

AHS Board and Executive Expense Report

Name Heather Hirsch
Title AHS Board Member
Location Fort Macleod

Expenses submitted during the month of April 2018

			Travel (1)					Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel			
Apr-18	Expense Claim	Meetings				548	548			
Total			\$ -	\$ -	\$ -	\$ 548	\$ 548	\$ -	\$ -	\$ -

Total for the Month \$ 548

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 \$ -

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:	Heather Hirsch			Expense Period Month:	Apr-18
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Community Engagement Committee Meeting on April 12, 2018 and Private Board Meetings on April 18 and 26, 2018 in Calgary.				

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	71110300000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$548.43
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$548.43

SECTION 3: AUTHORIZATION			
I attest that I have read and understand all applicable policies that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.			
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#
Heather Hirsch	<i>Please see attached email for approval - May 23/18</i>	May 23/18	[REDACTED]

I attest that I have read and understand all applicable policies of that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.	
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>	2018/5/30

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

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

For payment please submit to:

14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

Carry forward from Section 1

Name:	Heather Hirsch	Expense Period Month:	Apr-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				
12-Apr-2018	Mileage from residence to Southport and return to attend Community Engagement Committee Meeting.	Yes							362	
18-Apr-2018	Mileage from residence to Southport and return to attend Private Board Meeting.	Yes							362	
26-Apr-2018	Mileage from residence to Southport and return to attend Private Board Meeting.	Yes							362	
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	1,086.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 548.43
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