

AHS Board and Executive Expense Report

Name Heather Hirsch
Title AHS Board Member
Location Fort Macleod

Expenses submitted during the month of July 2018

						Travel (1)							
MMM-YY	Source Document	Purpose	Airfaı	re	Meals	Accommodatio	n	Other Travel	otal ravel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Othe (4)	
Jul-18 Jul-18	Expense Claim Direct Billing	Meetings Meetings			21	44	7	562	583 447				
Total			\$	_	\$ 21	\$ 44	7 :	\$ 562	\$ 1,030	\$ -	\$ -	\$	

Total for

the Month \$ 1,030

Maximum daily single meal expense claimed in the month \$ 21 Maximum daily base hotel rate claimed in the month \$ 199 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.



Employeett	
AHS - AP Processing - Internal Use Only	
Voucher#	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

				CONTRACTOR OF THE PROPERTY OF			AT AREA THAT IS NOT A TOTAL	CONTRACTOR OF STREET		
SECTION	1: PAYE	E INFORM	ATION						S.	11
Name:	Heather I	Hirsch					Expense Period Month:			Jul-18
Address:						City:				
Province:	Province: AB			Postal Code:			Country	:	Canada	
Reason for	Expense	Attended P	rivate and Public	Board Meetings	/Retreat	on July 26-27,	2018 in	Edmon	iton.	
SECTION	l 2: FINAI	NCE CODI	NG & TOTAL CL	AIM						
Descr	iption	Corp/BU/O	Location (If applicable)	The second secon	unctional tre/Prima	<u>ry</u>		ense/ ary Acct	(Note: T	<u>Total</u> his column will auto fill)
Meals (A)		101	0005	711	1030000	000 45000		0000		\$20.75
Travel Exp	(B+C+E)	101	0005	711	1030000	00	62212000			\$562.18
Other (D)		101	0005	711	1030000	00	4109	0000		\$0.00
				TOTAL AMOUNT	PAYABI	LE BY ACCOU	INTS PA	YABLE		\$582.93
				SECTION 3: A	UTHOR	IZATION		H # 10	-1164 1 -2	= - 540
such policy to I attest the ex my behalf fro	the best of r spenses enclo m Alberta He	my understandi osed in this clair ealth Services o	ng and belief.	purposes for Alberta n.	Health Serv	vices Board and th	at this clai	m has not	been previo	imed are in compliance with busly claimed by me or on rovided below.
Claimant (P	rint Name)		Signature: I, by	signing this form, attest t	nat I am comp	liant to all the above s	tatements	Date		Phone#
Heather H	irsch		Seea	Hacked em	siltin	rappro	odl.	Aug.	15,2018	
such policy to I attest the ex claimant or o	the best of r openses enclo n their behal	my understandi osed in this clair f from Alberta I		purposes for Alberta ther Organization.	Health Serv	vices Board and th	at this clai	m has not	been previo	
Approved b						Title/Program G				
Linda Hug	lhes				Board C		eresteti #fili			
	Links	Azl	am compliant with all the at		ation 20/h	of the			Date Ay 2	3/18
nealth and P	ersonal inforn	nation on this for	m is collected by AHS u	ider the authority of se	Clion 20(b)	or trit		_		

Information and Protection of Privacy (FOIP) Act, respectively, for the purpos

Deborah Rhodes, VP Corporate Services & CFO

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:	Jul-18	

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).

			Meal (A	eal (Allowance OR Receipt)(A)						
<u>Date</u>	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method	ffective nethod Within C		With Receipt <u>or</u> Allowance Outside Canada		Accom- modation (B)	<u>Transportation</u> (Flight, Car Rental, Fuel, Parking, Taxi)	Other (Itemize)	Mileage km (E)
		used?	Meal Type	Allow- ance	Meal Type	Amount	121	(C)	(1)	
25-Jul-2018	Mileage from residence to Westin Hotel in Edmonton & return to attend Private/Public Board Meetings in Edmonton on July 26-27, 2018.	Yes								976
25-Jul-2018	Parking x 2 days and dinner per diem.	Yes	D-\$20.75	\$20.75	√			\$69.30		
					V			ÿ		
				N			3			
	Total: (amount auto fills to	nage 1)		\$20.75	/	\$0.00	\$0.00	\$69.30	\$0.00	976.00

BOARD MEMBER Mileage Rate 0.505 Total Mileage \$ 492.88

The Westin Edmonton 10135 100 St Edmonton, AB 75J 0N7 Canada Tel 780-426-3636 Fax 780-428-1454

Heather Hirsch

Alberta Health Services II

WESTIN' HOTELS & RESORTS

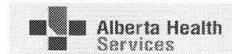
Invoice Nbr Page Number Guest Number Folio ID Arrive Date Depart Date No Of Guest 21:25 27-JUL-18 12:00 Room Number Club Account AR Account

Tax Invoice

Date Reference	Description	Charges (CAD)	Credits (CAD)
25-JUL-18	Parking Self	33.00	
25-JUL-18	GST	1.65	Committee of the Commit
26-JUL-18	Parking Self	33.00	
26-JUL-18	GST	1.65	
27-JUL-18	Mastercar		-69.30
	** Total	69:30	-69 30
	*** Balance	0.00	

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Continued on the next page



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 	er you have expenses to report in this section	for this reporting period: YES
Name :	Heather Hirsch	Reporting Period for the Month of: Jul-18

YES

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-Jul-18	Direct Billing	Hotel	Two nights accommodation to attend Board Meetings/Retreat on July 26-27, 2018 in Edmonton.	Vision Travel	\$446.84
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	s
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List	,	Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
Total Paid in t	he Month				\$ 446.84

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7

Canada

Tel: 780-426-3636 Fax: 780-428-1454

Heather Hirsch

Alberta Health Services Ii



Page Number
Guest Number
Folio ID
Arrive Date
Depart Date
No. Of Guest
Room Number
Club Account
AR Account

1 Invoice Nbr

25-JUL-18 21:25
27-JUL-18 07:31
1

Copy Tax Invoice

Tax ID: 815461330RT0001

Date	Reference	Description	Charges (CAD)	Credits (CAD)
25-JUL-18		Room Charge	199.00	
25-JUL-18		GST	10.25	
25-JUL-18		Destination Marketing Fee	5.97	
25-JUL-18		Tourism Levy	8.20	
26-JUL-18		Room Charge	199.00	
26-JUL-18		GST	10.25	
26-JUL-18		Destination Marketing Fee	5.97	
26-JUL-18		Tourism Levy	8.20	
27-JUL-18		Direct Bill		-446.84
		•• Total	446.84	-446.84
		*** Balance	0.00	440.04

Continued on the next page