

Board and Executive Expense Report

Name Jitendra Prasad
Title Chief Program Officer, Contracting, Procurement & Supply Management
Location Edmonton
 Expenses submitted during the month of August 2014

Travel (1)

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Aug-14	Expense Claim	Meetings		21		156	177			
Aug-14	Direct Billing	Meetings	447				447			
Total			\$ 447	\$ 21	\$ -	\$ 156	\$ 624	\$ -	\$ -	\$ -

Total for the Month \$ 624

Maximum daily single meal expense claimed in the month \$ 21
 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.

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

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions.
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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 No

Name:	Reporting Period for the Month of:
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-07-29	Direct Billing	Transportation	Rtrn flight Edm-Cal to attend Mtg	Marlin Travel	\$446.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: July 25, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For: [REDACTED]
MR JITENDRA PRASAD
[REDACTED]

Tuesday, July 29, 2014

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 1C

Flight: 8133 V CLASS
07:00 AM Equipment: CRJ JET
07:46 AM

Mile(s) Flown: 153

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA [REDACTED]
TICKET NUM [REDACTED]
SEAT 2D

Flight: 8160 V CLASS
08:30 PM Equipment: CRJ JET
09:18 PM

Mile(s) Flown: 153

Cost: [REDACTED] [REDACTED] [REDACTED]
AIR CANADA WE [REDACTED] [REDACTED] [REDACTED] 372.00
[REDACTED] [REDACTED] [REDACTED] Tax: 74.96
Ticket Total: 446.96

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number:
Date:
Page:
Our Reference:
Your Reference:

[REDACTED]
July 25, 2014
2/2
[REDACTED]

INVOICE

Total:

Grand Total:	446.96
Less Credit Card Payments:	446.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Business Reason

To attend CPSM Monthly Executive Directors, Surgery Meeting. Due to sensitivity of presentation, I was required to present in person.

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
 • Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
 • If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 29-Jul-14 To 29-Jul-14
 Travel Period from: 29-Jul-14 To 29-Jul-14 (if applicable)
 Out-of-Province Travel No

Name: Jitendra Prasad Position (Title): Chief Program Officer

Location: SSP Dept: [REDACTED] DOFA Level: [REDACTED] (if applicable) Union: Business Phone #: [REDACTED] Ext: [REDACTED]

Employee # (E-People): [REDACTED]

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____ Project Task Number _____ Expenditure Type _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0006	71135050000	\$176.30 SA						\$176.30		
2B												
2C												
2D												
				\$176.30							TOTAL CLAIM	\$176.30 SA

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

NOTE: These fields do not automatically fill for Section C & D

**User to enter Coding & \$ Amounts

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services 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 above. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements
 Employee Signature: [Signature] Date: Aug 15/2014

I attest that I have read and understand all applicable policies of Alberta Health Services 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 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 above. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level [REDACTED] Position # [REDACTED] Phone # [REDACTED]

I, by signing this form, attest that I am compliant to all the above statements
 Signature: Deborah Rhodes Title: Deborah Rhodes Acting Vice President, Corporate Services & CFO Date: Aug. 15/14

I attest that I have read and understand all applicable policies of Alberta Health Services 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 and that this claim has not been previously claimed by the claimant or on their behalf from AHS.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): Deb Rhodes DOFA Level [REDACTED] Position # [REDACTED] Phone # [REDACTED]

I, by signing this form, attest that I am compliant to all the above statements
 Signature: _____ Title: _____ Date: _____

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0006 7113505000 Emp # (E-People) [REDACTED]

If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT** separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B: TRAVEL EXPENSES NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter!)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

