

# **AHS Board and Executive Expense Report**

Name Gregory Cummings

Title Chief Zone Officer, North Zone

**Location** Westlock

Expenses submitted during the month of March 2018

							Tra	vel (1)						
													Working	
												Duefeesienel	Sessions	
	Source								O	ther	Total	Professional Development	Hosting and Hospitality	Other
MMM-YY	Document	Purpose	Aiı	rfare	ľ	Meals	Accom	modation		avel	Travel	(2)	(3)	(4)
Mar-18	P-Card	Meetings						1,419		185	1,604			
Mar-18	Expense Claim	Meetings				463					463			
Mar-18	Direct Billing	Meetings		3,387						214	3,601			
Total			\$	3,387	\$	463	\$	1,419	\$	399	\$ 5,668	\$	- \$ -	\$ -

Total for

**the Month** \$ 5,668

Maximum daily single meal expense claimed in the month \$ 24 Maximum daily base hotel rate claimed in the month \$ 144 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.

# **AHS Public Disclosure P-Card**

Claimant	Claimant Title	Claimant	Expense	1									
Name		Location	Claim Total										
CUMMINGS,	Chief Zone Officer, North	Westlock	\$ 1,603.91										
GREGORY	Zone												
Expense Date	Business reason		Expense Location	Expense Type	Am	ount	From Location	To Location	Justification	_	# of Attendees	Attendee Name(s)	Trip Distance
2/21/2018	AMH Meeting and Partner Sit	e Tours	AB - North Zone	Accommodations	\$	307.62			AMH Meeting and Partner Site Tours	2			
2/21/2018	AMH Meeting and Partner Sit	e Tours	AB - North Zone	Fuel	\$	4.55			AMH Meeting and Partner Site Tours	1			
2/21/2018	AMH Meeting and Partner Sit	e Tours	AB - North Zone	Parking - Lot or Parkade	\$	50.00			AMH Meeting and Partner Site Tours	1			
3/7/2018	Travel to Fort McMurray & Fo Chipewyan for meeting with I Health		AB - North Zone	Fuel	\$	12.05			Travel to Fort McMurray & Fort Chipewyan for meeting with Nunee Health	1			
3/7/2018	Travel to Fort McMurray & For Chipewyan for meeting with I Health		AB - North Zone	Parking - Lot or Parkade	\$	50.00			Travel to Fort McMurray & Fort Chipewyan for meeting with Nunee Health	1			
3/8/2018	Travel to Fort McMurray & For Chipewyan for meeting with I Health		AB - North Zone	Accommodations	\$	289.12			Travel to Fort McMurray & Fort Chipewyan for meeting with Nunee Health	2			
3/8/2018	Peace River Primary Care Plan Meeting	nning	AB - North Zone	Accommodations	\$	134.07			Peace River Primary Care Planning Meeting	1			
3/9/2018	North Zone PCN Meeting		AB - North Zone	Accommodations	\$	113.89			North Zone PCN Meeting	1			
3/13/2018	Meeting in Spirit River		AB - North Zone	Fuel	\$	13.57			Meeting in Spirit River	1			
3/13/2018	Travel for Meeting in Spirit Ri	ver	AB - Other Zones	Accommodations	\$	116.63			Travel for Meeting in Spirit River	1			
3/13/2018	Travel to Spirit River for meet	ing	AB - Other Zones	Parking - Lot or Parkade	\$	25.00			Travel to Spirit River for meeting	1			
3/15/2018	Connect Care ande Provincial Meeting	PCN	AB - Other Zones	Accommodations	\$	323.34			Connect Care ande Provincial PCN Meeting	2			
3/15/2018	Connect Care ande Provincial Meeting	PCN	AB - Other Zones	Parking - Lot or Parkade	\$	30.00			Connect Care ande Provincial PCN Meeting	2			
3/16/2018	Travel to Peerless and Trout L Meeting and Site tour	ake for	AB - North Zone	Accommodations	\$	134.07			Travel to Peerless and Trout Lake for Meeting and Site tour	1			
Approver(s) fo	or the claim	Approval S	tatus	Approval Date									

GORDON, DEBORAH A

Approve

5-Apr-18

# GRANDE PRAIRIE HOLIDAY IND-FXP 10226 117 AVE

GRANDE PRAIRIAB



NGO Lever & Mtg @ tx centre. Mental Apalth & Addictor

02-21-18

02-19-18

CARD CARD TY MASTERCARD DATE 2018/02/21 TIME 0372 02:57:18

RECEIPT NUMBER

PRE-AUTH COMPLETION TOTAL

Folio No. A/R Number Company Membership No.

