

## AHS Board and Executive Expense Report

**Name:** Gregory Cummings

**Title:** Chief Zone Officer, North Zone

**Location:** Westlock

Expenses approved during the month of November 2020

Travel (1)										
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Nov-20	P-Card	Meetings			770		770			
Nov-20	Expense Claim	Meetings		312			312			
Nov-20	Direct Bill	Meetings	798			156	954			
<b>Total</b>			\$ 798	\$ 312	\$ 770	\$ 156	\$ 2,035	\$ -	\$ -	\$ -

**Total for  
the Month** \$ 2,035

Maximum daily single meal expense claimed in the month \$ 24

Maximum daily base hotel rate claimed in the month \$ 164

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.

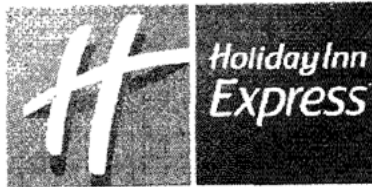
### 4) Other

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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

## AHS Executive Expenses Report P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
CUMMINGS, GREGORY	Chief Zone Officer North Zone	Westlock	\$ 769.76								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/24/2020	Slave Lake Family Care Clinic Meeting on Sept 23,2020	AB - North Zone	Accommodations	\$ 165.79				1			
9/25/2020	Administration at Manoir du Lac in McLennan on Sept. 24, 2020	AB - North Zone	Accommodations	\$ 146.06				1			
9/30/2020	Meeting with Slave Lake Mayor & Administration at Manoir du Lac in McLennan on Sept 30, 2020	AB - North Zone	Accommodations	\$ 165.79				1			
10/1/2020	Administration at Manoir du Lac in McLennan on Oct. 1, 2020	AB - North Zone	Accommodations	\$ 146.06				1			
10/2/2020	Administration at Manoir du Lac in McLennan on Oct. 2, 2020	AB - North Zone	Accommodations	\$ 146.06				1			
Approver(s) for the claim	Approval Status	Approval Date									
GORDON, DEBORAH A	Approve	5-Nov-20									



09-24-20

<b>Gregory Cummings</b> 10323 107a Ave Westlock AB T7P 1J4 Canada	Folio No. :	██████████	Room No. :	██████████
	A/R Number :		Arrival :	09-23-20
	Group Code :		Departure :	09-24-20
	Company :	AB Health Services	Conf. No. :	██████████
	Membership No. :	PC ██████████	Rate Code :	██████████
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
09-23-20	*Accommodation	152.10	
09-23-20	GST (806941001RT001) 5% - I	7.61	
09-23-20	Tourism Levy 4% - Room	6.08	
09-24-20	MasterCard XXXXXXXXXXXX ██████████		165.79
<b>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 - <a href="http://www.ihg.com/reviews">www.ihg.com/reviews</a>. We look forward to welcoming you back soon.</b>		<b>Total</b>	<b>165.79</b>
		<b>Balance</b>	<b>0.00</b>

**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.

Holiday Inn Express Hotel Slave Lake  
1551 Main Street SE  
PO Box 427  
Slave Lake, Alberta, T0G2A0 Canada  
Telephone: (780) 849-4819 Fax: (780) 849-5045



09-25-20

<b>Gregory Cummings</b> 10323 107a Ave Westlock AB T7P 1J4 Canada	Folio No. :	[REDACTED]	Room No. :	[REDACTED]
	A/R Number :	[REDACTED]	Arrival :	09-24-20
	Group Code :	[REDACTED]	Departure :	09-25-20
	Company :	Ihg Small Biz 2 Cad Rates	Conf. No. :	[REDACTED]
	Membership No. :	PC [REDACTED]	Rate Code :	[REDACTED]
	Invoice No. :	[REDACTED]	Page No. :	1 of 1

Date	Description	Charges	Credits
09-24-20	*Accommodation	134.00	
09-24-20	GST (806941001RT001) 5% - I	6.70	
09-24-20	Tourism Levy 4% - Room	5.36	
09-25-20	MasterCard XXXXXXXXXXXX [REDACTED]		146.06
<b>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.</b>		<b>Total</b>	<b>146.06</b>
		<b>Balance</b>	<b>0.00</b>

