

Board and Executive Expense Report

Name Jitendra Prasad

Title Chief Program Officer, Contracting, Procurement & Supply Management

Location Edmonton

Expenses submitted during the month of February 2015

					Travel (1)						
Source Month-Year Document Purpose	Ai	irfare	Meals	s Ac	commodation	her avel	Tota Trav		Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-15 Expense Claim Meetings						183		183			
Feb-15 Direct Billing Meetings		413						413			
Dec-14 Direct Billing Meetings		444						444			
Total	\$	857	\$	- \$	-	\$ 183	\$1,	040	\$-	- \$	\$
Total for the Month \$ 1,040											
Maximum daily single meal expense claimed in the mor Maximum daily base hotel rate claimed in the month	th \$ \$	-									

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

Non economy air travel in the month

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 Public Disclosure Expense Claims

Claimant Name			Expense Claim Total
PRASAD, JITENDRA	Chief Program Officer, Contracting, Procurement & Supply Management	Edmonton	183.18

Expense Date		•	Expense Type		From Location	To Location	Justification		# of Attendees	Attendee Name(s)	Trip Distance
2/11/2015	Taxi from Quarry Park to SouthPort Office		Taxi	28.98				1			
2/11/2015	Taxi from Southport to Calgary Airport		Taxi	66.7				1			
2/11/2015	Taxi from Calgary Airport to Quarry Park Office		Taxi	62.5				1			
2/11/2015	All day parking at Edmonton International Airport		Parking	25				1			
Approver(s) for the claim		Approval Status		Approval Date							
	RHODES, DEBORAH		Approve	9-Mar-15							

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ASSOCIATED CAB ALTA LTD 307 - 41 AVE NE (403) 299-1111 INSIST ON THE PROFESSIONALS

DATE	2015/02/11	
PICK-UP TIME:	87 22	
DROP-OFF TIME		
TRIP ID:	8	
LOCATION:	073000-45024162787	
CAR NUMBER	1382	
ORIVER:	143907-4502010 (707	
CARD TYPE:		
CARD		
EXPIRY:		
AUTH:		
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FARE (\$)	8 88	
EXTRA (\$)	62.58	
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CUSTOMER'S COPY

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Ne: France	I to Calgary.

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1 December -

Total Albertan Satisfaction

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 X No

Name: Jitendra Prasad	Reporting Period for the Month of: January 21 to February 20, 2015

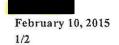
Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-02-11	Direct Billing	Transportation	Edm to Cal to attend AHS meetings	Marlin Travel	412.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Mor	nth				\$412.96

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

Branch: Agent:

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

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



INVOICE

For MR JITENDRA PRASAD AC

Wednesday. February 11, 2015

AIR CANADA From: EDMONTON INTL AB To: CALGARY AB Stops: 0 Arrival: 11Feb15 AIR CANADA E AIR CANADA CONFIRMATION TICKET NUMBER SEAT 1C

 Flight:
 8131
 V CLASS

 05:30 AM
 Equipment:
 D8 (300 SERIES)

 06:26 AM

Mile(s) Flown: 153

S. Air

AIR CANADA From: CALGARY AB To: EDMONTON INTL AB Stops: 0 Arrival: 11Feb15 AIR CANADA E AIF. CANADA CONFIRMATION TICKET NUMBER SEAT 1D
 Flight:
 8856
 V CLASS

 07:00 PM
 Equipment:
 D8 (300 SERIES)

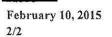
 07:55 PM

Mile(s) Flown: 153

Cost: AIR CANADA WEB

Tax: Ticket Total: 323.00 74.96 **397.96** To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB CA T5J 3E4

Invoice Nun	nber:
Date:	
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Our Referen	nce:
Your Refere	ence:



INVOICE

Cost:		
AIR CANADA WEB		-323.00
		-74.96
	Ticket Total:	-397.96
AIR CANADA WEE	0	338.00
	tax:	74.96
	Ticket Total:	412.96
Total:		
	Grand Total:	412.96
	Less Credit Card Payments:	412.96
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:......DECLINED:......DECLINED:.....DECUMENTATION 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.

U1			
U2			
U3			

Business Reasons

Traveled to Calgary to attend meetings with TELUS/AHS Executive; IT Contracts Staff Engagement and met with Calgary Taxis Providers. Due to nature of meetings in-person attendance was required.



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Total Albertan Satisfaction

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- 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: Jitendra Prasad	Poporting Deviced for the Month of Neuropher 21 to Describer 20, 2014
	Reporting Period for the Month of: November 21 to December 20, 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-11-25	Direct Billing	Transportation	Travel Edm-Cal for HR Matter Mtg	Marlin Travel	\$203.48
2014-12-02	Direct Billing	Transportation	Travel Edm-Cal mtg with Physician	Marlin Travel	\$240.48
	Choose One	Choose One			
	Choose One	Choose One			
-	Choose One	Choose One			
Total Paid in the Mor	hth			4	443.96

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

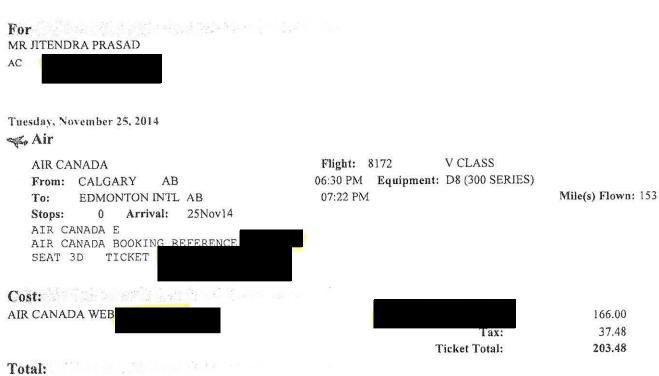
Branch:

Agent:

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

Invoice Numbe	
Date:	November 24, 2014
Page:	1/2
Our Reference:	
Your Reference:	

INVOICE



	Grand Total:	203.48
8	Less Credit Card Payments:	203.48
2 —	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:......DECLINED:....

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

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

November 24, 2014 2/2

INVOICE

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 Reasons

Attended a Human Resource matter in Southport Tower in Calgary. Due to sensitivity of the meeting, in-person attendance was required.

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

GST Reg#: 885101915 Branch:

Agent:

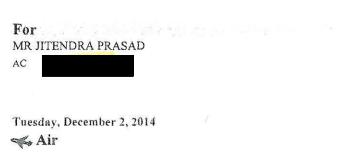
To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB, T5J 3E4

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

November 28, 2014

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INVOICE



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 Flight:
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 02:00 PM
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Mile(s) Flown: 153

Rooms 1 1 Nights(s)

NK1 Rate: 199.00 CAD per Night Guaranteed for late arrival

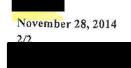
CALGARY AB DELTA HOTELS DELTA BOW VALLEY 209 4TH AVE SOUTHEAST CALGARY CA ABT2G 0C6 Tel: 4032661980 Fax: 4032660007 Confirmation:

Hotel Check In:

Check Out:

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

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



INVOICE

Cost: AIR CANADA WEI 203.00 Tax: 37.48 **Ticket Total:** 240.48 Total: Grand Total: 240.48 Less Credit Card Payments: 240.48 Credit / Balance Due To This Invoice: 0.00 **Total Balance Due:** 0.00

Business Reason

To attend meeting with visiting Physician from New Zealand. Meeting was subsequently canceled and credit note issued.