

AHS Board and Executive Expense Report

Name Hugh D. Sommerville
Title AHS Board Member

Location Drumheller

Expenses submitted during the month of March 2018

						Travel (1)								
												Working		
												Sessions		
											Professional	Hosting and		
	Source							Other		Total	Development	Hospitality	Other	
MMM-YY	Document	Purpose	Airfare)	Meals	Accommodati	ion	Travel	Т	ravel	(2)	(3)	(4)	
Mar-18	Expense Claim	Meetings			83			616		699				
Mar-18	Direct Billing	Meetings				6	94			694				
Total			<u>¢</u>		t 02	ф Z	0.4	¢ /1/	ф	1 202	Φ.	ф.	¢	
iotai			\$	- ;	\$ 83	\$ 6	94	\$ 616		1,393	\$ -	> -	\$	

Total for

the Month \$ 1,393

Maximum daily single meal expense claimed in the month \$ 21 Maximum daily base hotel rate claimed in the month \$ 165 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.



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

BOARD MEMBER EXPENSE CLAIM FORM

SECTION	1: PAYE	EE INFORMA	ATION								
Name:	Hugh D.	Sommerville					Expension Month:	e Period	Jan-March 2	018	
Address:		The second second			City:				Average over the resonance of		
Province:	АВ			Postal Code:		Country	<i>'</i> :	Canada			
Reason for	Expense	Attendance 2018 in Edm		d Meeting on Fet	oruary 1, 2018 an	d Private and	Public E	Board Me	eting on Marc	h 26,	
SECTION	2: FINA	NCE CODIN	G & TOTAL C	LAIM							
Descri	ption	Corp/BU/O	Location (If applicable)	_		-			<u>Total</u> nis column will	Total column will auto fill)	
Meals (A)		101	0005	71	110300000	4500	0000		\$83.00	1	
Travel Exp	(B+C+E)	101	0005	71	110300000	6221	2000	\$616.10			
Other (D)		101	0005	71	110300000	4109	0000		\$0.00	,	
				TOTAL AMOUNT	PAYABLE BY A	CCOUNTS PA	YABLE		\$699.10	10	
				SECTION 3: A	AUTHORIZATIO	N					
Not attest the exp	enses enclo	BUTLT	4	hat pertain to these ex ss purposes for Alberta on						1	
		mitted in this clain	n have been incurre	ed by using a cost effec			707				
Claimant (Pri Hugh D. Sc		e	Signature:	of segring the temperous to	that I am compliant to Militro	o above statements	Apr.	115/18	Phone#		
l attest the exp claimant or on l attest that ex	enses enclo their behalf penses subn	sed in this claim a from Alberta Hea nitted in this clain	are for valid busines alth Services or any	if that pertain to these is purposes for Alberta other Organization. Id by using a cost effec	Health Services Board	d and that this claim we rationale and sup	n has not l	been previo	usly claimed by th	1	
Approved by Linda Hugh		0)			Position Title/Program Group Board Chair						
Signature:		form attest you'll am	r compliant with a little i	above statements				Date April	27/18		

The state of the s

of Privativi FOIP) Acti respectively, for the purpose of administering Al-

He aim and Personal information on this form is collected to, AHS under the authority of section 20(b) of the Health Information (

Deborah Rhodes. VP Corporate Services & CFO Position #: DOFA Level:

Position #.

For payment please submit to:

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

Carry fo	rward from Section 1		
Name:	Hugh D. Sommerville	Expense Period Month:	Jan-March 2018

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)

ECTION 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 (All		llowance OR Receipt)(A)								
<u>Date</u>	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method	Allowa Within C		Allowan	eceipt <u>or</u> ce Outside nada	Accom- modation	Transportation (Flight, Car Rental, Fuel, Parking, Taxi)	Other (Itemize)	Mileage km (E)
	point, details of experior(dre)	used?	Meal Type	Allow- ance	Meal Type	Amount	(2)	(C)	,,,,	
31-Jan-2018	Mileage from Drumheiler to Edmonton and return to attend Private Board Meeting on February 01, 2018 in Edmonton	Yes	D-\$20 75	\$20.75	1					610
1-Feb-2018	Per diem	Yes	D-\$20 75	\$20.75	/					
25-Mar-2018	Mileage from Drumheller to Edmonton and return to attend Private/Public Board Meetings on March 26th, tour of EMS on March 27th	Yes	D-\$20 75	\$20.75	/					610
26-Mar-2018	Per diem	Yes	D-\$20 75	\$20.75	✓					
		,								
	Total: (amount auto fills to	page 1)		\$83 00	V	50 00	\$0.00	\$0.00	\$0.00	1,220.00

BOARD MEMBER Mileage Rate 0.505 Total Mileage \$ 616.10



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:

Name :	Hugh Sommerville	Reporting Period for the Month of :	January - March 2018

YES

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
31-Jan-2018	Direct Billing	Hotel	Two nights accommodation to attend Private Board Meeting on February 01, 2018 in Edmonton.	Other	340.64
25-Mar-2018	Direct Billing	Hotel	Two nights accommodation to attend Private and Public Board Meetings on March 26, 2018; and tour of EMS Dispatch Centre and Air Ambulance on March 27, 2018 in Edmonton.	Choose from Drop-down List	353.50
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	Đ
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	20
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	28
Total Paid in the	Month				\$ 694.14



AB Health Services 14th Floor North Tower 10030-107Street Edmonton AB 5J 3E4 Canada Room No. Arrival Departure Folio No.



Guest Name: Sommerville, Hugh

Approve

Invoice No. AR No. Conf No.



INVOICE

Date	Description	Charges	Credits
01-31-18	Room Revenue	159.00	
01-31-18	Destination Marketing Fee	4.77	
01-31-18	Room GST	8.19	
01-31-18	Tourism Levy	6.55	
02-01-18	Room Revenue	159.00	
02-01-18	Destination Marketing Fee	4.77	
02-01-18	Room GST	8.19	
02-01-18	Tourism Levy	6.55	
03-01-18	Adj Room GST	-16.38	
			a 4.2.2001 - 1.2.2.4 141 W. 447

Total Charges	340.64	
Total Credits		0.00
Balance		340.64

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AB Health Services 14th Floor North Tower 10030-107Street Edmonton AB 5J 3E4 Canada Room No. Arrival Departure Folio No.

: 03-25-18 : 03-27-18

Guest Name: Sommerville, Hugh

AHS Contact

Company Name: AB Health Services

INVOICE

Invoice No. AR No.



Date	Description	Charges	Credits
03-25-18	Room Revenue	165.00	
03-25-18 Destination Marketing Fee		4.95	
03-25-18	Tourism Levy	6.80	
03-26-18	Room Revenue	165.00	
03-26-18	Destination Marketing Fee	4.95	
03-26-18	Tourism Levy	6.80	

Total Credits	0.00
Total Charges	353.50

Balance 353.50

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