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 on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended (if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
29-Jul-14	Return flight Edmonton to Calgary for meeting with Executive Directors, Surgery - taxi from Calgary Airport to Foothills Hospital	AB - Provinc	Meeting	No	BL-\$20.80	\$20.80									
29-Jul-14	Taxi from Foothills to Southport to attend Debrief on BRG and Core Team meeting	AB - Provinc	Meeting	Yes											
29-Jul-14	Taxi from Southport to Calgary Airport	AB - Provinc	Meeting	Yes											
29-Jul-14	Parking at Edmonton Airport	AB - Local	Meeting	Yes								\$25.00			
SUBTOTALS						\$20.80						\$130.50	\$25.00		Total Kms

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
 → details of travel location to & from must be included above under the purpose of travel column
 Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)

Mileage \$

Travel \$ Subtotal \$176.30

Auto fills on page 1 - TOTAL TRAVEL \$176.30

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Rationale is Required for expenses that are not Cost Effective
 (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)
 Attended CPSM Monthly Executive Directors, Surgery Meeting -- due to sensitivity of sourcing presentation, I was required to present in person. In addition, participated in 1:1 engagement meetings.

July 29, 2014

ASSOCIATED CAB A/T/A LTD
307 41 Ave NE (403) 299 1111
INVEST OUR TAXI PROFESSIONALS

DATE: 2014/07/29
PICK-UP TIME: 08:15
DROP-OFF TIME: 08:48
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER: 0138
CARD TYPE: VISA
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 41.70
EXTRA (\$): 0.00
SUBTTL (\$): 41.70

TIP (\$):

TOTAL (\$):

SIGNATURE:

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

3
* TRANSACTION RECEIPT *
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service
TYPE: Visa
CARD: [REDACTED]
EXP: [REDACTED]
DATA: SWIPED
Terminal ID: 000014726B92
DATE: 2014/07/29 12:19:39
AUTH: [REDACTED]
IFID: [REDACTED]
DRV: [REDACTED]
VEH: [REDACTED]
GST: 831393848
Meter Start Time: 11:57:57
Meter Stop Time: 12:18:58
Distance: 15.3 Km

FARE 1: \$ 29.70
FLAT: \$ 0.00
TAX: \$ 0.00
TOTAL FARE: \$ 29.70
PAYMENT AMOUNT: \$ 29.70
TIP: \$ 3.00

TOTAL PAYMENT: \$ 32.70
SIGNATURE:

THANK YOU

Travel from Calgary
Airport to Foothills
Hospital to attend
Executive Director's
Surgery met.

Taxi from Foothills to
Southport to attend
Debrief on BRP and
Cone team met.

July 29, 2014

3)

* TRANSACTION RECEIPT *

Checker/Yellow Cabs
 316 Meridian Road SE
 Calgary, AB, T2A 1X2
 403-299-9999

Taxi Service

TYPE: Visa

CARD [REDACTED]

EXP [REDACTED]

DATA: SWIPED

TerminalID: 00001591E28E

DATE: 2014/07/29 16:30:13

AUTH: [REDACTED]

IFID: [REDACTED]

DRV : [REDACTED]

VEH : [REDACTED]

GST : 839254745

Meter Start Time:
 15:56:31

Meter Stop Time:
 16:29:25

Distance: 29.5 Km

FARE 1:	\$ 48.67
FLAT :	\$ 0.00
TAX :	\$ 2.43
TOTAL FARE:	\$ 51.10
PAYMENT AMOUNT:	\$ 51.10
TIP:	\$ 5.00

TOTAL PAYMENT: \$ 56.10

Purchase Auth Complete
 Cardholder Copy

GST# R128599776 4)

Edmonton Airports

Can-T5J 2T2 Edmonton
 Tax CodeCA5%

P3 South C 29/07/14 21:42
 Receipt [REDACTED]

Short-term parking tkt
 HL - No. 057243
 29/07/14 06:05 -
 30/07/14 06:04 -
 Period 1d0h0'
 (Tax) \$25.00

Total \$25.00

Payment Received
 VISA [REDACTED] \$25.00

Type: Swiped

Sub Total \$23.81
 Tax 5% 1.19

08ESA22C - 1/1

Parking at Edmonton Airport.

Taxi from Southport Office, Calgary to Calgary Airport.