Invoice No.

Alberta Health Services

Arrival Departure : Conf. No. :

Room No.

02-21-18

Rate Code:

Page No. : 1 of 1

\$307 62

Ψ307.02	Description		Charges	Credits
MasterCard		aggregare a manifesta miki saki kikiki miki saki sa manifesta na saki saki saki saki saki saki saki sak	137,00	gggggggggggggggggggggggggggggggggggggg
			4.11	
APPROVED			6.85	
APPROVED			5.48	
THANK			0.21	
CARRIES			0.16	
CARDHOLDER COPY			137.00	
IMPORTANT - RETAIN THIS			4.11	
COPY FOR YOUR RECORDS			6.85	
02-20-18 founsm tax 4%			5.48	
02-20-18 DMF Tax GST			0.21	
62-20-18 DMF Tax Tourism			0.16	
02-21-18 Manual-Master Card				307.62
Thank you for staying with usl. Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews.		Total	307.62	307.62
Washock forward to welcoming you back soon	Balance	0.00		

Guest Signature:

I have received the goods and / or services in the amount shown heror. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

> Pomeroy Lodging LP o/a HOLIDAY INN EXPRESS GRANDE PRAIRIE 10226 117 Avenue Grande Prairie, Alberta Canada T8V 7S5 Telephone: (780) 814-9446 Fax: (780) 814-9684 www.hiexpress.com GST855473310RT0012

Gras for readed

PETRO CANADA 11925 101 AUE GRANDE PRAIRIE ALBERTA T8U 3X9 (780) 532-7289

GST 846236787 PC6897453;3899661

TERMINAL: PAYPOINT:

2018-02-21 07:54

PUMP 81
REGULAR
LITRES L 4.388
PRICE/L \$ 1.859
FUEL SALES \$ 4.55\*

TOTAL OWED \$ 4.55

TOTAL PAID CREDIT CARD \$ 4.55

\* GST INCL. \$ 0.22

#### MASTERCARD

AUTH

PHRCHASE

MASTERCARD



UERIFIED BY PIN

00 APPROVED THANK YOU 027

HE THIS COPY

FOR YOUR BELAND

CO. (OHER) COPY

١.

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton Tax Code CA5%

Exit Lane 21/02/18 12:01
Receipt

Short-Term Parking Mastercard Daily Lot 19/02/18 15:42 21/02/18 12:01
Period 2dOhO (Tax) \$50.00

Total \$50.00

Payment Received \$50.00

Merck Auth Type: Swiped

Sub Total \$47.62

Tax 5% \$2.38

#### GST# R128599776

#### Edmonton Airports

Can-T5J 2T2 Edmonton Tax Code CA5%

Exit Lane 07/03/18 09:45 Receipt

Short-Term Parking Mastercard Daily Lot 05/03/18 16:28 07/03/18 09:45 Period 2d0h0' (Tax)

Total

\$50.00

Payment Received

\$50.00

\$50.00

Merch: Auth: Type: Swiped

ype: Swi YSub Total YTax 5°

\$47.62 \$2.38

# WELCOME

Shell Canada 291 SAKITAWAW TRAIL T9H 5E7 FORT MCMURRAY A (780) 715-9093

Bronze PUMP No. LITRES PRICE/L TOTAL FUEL 07 10.047 \$1.199 \$12.05 TOTAL SALE MASTERCARD

FUEL INCLUDES GST - Fuel \$0.57 No. 137400032RT

O1 APPROVED - THANK APPROVAL NO. TERMINAL NO. 89216070 VERIFIED BY PIK

IMPORTANT retain this copy for your records

MASTERCARU PURCHASE

C

INV No. 2018/03/u/ ub:59 MasterCard

YOUR OPINION COUNTS
Tell us about your
recent visit at
www.shell.ca/opinion
and you could win a
\$500 Shell Gift Card
\*Receipt Required

THANK YOU Questions? 1-800-661-1600

STORE: C21607 TRAN: 8239166 3/7/2018 7:00:23



Room No. **Gregory Cummings** Arrival : 03-05-18 03-07-18 Departure Folio No. Conf. No. Guest Name: Company Name: Alberta Health Services Cashier No. PO# Group Name: G.S.T: 84970 2444 RT0014 Job# INVOICE

Cost Center#

Date	Description		Charges	Credits
03-05-18	Room Charge		139.00	
03-05-18	Tourism Levy 4%		5.56	
03-06-18	Room Charge		139.00	
03-06-18	Tourism Levy 4%		5.56	
03-07-18	MasterCard			289.12
		Total Charges	289.12	
		T-4-1 0 414-		200.42

Total Credits 289.12

Balance 0.00

Page No 1 of 1

# **Guest Signature**

I have received the goods and/or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Thank you for staying with us!



