

AHS Board and Executive Expense Report

Name Gregory Cummings
Title Chief Zone Officer, North Zone
Location Westlock

Expenses submitted during the month of May 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)
May-18	P-Card	Meetings			268	73	341			
May-18	Expense Claim	Meetings		119			119			
May-18	Direct Billing	Meetings	912				912			
Total			\$ 912	\$ 119	\$ 268	\$ 73	\$ 1,372	\$ -	\$ -	\$ -

Total for the Month \$ 1,372

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 137
 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

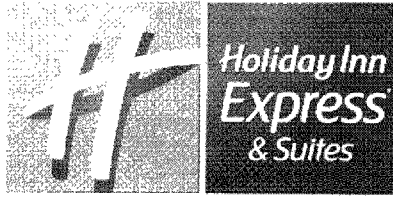
Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

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 Name	Claimant Title	Claimant Location	Expense Claim Total								
CUMMINGS, GREGORY	Chief Zone Officer, North Zone	Westlock	\$ 341.26								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/23/2018	Lakeland Municipal Leaders Forum	AB - North Zone	Accommodations	\$ 114.45			Lakeland Municipal Leaders Forum	1			
5/15/2018	AMH ED Interviews. Fuel for rental vehicle.	AB - North Zone	Fuel	\$ 2.00			AMH ED Interviews. Fuel for rental vehicle.	1			
5/15/2018	AMH ED Interviews.	AB - North Zone	Parking - Lot or Parkade	\$ 7.50			AMH ED Interviews.	1			
5/15/2018	AMH ED Interviews. Parking at the airport.	AB - Other Zones	Parking - Lot or Parkade	\$ 50.00			AMH ED Interviews. Parking at the airport.	1			
5/15/2018	AMH ED Interviews	AB - North Zone	Accommodations	\$ 153.81			AMH ED Interviews	1			
5/17/2018	QSO Meeting	AB - Other Zones	Parking - Lot or Parkade	\$ 13.50			QSO Meeting	1			
Approver(s) for the claim		Approval Status		Approval Date							
GORDON, DEBORAH A		Approve		24-May-18							



Gregory Cummings
 [Redacted]

A/R Number
 Group Code
 Folio/Invoice No. [Redacted]
 Reference #

Room No. [Redacted]
 Arrival 04-23-18
 Departure 04-24-18

Page No. 1 of 1
 Cashier No. [Redacted]
 User ID [Redacted]

Date	Description	Charges	Credits
04-23-18	*Accommodation	105.00	
04-23-18	GST #802121400	5.25	
04-23-18	Tourism Levy	4.20	
04-24-18	MasterCard		114.45
Total		114.45	114.45
Balance		0.00	

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 f

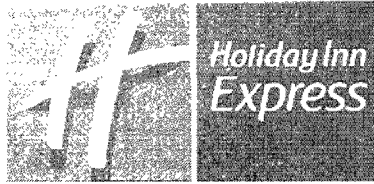
GST #8021214	Tourism Levy								
5.25	4.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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 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.

Holiday Inn Express & Suites
 4404 52 Ave
 Bonnyville, AB T9N 0C3
 Telephone: (780) 687-8888 Fax: (780) 687-8889
 GST#802121400RT0001

5.



05-15-18

Gregory Cummings	Folio No. :	Room No. :	██████████
██████████	A/R Number :	Arrival :	05-14-18
	Company :	Departure :	05-15-18
	Membership No. :	Conf. No. :	██████████
	invoice No. :	Rate Code :	██████████
		Page No. :	1 of 1

Date	Description	Charges	Credits
05-14-18	*Accommodation	137.00	
05-14-18	Destination Marketing Fee	4.11	
05-14-18	GST Tax 5%	6.85	
05-14-18	Tourism Tax 4%	5.46	
05-14-18	DMF Tax GST	0.21	
05-14-18	DMF Tax Tourism	0.16	
05-15-18	Manual-Master Card ██████████		153.81
		Total	153.81
		Balance	0.00

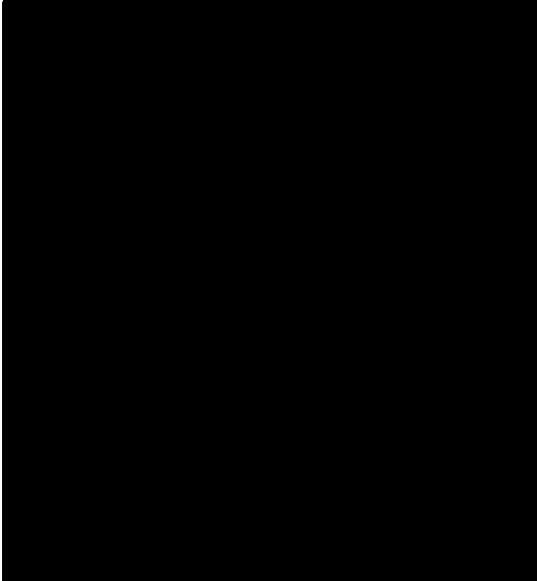
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.