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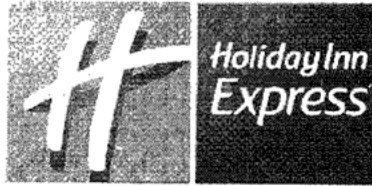
09-30-20

<b>Gregory Cummings</b> 10323 107a Ave Westlock AB T7P 1J4 Canada	Folio No. :	[REDACTED]	Room No. :	[REDACTED]
	A/R Number :	[REDACTED]	Arrival :	09-29-20
	Group Code :	[REDACTED]	Departure :	09-30-20
	Company :	AB Health Services	Conf. No. :	[REDACTED]
	Membership No. :	PC [REDACTED]	Rate Code :	[REDACTED]
	Invoice No. :	[REDACTED]	Page No. :	1 of 1

Date	Description	Charges	Credits
09-29-20	*Accommodation	152.10	
09-29-20	GST (806941001RT001) 5% - I	7.61	
09-29-20	Tourism Levy 4% - Room	6.08	
09-30-20	MasterCard XXXXXXXXXXXX [REDACTED]		165.79
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		<b>Balance</b>	<b>0.00</b>

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4.

10-01-20

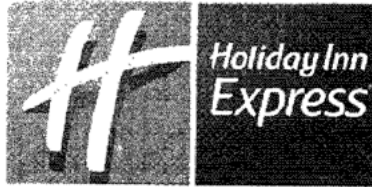
<b>Gregory Cummings</b> 10323 107a Ave Westlock AB T7P 1J4 Canada	Folio No. :	[REDACTED]	Room No. :	[REDACTED]
	A/R Number :	[REDACTED]	Arrival :	09-30-20
	Group Code :	[REDACTED]	Departure :	10-01-20
	Company :	Ihg Small Biz 2 Cad Rates	Conf. No. :	[REDACTED]
	Membership No. :	PC [REDACTED]	Rate Code :	[REDACTED]
	Invoice No. :	[REDACTED]	Page No. :	1 of 1

Date	Description	Charges	Credits
09-30-20	*Accommodation	134.00	
09-30-20	GST (806941001RT001) 5% - f	6.70	
09-30-20	Tourism Levy 4% - Room	5.36	
10-01-20	MasterCard XXXXXXXXX [REDACTED]		146.06
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		<b>Balance</b>	<b>0.00</b>

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5.

10-02-20

<b>Gregory Cummings</b> 10323 107a Ave Westlock AB T7P 1J4 Canada	Folio No. :	[REDACTED]	Room No. :	[REDACTED]
	A/R Number :	[REDACTED]	Arrival :	10-01-20
	Group Code :	[REDACTED]	Departure :	10-02-20
	Company :	Ihg Small Biz 2 Cad Rates	Conf. No. :	[REDACTED]
	Membership No. :	PC [REDACTED]	Rate Code :	[REDACTED]
	Invoice No. :	[REDACTED]	Page No. :	1 of 1

Date	Description	Charges	Credits
10-01-20	*Accommodation	134.00	
10-01-20	GST (806941001RT001) 5% - f	6.70	
10-01-20	Tourism Levy 4% - Room	5.36	
10-02-20	MasterCard XXXXXXXXXXXX [REDACTED]		146.06
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		<b>Balance</b>	<b>0.00</b>

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## AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
CUMMINGS, GREGORY	Chief Zone Officer North Zone	Westlock	\$ 311.50								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/23/2020	Administrator for Manoir Du Lac in McLennan (Sept 23-25, 2020)	AB - North Zone	Meals Per Diem	\$ 132.00				3			
9/29/2020	Slave Lake Mayor & Administration for Manoir du Lac in McLennan (Sept 29-Oct.2, 2020)	AB - North Zone	Meals Per Diem	\$ 179.50				4			
Approver(s) for the claim	Approval Status	Approval Date									
GORDON, DEBORAH A	Approve	26-Oct-20									