03-08-18

**Gregory Cummings** 

Folio No.

A/R Number Group Code

**Government Canada** 

Membership No.: Invoice No.

Company

Room No. :

Arrival Departure :

: 03-07-18 03-08-18

Conf. No.

Rate Code:

Page No. : 1 of 1

Date	Description		Charges	Credits
03-07-18	*Accommodation	,.,.,	123.00	
03-07-18	GST (806941001RT001) 5% - I		6.15	
03-07-18	Tourism Levy 4% - Room		4.92	
03-08-18	MasterCard			134.07
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews.		Total	134.07	134.07
We look fo	We look forward to welcoming you back soon.		0.00	

I have received the goods and / or services in the amount shown heron. I agree that my liablity for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Telephone: (780) 849-4819 Fax: (780) 849-5045



03-09-18

 Gregory Cummings
 Folio No.
 :
 Room No.
 :
 03-08-18

 A/R Number
 :
 Arrival
 :
 03-08-18

 Group Code
 :
 Departure
 :
 03-09-18

 Company
 :
 Alberta Health Services
 Conf. No.
 :

 Membership No.
 :
 Rate Code
 :

Invoice No. : Page No. : 1 of 1

Date	Description		Charges	Credits
03-08-18	*Accommodation		104.49	
03-08-18	G.S.T.		5.22	
03-08-18	Tourism Levy		4.18	
03-09-18	Manual - MasterCard			113.89
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews.		Total	113.89	113.89
AAS IOOK TO	We look forward to welcoming you back soon.		0.00	

Guest Signature:

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

PETRO-CANADA 11925 101 AUE GRANDE PRAIRIE ALBERTA T8U 3X9 (788) 532-7289

GST 846230787 PC0919654:3899601

TERMINAL: PAYPOINT:

2018-03-13 17:26

PUMP 05 REGULAR LITRES L 12.128 PRICE/L 1.119 \$ 13.57\* FUEL SALES

TOTAL OWED \$ 13.57

TOTAL PAID CREDIT CARD \$ 13.57

\* GST INCL. \$ 0.65

#### MASTERCARD

C AUTH **PURCHASE** 

MASTERCARD



**UERIFIED BY PIN** 

00 APPROVED THANK YOU 027

-- IMPORTANT --RETAIN THIS COPY FOR YOUR RECORDS - CUSTOMER'S COPY -

LEARN HOW TO SAUE 3 CENTS/L **EUERYDAY AT** PETRO-CANADA\_CA/RDC

SURVEY! EARN POINTS & CHANCE TO WIN GAS PETRO-CANADA\_CA/HERO 11.

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton Tax Code CA5%

Exit Lane 13/03/18 21:05 Receipt

Short-Term Parking Mastercard Hourly Lot 13/03/18 06:21 13/03/18 21:05 Period 1d0h0'

(Tax) \$25.00 Total \$25.00

Payment Received

\$25.00

Merch: Auth Type: Swiped Sub Total

\$23.81 \$1.19



03-21-18 Room No Arrival Departure Conf. No. Rate Code Page No 03-12-18 03-13-18 Gregory Cummings Folio No. A/R Number Invoice No Group Code Company Government Canada

	Membership No		Page No	1011
Date	Description		Charges	Credits
93 12 18	*Accommodation		107 00	
03-12-18	GST - Room 5%		5 35	
03-12-18	Tourism Lavy 4%		4 28	
03 13 16	MasterCard			116 63
увы: аскон	for staying with us! Qualifying points for this stay will automatically be credited to of. Please felf us about your stay by widing a review here -	Total	116.63	116.63
www.inques	wardsclub com/review. We look forward to welcoming you back soon.	Balance	0.00	

Quest Signature:

I have received the goods and I or services in the amount shown hero\* I agree that my labely for this bill is not warved and agree to be hed personally labely in the event that the undicated person, company, or associate table to pay for any part or the full amount of these charges. If a candid charge I lattice upset to perform the obligations and forth in the candidates agreement with the issuer.