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 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

6.



AHS RAH PARKADE SE
PARKADE SE 10240 T5H3V9
EDMONTON AB
23406355
QC2340635501

SALE

05-17-2018 15:07:49
Acct # [REDACTED] C
Exp Date **/** Card Type MC
Name: CUMMINGS/GREGORY.

[REDACTED]
MasterCard

Trace # [REDACTED]
Inv. # [REDACTED]
Auth # [REDACTED] RRN [REDACTED]

Sale \$13.50
TOTAL \$13.50

00 APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
CUMMINGS, GREGORY	Chief Zone Officer, North Zone	Westlock	\$ 119.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/23/2018	Lakeland HAC Municipal Forum	AB - North Zone	Meals Per Diem	\$ 24.00			Dinner \$24.00	1			
4/24/2018	Lakeland HAC Municipal Forum	AB - North Zone	Meals Per Diem	\$ 23.50			Bfast \$10.50 Lunch \$13.00	1			
5/14/2018	AMH ED Interviews	AB - North Zone	Meals Per Diem	\$ 24.00			Dinner \$24.00	1			
5/15/2018	AMH ED Interviews	AB - North Zone	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
Approver(s) for the claim		Approval Status	Approval Date								
GORDON, DEBORAH A		Approve	24-May-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 have expenses to report in this section for this reporting period: YES

Name : Gregory Cummings	Reporting Period for the Month of : May-18
--------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
19-Apr-2018	Direct Billing	Airline Ticket	Flight to Grande Prairie for May 15th ED Interviews (Air Canada Ticket ██████████)	Marlin Travel	408.96
16-May-2018	Direct Billing	Airline Ticket	Flight to Calgary for Connect Care (Air Canada Ticket # ██████████)	Marlin Travel	229.96
22-Feb-2018	Direct Billing	Airline Ticket	Flight from Grande Prairie to Edmonton for MH Meetings and Site Tours (Air Canada Ticket ██████████)	Marlin Travel	273.13
Total Paid in the Month					\$ 912.05



A DIRECT TRAVEL® COMPANY

Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 19 Apr 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
--	--

PASSENGERS: MR GREGORY CUMMINGS

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	344.00	0.00	\$0.00	64.96	0.00	408.96 CAD
Total:	344.00	0.00	0.00	64.96	0.00	408.96 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	04/19/2018		[REDACTED]	408.96 CAD
Total Payment:					408.96 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 AMD ED INTERVIEWS

***** 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

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

Trip #: [REDACTED]
Booking Date: 19 Apr 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

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:	19 Apr 18	
				File Locator/Ticket #:	[REDACTED]	
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08365	EDMONTON INTL 14 May 18 2:45PM		GRANDE PRAIRIE 14 May 18 3:57PM	H/	
AIR CANADA	08366	GRANDE PRAIRIE 15 May 18 4:20PM		EDMONTON INTL 15 May 18 5:29PM	A/	



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 30 May 18 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
--	---

PASSENGERS: MR GREGORY CUMMINGS

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
VISION PERCY HUNT-INTERCOMPANY VENDOR-AIR Confirmation # [REDACTED]	155.00	0.00	\$0.00	74.96	0.00	229.96 CAD
Total:	155.00	0.00	0.00	74.96	0.00	229.96 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]				0.00 CAD
	[REDACTED]	05/16/2018		[REDACTED]	229.96 CAD
				Total Payment:	229.96 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 CONNECT CARE

***** 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

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

Trip #: [REDACTED]
Booking Date: 30 May 18
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers GREGORY CUMMINGS	Citizenship Not Specified	Required Travel Documents 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: 16 May 18
	File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08169	EDMONTON INTL 18 Jun 18 5:05PM		CALGARY INTL 18 Jun 18 6:02PM	A/	



AIR

Passengers: GREGORY CUMMINGS	Booking Date: 16 May 18
	File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08150	CALGARY INTL 20 Jun 18 3:40PM		EDMONTON INTL 20 Jun 18 4:30PM	A/	



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 22 Feb 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
--	--

PASSENGERS: MR GREGORY CUMMINGS

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	233.00	13.01	\$0.00	27.12	0.00	273.13 CAD
Total:	233.00	13.01	0.00	27.12	0.00	273.13 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	02/19/2018		[REDACTED]	273.13 CAD
Total Payment:					273.13 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 13.01 Total HST \$0.00

CORPORATE UNIT 101
BOOKING METHOD NUTRAVEL
REASON FOR TRAVEL MH MEETING AND SITE TOURS

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** 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
 Z/IMPORTANT INFO ON CHECK IN PROCEDURE Z/FOR ALL CODESHARE FLIGHTS ALWAYS CHECK IN WITH Z/THE OPERATING CARRIER NOTED ON YOUR ITINERARY

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

Trip #: [REDACTED]
Booking Date: 22 Feb 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

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:	19 Feb 18
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08364	GRANDE PRAIRIE 21 Feb 18 9:10AM		EDMONTON INTL 21 Feb 18 10:18AM	V/	