENDA YEATES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	862.89	0.00	\$0.00	127.96	0.00	990.85 CAD
AIR CANADA Ticket # [REDACTED]	22.60	0.00	\$0.00	0.00	0.00	22.60 CAD
<b>Total:</b>	<b>885.49</b>	<b>0.00</b>	<b>0.00</b>	<b>127.96</b>	<b>0.00</b>	<b>1,013.45 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	05/20/2018	[REDACTED]	[REDACTED]	990.85 CAD
	[REDACTED]	05/20/2018	[REDACTED]	[REDACTED]	22.60 CAD
<b>Total Payment:</b>					<b>1,013.45 CAD</b>

**Balance Due CAD Currency      0.00 CAD**

Total GST      0.00      Total HST      \$0.00

CORPORATE UNIT 101  
 REASON FOR TRAVEL AHS BOARD MEETINGS

\*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\* \*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----  
 ----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

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

Trip #: [REDACTED]  
Booking Date: 22 May 18  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]  
File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
GLENDAYEATES	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

<b>Passengers:</b> GLENDAYEATES					<b>Booking Date:</b> 20 May 18	
					<b>File Locator/Ticket #:</b> [REDACTED]	
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00349	OTTAWA INTL 19 Jul 18 6:30AM		CALGARY INTL 19 Jul 18 8:54AM	A/	

<b>Passengers:</b> GLENDAYEATES					<b>Booking Date:</b> 20 May 18	
					<b>File Locator/Ticket #:</b> [REDACTED]	
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08164	CALGARY INTL 25 Jul 18 6:35PM		EDMONTON INTL 25 Jul 18 7:29PM	V/	

<b>Passengers:</b> GLENDAYEATES					<b>Booking Date:</b> 20 May 18
					<b>File Locator/Ticket #:</b> [REDACTED]

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

Trip #: [REDACTED]  
Booking Date: 22 May 18  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]  
File Locator: [REDACTED]



AIR

Passengers: GLENDA YEATES

Booking Date: 20 May 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08151	EDMONTON INTL 27 Jul 18 3:30PM		CALGARY INTL 27 Jul 18 4:23PM	S/	

Passengers: GLENDA YEATES

Booking Date: 20 May 18  
File Locator/Ticket #: [REDACTED]

Passengers: GLENDA YEATES

Booking Date: 20 May 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00352	CALGARY INTL 08 Aug 18 7:15PM		OTTAWA INTL 09 Aug 18 12:58AM	S/	

Passengers: GLENDA YEATES

Booking Date: 20 May 18  
File Locator/Ticket #: [REDACTED]



The Westin Edmonton  
 10135 100 St  
 Edmonton, AB T5J 0N7  
 Canada  
 Tel: 780-426-3636 Fax: 780-428-1454



Glenda Yeates  
 Alberta Health Services li

Page Number : 1 Invoice Nbr : [REDACTED]  
 Guest Number : [REDACTED]  
 Folio ID : [REDACTED]  
 Arrive Date : 25-JUL-18 20:34  
 Depart Date : 27-JUL-18 07:33  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Club Account : [REDACTED]  
 AR Account : [REDACTED] Alberta Health Services

Copy Tax Invoice

Tax ID : 815461330RT0001  
 The Westin Edmonton JUL-30-2018 10:12 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
25-JUL-18	[REDACTED]	Room Charge	199.00	
25-JUL-18	[REDACTED]	GST	10.25	
25-JUL-18	[REDACTED]	Destination Marketing Fee	5.97	
25-JUL-18	[REDACTED]	Tourism Levy	8.20	
26-JUL-18	[REDACTED]	Room Charge	199.00	
26-JUL-18	[REDACTED]	GST	10.25	
26-JUL-18	[REDACTED]	Destination Marketing Fee	5.97	
26-JUL-18	[REDACTED]	Tourism Levy	8.20	
27-JUL-18	[REDACTED]	Direct Bill		-446.84
		** Total	446.84	-446.84
		*** Balance	0.00	

Continued on the next page