Hohday nn 8 States Edmonton Ambort 1100 4th Street 1100 4th Street 786, 979-0839 780, 780, 979-0846 GS1# 562202249 RT0004



**Alberta Health Services** 

03-15-18

**Gregory Cummings** 

Folio No. A/R Number

Group Code

Company

Membership No. : Invoice No.

Room No. :

Arrival

03-13-18 Departure : 03-15-18

Conf. No.

Rate Code:

Page No. : 1 of 1

Date	Description	Charges	Credits	
03-13-18	Parking IHG		15.00	
03-13-18	*Accomodation		144.00	
03-13-18	Marketing Fee		4.32	
03-13-18	GST #87857 8491 RT0002		7.42	
03-13-18	AB Tourism Levy		5.93	
03-14-18	Parking IHG		15.00	
03-14-18	*Accomodation		144.00	
03-14-18	Marketing Fee		4.32	
03-14-18	GST #87857 8491 RT0002		7.42	
03-14-18	AB Tourism Levy		5.93	
your accou	Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews.  We look forward to welcoming you back soon.		353.34	0.00
We look for			353.34	

Guact	Signat	HEQ.

I have received the goods and / or services in the amount shown heron. I agree that my liablity for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

> **Parking** \$30.00 Accommodations \$323.34

Spirit Rises

T Spirit Rises

W Connect Care

T Prodincial fCN refaion

T Prodincial fCN refaion

F Rees less Trout

Holiday Inn Express Downtown Edmonton10010 - 104 Street Canada T5J 0Z1 Edmonton, AB Telephone: (780) 423-2450 Fax: (780) 426-6090 0GST #878578491 RT0002 www.hiexdowntown.com



03-16-18

Gregory Cummings	Folio No. :  A/R Number :  Group Code :  Company : Government Canada	Room No. : Arrival : <b>03-15-18</b> Departure : <b>03-16-18</b> Conf. No. :
	Membership No. : Invoice No. :	Rate Code : Page No. : 1 of 1

Date	Description	Charges	Credits	
03-15-18	*Accommodation	WWW.0000000000	123.00	
03-15-18	GST (806941001RT001) 5% - F		6.15	
03-15-18	Tourism Levy 4% - Room		4.92	
03-16-18	MasterCard			134.07
your accou	Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews.  We look forward to welcoming you back soon.		134.07	134.07
WE TOOK TO			0.00	

Guest Signature:	

I have received the goods and / or services in the amount shown heron. I agree that my liablity for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge. I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Slave Lake, Alberta, TOG2A0 Canada Telephone: (780) 849-4819 Fax: (780) 849-5045



NGO Lever ? Mtg @ tx centre. Mental Apolth & Addiction

02-21-18

Gregory Cummings

Folio No.

A/R Number Company

Membership No. Invoice No.

Alberta Health Services

Room No.

Arrival

02-19-18

Departure : Conf. No. :

Conf. No. : Rate Code :

Page No. : 1 of 1

Date	Description		Charges	Credits
02-19-18	*Accommodation	n the court state of the state	137.00	филите в поряжения учения в подворожую на народые почеными.
02-19-18	Destination Marketing Fee		4.11	
02-19-18	GST Tax 5%		6.85	
02-19-18	Tourism Tax 4%		5.48	
02-19-18	DMF Tax GST		0.21	
02-19-18	OMF Tax Tourism		0.16	
02-20-18	*Accommodation		137.00	
0.2-20-18	Destination Marketing Fee		4.11	
32-20-18	GST Tax 5%		6.85	
G2-2C-18	Tourism Tax 4%		5.48	
02-20-18	DMF Tax GST		0.21	
02-20-18	DMF Tax Tourism		0.16	
02-21-18	Manual-Master Card			307.62
your accous	narck you for staying with us! Qualifying points for this stay will automatically be credited to our account. Please tell us about your stay by writing a review here - www.ihg.com/reviews.		307.62	307.62
PP or and bords in the	ware to wareouting you pack soon.	Balance	0.00	

Guest Signature:

