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AHS Board and Executive Expense Report

NameGregory CummingsTitleChief Zone Officer, North ZoneLocationWestlockExpenses submitted during the month of January 2020

						Travel (1)						
МММ-ҮҮ	Source Document	Purpose	Air	fare	Meals	Accommodati	on	Other Travel	otal ravel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-20 Jan-20 Jan-20	P-Card Expense Claim Direct Billing	Meetings Meetings Meetings			130	4	15		415 130 -			
Total			\$	-	\$ 130	\$ 4	15	\$ -	\$ 545	\$ -	- \$	\$ -
Total for the Month	\$ 545											
Maximum daily single meal expense claimed in the month Maximum daily base hotel rate claimed in the month Non economy air travel in the month			\$ \$ \$	24 134 -								

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]								
Name		Location	Claim Total									
CUMMINGS, GREGORY	Chief Zone Officer, North Zone	Westlock	\$ 415.29									
Expense Date	Expense Date Business reason		Expense	Expense Type	Amount	From	То	Justification	# of	# of	Attendee	Trip
			Location			Location	Location		days	Attendees	Name(s)	Distance
	Meeting with Town of Whitecourt Mayor - Accommodations in Whitecourt for the night of December 18, 2019		AB - North Zone	Accommodations	\$ 139.52				1			
	PCN Service Planning - Accommodations in Bonn of January 8, 2020	yville for the night	AB - North Zone	Accommodations	\$ 129.71				1			
	Meeting with West Yellowhead ML A - Accommodations in Edson for the night of January 13, 2020			Accommodations	\$ 146.06				1			
Approver(s) for the claim Approval Status			Approval Date							•	<u> </u>	
GORDON, DEBORAH A Approve			28-Jan-20]								



Gregory	/ Cummings	Folio No. A/R Number Group Code Company Membership No. Invoice No.	: Alberta Health Service	25	Room No.:Arrival:Departure:Conf. No.:Rate Code:Page No.:	12-19-19 12-18-19 12-19-19 1 of 1
Date			Charges	Credits		
12-18-19	*Accommodation	<u>),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	uuuuuuunaan uuuuunaa aasaa uua uu jaraa saasaa aasaa aasaa aasaa (saanningenninge		128.00	8.00088.00010.0009.0009.0009.0009.0009.0
12-18-19	GST 806941001RT0001 5%	3			6.40	
12-18-19	Tourism Levy 4%				5.12	
12-19-19	MasterCard					139.5
our accou	for staying with us! Qualifying nt. Please tell us about your st rward to welcoming you back s	Total	139.52	139.52		

Balance

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.

Owned by 3G Equity Inc. Operated by APX Hospitality.

Holiday Inn Express & Suites Whitecourt 4721 49th St. Whitecourt, AB T7S 0E8 Telephone: (780) 778-2512 Fax: (780) 778-2516



Gregory Cummings		A/R Number	
		Group Code	
		Group Code Folio/Invoice No.	
		Reference #	
Room No.		Page No.	1 of 1
Arrival	01-08-20	Cashier No.	
Departure	01-09-20	User ID	

Date	Description		Charges	Credits
01-08-20	*Accommodation		119.00	
01-08-20	GST #802121400		5.95	
01-08-20	Tourism Levy		4.76	
01-09-20	MasterCard			129.71
	taying with us! Qualifying points for this stay will automatically be credited to your e tell us about your stay by writing a review here - www.ihg.com/reviews. We look f ■	Total	129.71	129.71
account. Fields	e ter us about your stay by writing a review here - www.itig.com/reviews. We look r			

Balance 0

GST #8021214	Tourism Levy								
5.95	4.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Guest Signature:

2.

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

/ c.		H.	Holiday Inn Express	- site V - Meet	isit West 4	el lou Lear
Greaon	/ Cumminas	Folio No. : A/R Number : Group Code : Company : Alb Membership No. : Invoice No. :	erta Health Service	s	Departure : Conf. No. : Rate Code :	01-13-20 01-14-20 1 of 1
Date		Description			Charges	Credits
01-13-20	*Accommodation	annen an		and the second	134.00	
01-13-20	AHT Tax - Room				5.36	
01-13-20	GST Tax - Room				6.70	
01-14-20	MasterCard					146.06
our accou	for staying with us! Qualifyi nt. Please tell us about your rward to welcoming you bac	ng points for this stay will automati stay by writing a review here - www k enen	cally be credited to v.ihg.com/reviews.	Total	146.06	146.06
110 IOON IO	ward to welcoming you bac	K SOON.	-	Balance	0.00	

3

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.

Holiday Inn Express Hotel & Suites-Edson 4520 2nd Ave. Edson, AB T7E 1C3 Telephone: (780) 723-4011 Fax: (780) 723-4447

AHS Public Disclosure Expense Claims

Claimant	Claimant Title	Claimant Location	Expense]								
Name			Claim Total									
CUMMINGS,	Chief Zone Officer, North Zone	Westlock	\$ 130.00									
GREGORY												
Expense Date	Business reason		Expense	Expense Type	Amount	From	То	Justification	# of	# of	Attendee	Trip
			Location			Location	Location		days	Attendees	Name(s)	Distance
1/8/2020	Travel evening before to attend PCN Service Plan	ining meeting in	AB - North	Meals Per Diem	\$ 24.00				1			
	Bonnyville.		Zone									
1/9/2020	Attended all-day PCN Service Planning Meeting in	n Bonnyville	AB - North	Meals Per Diem	\$ 34.50				1			
			Zone									
1/13/2020	Travelled to Edson to attend meeting with West	Yellowhead MLA.	AB - North	Meals Per Diem	\$ 24.00				1			
			Zone									
1/14/2020	Travelled to Edson for meeting with MLA and als	o made a site visit.	AB - North	Meals Per Diem	\$ 47.50				1			
			Zone									
Approver(s) for the claim Approval Status			Approval Date		1		•	•			<u> </u>	
GORDON, DEBORAH A Approve			28-Jan-20									