## 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> Gregory Cummings	<b>Reporting Period for the Month of :</b> Nov-20
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
23-Sep-2020	<b>Direct Billing</b>	<b>Airline Ticket</b>	Flight to Grande Prairie for Site Visit and travel to La Crete for Minister Tour. (Trip was cancelled and received a credit)	<b>Vision Travel</b>	\$641.81
Nov 5 2020	<b>Direct Billing</b>	<b>Car Rental</b>	ENTERPRISE RENT-A-CAR - Car rental for travel to Grande Prairie - Nov 01 to 04, 2020	<b>Other</b>	\$156.05
<b>Total Paid in the Month</b>					\$ 797.86



Alberta Health Services  
 North Tower  
 10030-107 St  
 Suite 800  
 Edmonton, AB T5J 3E4

Sale Invoice No: [REDACTED]  
 Date Issued: 9/23/2020  
 Agent: [REDACTED]  
 Group No.:

Traveler	Ticket/Conf No	Department	Depart Date	Return Date	Remarks	QST	Total Fare
Type		Airline/Vendor		GST/HST Combined			
From	To	Flight	A/L	Depart	Arrive		
Cummings/Gregory Mr				10/4/2020	10/9/2020		
Dom. Air	[REDACTED]	AIR CANADA				0.00	641.81
YEG Edmonton	YYC Calgary	8137	AC	10/4/2020 8:20 AM	10/4/2020 9:13 AM		
YYC Calgary	YQU Grande Prairie	8475	AC	10/4/2020 11:20 AM	10/4/2020 12:46 PM		
YQU Grande Prairie	YYC Calgary	8478	AC	10/9/2020 1:45 PM	10/9/2020 3:02 PM		
YYC Calgary	YEG Edmonton	8164	AC	10/9/2020 5:50 PM	10/9/2020 6:41 PM		

Payments Applied To This Invoice				
MC [REDACTED]	Received	9/23/2020	Pynt For Inv [REDACTED]	-641.81

HST Amount	0.00
GST/HST Combined Total	30.56
QST Total	0.00
Invoice Total	641.81
Payment Total	-641.81
Balance Due	0.00



Federal GST# : 889365821

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



05-Nov-2020

**Bill To Information**

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

**Rental Information**

Reservation Number : [REDACTED]  
Driver : CUMMINGS, GREGORY  
Pickup Date/Time : 11/01/2020 13:21  
Return Date/Time : 11/04/2020 13:21  
Miles/kms : 74  
Car Class : ICAR

Requested Class : ICAR

**Vehicle Information**

Yr/Make/Model Unit # License No Beg/End/Distance  
2020/HYUNDAI/ELANTZSH8JR [REDACTED] [REDACTED]  
VIN [REDACTED]

**Rental Branch**

GRANDE PRAIRIE AIRPORT  
MELS U-DRIVE (1978) LTD  
GRANDE PRAIRIE, AB - T8V 7Z5

**Return Branch**

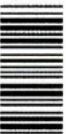
GRANDE PRAIRIE AIRPORT  
MELS U-DRIVE (1978) LTD  
GRANDE PRAIRIE, AB - T8V 7Z5

**Charge Detail**

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	3	DAY	43.00	129.00
			Sub Total	129.00
CONCESSION RECOUP FEE 16.9 PCT		PERCENT	16.90	21.80
VEH LIC RECOUPMENT 1.75/DAY	3	DAY	1.75	5.25
<b>Total Charges (CAD)</b>				<b>156.05</b>

**Additional Information**

Ext Bill Ref # 1 [REDACTED] COST CENTER# [REDACTED]



**Remit Payment in CAD to**

ENTERPRISE RENT A CAR CANADA COMPANY  
P.O. BOX 9716  
STATION A  
TORONTO ON M5W 1R6

Email Remit To: CanadianAR@erac.com

**For Billing Inquiries**

Tel#: +1 8773121084  
AskARCanada@ehi.com

**Payment Terms**

Payment Due Within 30 days of invoice date.  
Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.