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

# **AHS Public Disclosure Expense Claims**

		Location	Expense Claim Total										
CUMMINGS, GREGORY	Chief Zone Officer, North Zone	Westlock	\$ 462.50										
Expense Date	Business reason		Expense Locat	ion Expense Type	Amo	unt	From Location	To Location	Justification		# of Attendees	Attendee Name(s)	Trip Distance
2/19/2018	Travel to Grande Prairie for AMH Meeting		AB - Other Zon	es Meals Per Diem	\$	24.00			Dinner \$24.00	1			
2/20/2018	Travel to Grande Prairie for AMH Meeting and Partner Site Tours		AB - Other Zon	es Meals Per Diem	\$	47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
2/21/2018	Travel to Grande Prairie for AMH	Meeting	AB - Other Zon	es Meals Per Diem	\$	23.50			Bfast \$10.50 Lunch \$13.00	1			
3/5/2018	Travel to Fort Chipewyan for Nun Board Meeting	ee Health	AB - North Zon	e Meals Per Diem	\$	24.00			Dinner \$24.00	1			
3/6/2018	Travel to Fort Chipewyan for Nun Board Meeting	ee Health	AB - North Zon	e Meals Per Diem	\$	47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
3/7/2018	Return travel from Fort Chipewya meeting with Nunee Health Board to Peace River		AB - North Zon	e Meals Per Diem	\$	47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
3/8/2018	Travel to Peace River for PCN Me	eting	AB - North Zon	e Meals Per Diem	\$	47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
3/9/2018	North Zone PCN Meeting in Ledu		AB - Other Zon	es Meals Per Diem	\$	34.50			Bfast \$10.50 Dinner \$24.00	1			
3/13/2018	Travel to Spirit River		AB - North Zon	e Meals Per Diem	\$	24.00			Dinner \$24.00	1			
3/14/2018	Connect Care, Provincial PCN and Peerless Lake and trout Lake	Travel to	AB - North Zon	e Meals Per Diem	\$	47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
3/15/2018	Connect Care, Provincial PCN and Travel to Peerless Lake and trout Lake		AB - North Zon	e Meals Per Diem	\$	47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
3/16/2018	Connect Care, Provincial PCN and Travel to Peerless Lake and trout Lake		AB - North Zon	e Meals Per Diem	\$	47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
Approver(s) for th	ne claim	Approval Sta	itus	Approval Date			-	-	-	•	-	-	-
GORDON, DEBOR	AH A	Approve		26-Apr-18									



# **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	nave expenses to report in this section	n for this reporting period:	Y	ES	
Name :	Gregory Cummings	Reporting Period for the	Month of :	Mar-18	

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
22-Feb-2018	Direct Billing	Airline Ticket	Flight to Grande Prairie for ED Mental Health Interviews (March 26) (Air Canada Ticket #	Marlin Travel	361.96
22-Feb-2018	Direct Billing	Airline Ticket	Flight to Grande Prairie for Mental Health First Aid (March 27-29) (Air Canada Ticket #	Marlin Travel	572.96
23-Feb-2018	Direct Billing	Airline Ticket	Flight to Fort McMurray for Nunee Health Board Meeting (Air Canada Flight #	Marlin Travel	496.56
23-Feb-2018	Direct Billing	Airline Ticket	Flight to Fort Chipewyan for Nunee Health Board Meeting (March 6)	Marlin Travel	260.00
7-Mar-2018	Direct Billing	Car Rental	Rental for Nunee Health Board Meeting	Other	155.01
Total Paid in the	Month				\$ 1,846.49



# **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.

<ul> <li>Indicate whether year</li> </ul>	ou have expenses to report in this section	on for this reporting period:	YES	
Name :	Gregory Cummings	Reporting Period for the	Month of: Mar-18	

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
2-Mar-2018	Direct Billing	Airline Ticket	3 Flights: 1. Flight to Calgary for Senior Leaders Meeting. 2. Calgary to Grande Prairie for meetigns and LSA. 3. G.P to Edmonton.	Marlin Travel	825.96
12-Mar-2018	Direct Billing	Airline Ticket	Flight to Grande Prairie for travel to meeting in Spirit River. (Air Canada Ticket #	Marlin Travel	540.96
13-Mar-2018	Direct Billing	Car Rental	Rental to drive from Grande Prairie to Spirit River for meeting	Other	58.84
14-Mar-2018	Direct Billing	Airline Ticket	Travel to Fort McCmurray for Wood Buffalo HAC Open House (Air Canada Ticket # on April 4, 2018.	Marlin Travel	328.96
Total Paid in the	Month	1			\$ 1,754.72



#### Invoice

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

Booking Date: 22 Feb 18

Client:
Agent:

File Locator:

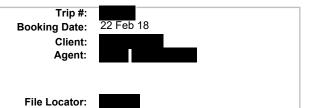
PASSENGERS: MR GREGORY CUMMINGS

REFERENCE/ DESCRI	PTION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket	#			297.00	0.00	\$0.00	64.96	0.00	361.96 CAD
			Total:	297.00	0.00	0.00	64.96	0.00	361.96 CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form of	f Payment			Amount
		02/22/2018							361.96 CAD
							Total Pa	ayment:	361.96 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
BOOKING METHOD NUTRAVEL
REASON FOR TRAVEL ED MENTAL HEALTH INTERVIEWS



# **MY ITINERARY**

**Required Travel Documents Passengers** Citizenship

**GREGORY CUMMINGS** Not Specified Not Specified

25 Mar 18 5:25PM

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** 

**Booking Date:** 22 Feb 18 **GREGORY CUMMINGS** File Locator/Ticket #: Passengers:

**Flight Airline** Terminal Class/Seat Stops V/ AIR CANADA 08367 **EDMONTON INTL GRANDE PRAIRIE** 25 Mar 18 6:37PM





AIR

**Booking Date:** 22 Feb 18 **GREGORY CUMMINGS** File Locator/Ticket #: Passengers:

Airline Flight Terminal Class/Seat Stops

ĹŹ AIR CANADA 08368 **GRANDE PRAIRIE** EDMONTON INTL

26 Mar 18 7:05PM 26 Mar 18 8:14PM



#### Invoice

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

Trip #: 22 Feb 18 **Booking Date:** Client: Agent:

File Locator:

PASSENGERS: MR GREGORY CUMMINGS

REFERENCE/ DESCRIP	PTION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket #				508.00	0.00	\$0.00	64.96	0.00	572.96 CAD
			Total:	508.00	0.00	0.00	64.96	0.00	572.96 CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form of	f Payment			Amount
		02/22/2018 02/22/2018							572.96 CAD 0.00 CAD
	-						Total Pa	yment:	572.96 CAD

0.00 CAD **Balance Due CAD Currency** 

Total GST 0.00 **Total HST** \$0.00

**CORPORATE UNIT 101 BOOKING METHOD NUTRAVEL** REASON FOR TRAVEL MENTAL HEALTH FIRST AID

STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS 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

Trip #:

Booking Date: 22 Feb 18

Client:
Agent: 4 File Locator:

# **MY ITINERARY**

Passengers Citizenship Required Travel Documents

GREGORY CUMMINGS 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

**Booking Date:** 22 Feb 18 **GREGORY CUMMINGS** File Locator/Ticket #: Passengers: Flight Class/Seat Stops **Airline** Terminal V/ AIR CANADA 08367 **EDMONTON INTL GRANDE PRAIRIE** 27 Mar 18 5:25PM 27 Mar 18 6:37PM





AIR

Passengers:	GREGORY CUMMING	SS S		Booking Date: File Locator/Ticket #:	22 Feb 18	
Airline	Flight	From	Terminal	То	Class/Seat	Stops
AIR CANADA	08368	GRANDE PRAIRIE 29 Mar 18 7:05PM		EDMONTON INTL 29 Mar 18 8:14PM	В/	



### Invoice

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

Booking Date: 23 Feb 18

Client:
Agent:

File Locator:

PASSENGERS: MR GREGORY CUMMINGS

REFERENCE/ DESC	RIPTION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	-
AIR CANADA Ticke	et #			411.60	0.00	\$0.00	84.96	0.00	496.56	CAD
MCMURRARY AVAITION Confirmation #				228.58	0.00	\$0.00	31.42	0.00	260.00	CAD
			Total:	640.18	0.00	0.00	116.38	0.00	756.56	CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form of	Payment			Amount	
		02/23/2018							496.56	CAD
		02/23/2018							260.00	CAD
							Total Pa	ayment:	756.56	CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL NUNEE HEALTH BOARD MEETING



# **MY ITINERARY**

Passengers Citizenship Required Travel Documents

GREGORY CUMMINGS 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: GREGORY CUMMINGS Booking Date: 23 Feb 18
File Locator/Ticket #:

 Airline
 Flight
 From
 Terminal
 To
 Class/Seat
 Stops

 AIR CANADA
 08388
 EDMONTON INTL
 FT. MCMURRAY
 W/

05 Mar 18 6:35PM 05 Mar 18 7:49PM

Passengers: GREGORY CUMMINGS Booking Date: 23 Feb 18
File Locator/Ticket #:



Federal GST#: 889365821

Consolidated Inv. # Rental Agreement # Bill Ref # Invoice Date



Beg/End/Distance

13419/13500/81

License No

**Bill To Information** 

ALBERTA HEALTH SERVICES

PO BOX 1600

EDMONTON, AB - T5T2N9

CANADA

**Rental Information** 

Reservation Number:

Driver: CUMMINGS, GREGORY PAUL Pickup Date/Time: 03/05/2018 21:10 Return Date/Time: 03/07/2018 07:17

Miles/kms: 81

Car Class : FCAR Requested Class : FCAR

**Vehicle Information** 

Yr/Make/Model Unit # 2018/HYUNDAI/SO7

VIN

**Rental Branch** 

FORT MCMURRAY ARPT 100 SNOWBIRD WAY

FORT MCMURRAY, AB - T9H0G3

**Return Branch** 

FORT MCMURRAY ARPT 100 SNOWBIRD WAY

FORT MCMURRAY, AB-T9H0G3

Charge Detail				
Description	Qty	Period	Rate	Amount
TIME & DISTANCE	2	DAY	45.00	90.00
EXCESS DISTANCE CHARGE	81	DISTANCE	0.35	28.35
		Sub 1	Total .	118.35
CUSTOMER FACILITY CHARGE 8/DAY	2	DAY	8.00	16.00
CONCESSION FEE RECOVERY 16.28 PCT		PERCENT	16.28	19.46
VEHICLE LICENSE FEE .60/DAY	2	DAY	0.60	1.20
	Total Charges	(CAD)		155.01

# **Additional Information**

COST CENTER#

101.0721.71415100042

Remit Payment in CAD to	For Billing Inquiries	Payment Terms
ENTERPRISE RENT A CAR CANADA COMP.	Tel#:8773121084	Payment Due Within 30 days of invoice date.
709 MILNER AVE	AskARCanada@ehi.com	rayment due vituin 30 days of invoice date.
SCARBOROUGH, ON M1B6B6		Late payments are subject to finance charge.



#### Invoice

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



PASSENGERS: MR GREGORY CUMMINGS

REFERENCE/ DESCRIPTION	ON			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket #				731.00	0.00	\$0.00	94.96	0.00	825.96 CAD
			Total:	731.00	0.00	0.00	94.96	0.00	825.96 CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form of	Payment			Amount
		03/01/2018							825.96 CAD
							Total Pa	ayment:	825.96 CAD
									0.00 0.17

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
BOOKING METHOD NUTRAVEL
REASON FOR TRAVEL SENIOR LEADERS MEETING



# **MY ITINERARY**

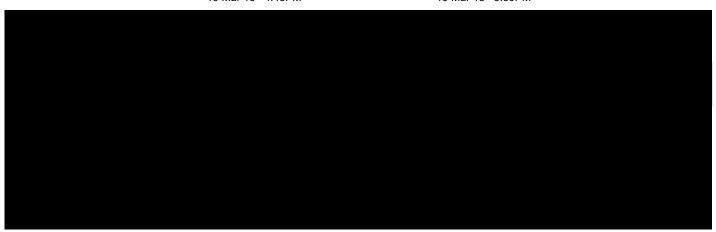
PassengersCitizenshipRequired Travel DocumentsGREGORY CUMMINGSNot SpecifiedNot Specified

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:	GREGORY CUMMING	SS		Booking Date: File Locator/Ticket #:	01 Mar 18	
Airline	Flight	From	Terminal	То	Class/Seat	Stops
AIR CANADA	08153	EDMONTON INTL		CALGARY INTL	G/	
		19 Mar 18 4:45PM		19 Mar 18 5:39PM		





AIR

Passengers:	GREGORY CUMMINGS  Flight From Terminal  08481 CALGARY INTL 20 Mar 18 7:55PM	Booking Date: File Locator/Ticket #:	01 Mar 18			
Airline	Flight	From	Terminal	То	Class/Seat	Stops
AIR CANADA	08481			GRANDE PRAIRIE 20 Mar 18 9:35PM	H/	
AIR CANADA	08368	GRANDE PRAIRIE 21 Mar 18 7:05PM		EDMONTON INTL 21 Mar 18 8:13PM	V/	



#### Invoice

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

Booking Date: 16 Mar 18

Client:
Agent:

File Locator:

PASSENGERS: MR GREGORY CUMMINGS

REFERENCE/ DESCRI	PTION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket #	#			476.00	0.00	\$0.00	64.96	0.00	540.96 CAD
-			Total:	476.00	0.00	0.00	64.96	0.00	540.96 CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form of	f Payment			Amount
		03/12/2018							540.96 CAD
							Total Pa	ayment:	540.96 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL CONNECT CARE



