

## **Board and Executive Expense Report**

Name Jitendra Prasad

Title Chief Program Officer, Contracting, Procurement & Supply Management

**Location** Edmonton

Expenses submitted during the month of March 2015

							Trave	el (1)								
Month-Year	Source Document	Purpose	Airf	are	IV	leals	Accomm	nodation	ther avel	Tota Trav		ofessional relopment (2)		Working Sessions Hosting and Hospitality (3)	Other (4)	
Mar-15 Mar-15	Expense Claim Direct Billing	Meetings Meetings		173		39		576	137		752 173					
Total			\$	173	\$	39	\$	576	\$ 137	\$	925	\$	-	\$ -	\$	_

Total for

the Month \$ 925

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.

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	Claimant Title	Claimant Location	Expense Claim Total
PRASAD, JITENDRA	Chief Program Officer, Contracting, Procurement & Supply Management	Edmonton	752.40

RHODES, DEBORAH

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justificati on		# of Attendees	Attendee Name(s)	Trip Distance
2/22/2015	Participated in	AB - Local	Accommodations	575.70				4			
	Vendor Bid										
	Appeals Hearing										
	Delta Hotel										
	Edmonton										
3/17/2015	Attended	AB - Other Zones	Taxi	45.30				1			
	Executive										
	Directors Surgery										
	Meeting										
2/23/2015	Meals during		Meals Per Diem	39.20				4			
	Vendor Appeal										
	Hearing										
3/17/2015	Taxi from FMC to	AB - Other Zones	Taxi	19.32				1			
	SAEC Retina										
	Centre										
3/17/2015	Taxi from SAEC to	AB - Other Zones	Taxi	47.88				1			
	Calgary Airport										
3/17/2015	All day parking at	AB - Local	Taxi	25.00				1			
	Edmonton Airport										
Approver(s) for the claim		Approval Status		Approval Date							

Approve

17-Apr-15

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# EDMONTON CENTRE

10222 - 102 Street, Edmonton, Alberta T5J 4C5 Tel: 780-429-3900 Fax: 780-421-3259

GOVT AB Mr Jitendra Prasad Alberta Health Services

Room: Folio:

er:

Cashier: Arrival:

02-22-15

Departure:

02-25-15

Date	Description	Additional Information	Charges	Credits
UZ*ZZ*13	Noom Gharge		165.00	
02-22-15	Room - GST		8.50	
02-22-15	Room - Tourism Levy		6.80	
02-22-15	Room - Destination Mkt. Fee		4.95	
02-22-15	Weekend-Parking	19 95		
02-20-10	Noon Charge		765.00	
02-23-15	Room - GST		8.50	
02-23-15	Room - Tourism Levy		6.80	
02-23-15	Room - Destination Mkt. Fee		4.95	
02-24-15	Room Charge		165,00	
02-24-15	Room - GST		8.50	
02-24-15	Room - Tourism Levy		6.80	
02-24-15	Room - Destination Mkt. Fee		4.95	
02-25-15	Visa		2,000,000,000,000	651.15
	CONTROL OF SAME SECURITY SAME	Total	651.15	651.15
GST Sum		Balance Due	0.00 CD	N
Registration Room	on No: 899111215 25.50	1		
F&B	2,95		Q	F. 375.7
Other	0.95			
Total	29.40			

Business Reason

1.

Prepared and participated in Vendor Bid Appeal hearings from February 22 to February 25, 2015.

Guest Signature:

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441

Altended Monthly Executive Toirectors Surgary Meeting Chald at the Foothills Medical Centre calgary. Also bouned the SHEC Surgical Facility at the Calgary Celina Contre.

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

2015/93/17 DATE: PICK-UP TIME: 88:48 IMOP-OFF TIME: 89 17 FRIP ID: 073000-45024103787 . J. NUHBER: 8344 DHIVER: 858649 LARD TYPE: CARD EXPIRY: AHIH: TARE (\$): (XTRA (\$): 0.00 SUBTTL (\$): 45.30

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GST# R128199776	
Edmonton Airpo	ris
Can-T5J 2T2 Edmor Tax CodeCA5%	n .on
P2 South C 27/03/1 Receipt	20:01
Short-term parking HL - No. 17/03/15	kt
18/03/15 06:04 Period 1d0h0	
(Tax)	425.00
rotal	\$25.00
payment Received	325.00
Sub Total Tax 5%	\$23.81 \$1.19
(·\$)	

All-day parking al-



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 No 🗌

Name: Jitendra Prasad	Reporting Period for the Month of: March 2015

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-03-17	Direct Billing	Transportation	ED's Surgery/SAEC Surgical Mtgs	Marlin Travel	172.48
	Direct Billing	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month	la de		ja kasasata		172.48

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: March 12, 2015

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## INVOICE

For

MR JITENDRA PRASAD

AC.

Tuesday, March 17, 2015

Air Air

AIR CANADA

From: EDMONTON INTL AB AB

To: CALGARY

Stops: 0 Arrival: 17Mar15

AIR CANADA E AIR CANADA CONFIRMATION

SEAT 2C

TICKET NUMBER

Flight: 8133

G CLASS

07:00 AM Equipment: DH4

07:53 AM

Mile(s) Flown: 163

S Air

AIR CANADA

From: CALGARY AB

EDMONTON INTL AB To:

Stops: 0 Arrival: 17Mar15

AIR CANADA E

AIR CANADA CONFIRMATION

SEAT 3C

TICKET NUMBER

Flight: 8856

W CLASS

07:00 PM Equipment: D8 (300 SERIES)

07:55 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB

AIR CANADA WEB

122.48

50.00

To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST

EDMONTON AB CA T5J 3E4 Invoice Numbe

Date:

March 12, 2015

Page:

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Our Reference:

Your Reference:

# INVOICE

Total:

Grand Total: 172.48
Less Credit Card Payments: 172.48
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 CITIZFNSHIP 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 monthly Executive Directors, Surgery meeting held at the Foothills Hospital. Also attended the SAEC Surgical Facility at the Calgary Retina Centre.