# **MY ITINERARY**

 Passengers
 Citizenship
 Required Travel Documents

 GREGORY CUMMINGS
 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





Passengers:	GREGORY CUMMING	S		Booking Date: File Locator/Ticket #:	12 Mar 18
Airline	Flight	From	Terminal	То	Class/Seat Stops
AIR CANADA	08363	EDMONTON INTL 13 Mar 18 7:30AM		GRANDE PRAIRIE 13 Mar 18 8:49AM	H/
AIR CANADA	08368	GRANDE PRAIRIE 13 Mar 18 7:05PM		EDMONTON INTL 13 Mar 18 8:13PM	H/



Federal GST#: 889365821

Consolidated Inv. # Rental Agreement # Bill Ref# **Invoice Date** 



#### **Bill To Information**

ALBERTA HEALTH SERVICES PO BOX 1600 EDMONTON, AB - T5T2N9 CANADA

# **Rental Information**

Reservation Number:

Driver: CUMMINGS, GREGORY Pickup Date/Time: 03/13/2018 08:55 Return Date/Time: 03/13/2018 18:04

Miles/kms: 167

Car Class: CCAR Requested Class: ICAR **Vehicle Information** 

Yr/Make/Model Beg/End/Distance <u>License</u>No 2017/HYUN/ACNT 15640/15807/167 VIN

**Rental Branch** 

GRANDE PRAIRIE AP IN TER 10610 AIRPORT DRIVE GRANDE PRAIRIE, AB - T8V7Z5

#### Return Branch

GRANDE PRAIRIE AP IN TER 10610 AIRPORT DRIVE **GRANDE PRAIRIE, AB-T8V7Z5** 

Charge Detail		***************************************			***************************************
Description		Qty	Period	Rate	Amount
TIME & DISTANCE		1	DAY	50.00	50.00
			Su	b Total	50.00
<b>CONCESSION FEE RECOVERY</b>	•		PERCENT	16.28	8.24
VEHICLE LICENSE FEE RECOV	ERY	1	DAY	0.60	0.60
		Total Charges	(CAD)		58.84
Additional Information					
Ext Bill Ref # 1	101.0004.71110100064	COST CENTER	 R#	101.0004.71	110100064



Remit Payment in CAD to	For Billing Inquiries	Payment Terms
ENTERPRISE RENT A CAR CANADA COMP.	Tel#:8773121084	Payment Due Within 30 days of invoice date.
709 MILNER AVE	AskARCanada@ehi.com	ayment bue within ou days of invoice date.
SCARBOROUGH, ON M1B6B6	_	Late payments are subject to finance charge.



#### Invoice

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

Booking Date: 16 Mar 18

Client:
Agent:

Agent Phone: File Locator:

ne:

PASSENGERS: MR GREGORY CUMMINGS

REFERENCE/ DESC	RIPTION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticke	et#			244.00	0.00	\$0.00	84.96	0.00	328.96 CAD
			Total:	244.00	0.00	0.00	84.96	0.00	328.96 CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form of	f Payment			Amount
		03/14/2018 03/14/2018							328.96 CAD 0.00 CAD
							Total Pa	ayment:	328.96 CAD
					Ba	alance Du	e CAD Cui	rency	0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
BOOKING METHOD NUTRAVEL
REASON FOR TRAVEL WOOD BUFFALO HAC OPEN HOUSE

Trip #: 16 Mar 18 **Booking Date:** Client: Agent: **Agent Phone:** File Locator:

# **MY ITINERARY**

**Required Travel Documents Passengers** Citizenship

**GREGORY CUMMINGS** Not Specified Not Specified

**EDMONTON INTL** 

Flight

08388

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



**Airline** 

AIR CANADA

AIR

**Booking Date: GREGORY CUMMINGS** File Locator/Ticket #: Passengers:

14 Mar 18

Class/Seat

FT. MCMURRAY 04 Apr 18 7:46PM T/

Stops

04 Apr 18 6:35PM

Terminal



AIR

**Booking Date:** 14 Mar 18 **GREGORY CUMMINGS** File Locator/Ticket #: Passengers:

Airline Flight Terminal Class/Seat Stops

T/ AIR CANADA 08385 FT. MCMURRAY EDMONTON INTL

06 Apr 18 2:05PM 06 Apr 18 3:19PM