

Official Administrator and Executive Expense Report

Name Jitendra Prasad

Title Chief Program Officer, Contracting, Procurement & Supply Management

Location Edmonton

Expenses submitted during the month of October 2015

					Travel (1)					
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Oct-15 Oct-15	Expense Claim Direct Billing	Meetings Meetings	1,201	12		178	190 1,201			
Total			\$ 1,201	\$ 12	\$ -	\$ 178	\$ 1,391	\$-	\$ -	\$
Total for the Month	\$ 1,391									

Maximum daily single meal expense claimed in the month	\$ 12
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

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
PRASAD,	Chief Program Officer,	Edmonton	189.89
JITENDRA	Contracting, Procurement &		
	Supply Management		

RHODES, DEBORAH

Expense Date	Business reason		Expense Location	Expense T	ype	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
	Taxi from Southport Office to a Pharmacy & Liver Clinic meetir		AB - Other Zones	Taxi		39.56				1			
	Attended AHS Corp/CPSM Mee	0	201103	Meals Per Die	em	11.60			Lunch	1			
10/7/2015	Attended AHS Corp & CPSM M	leetings. Also	AB - Other	Parking - Lot	or	25.00				1			
10/7/2015	Taxi from Calgary Airport to Sc	outhport Office	AB - Other	Taxi		67.50				1			
10/7/2015	Taxi from FMC to Calgary Airpo	ort	AB - Other	Taxi		46.23				1			
Approver(s) for the claim Approval Status			Approval Date									<u>. </u>	

5-Nov-15

Approve

Altended AHS corporate / CPSM meetings: abo Participates in a Rhormacy & Liver clinic meeting

GST# R128599776

Edmonton Airports

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(Tax)	\$25.00
Total	\$25.00
Payment Received	\$25.00
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Sub Total Tax 5%	\$23.81 \$1.19
0.0 6 6	

All day parking al-the Estimation Intell Airport.

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

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Extra (\$):	0. 98
Subttl (\$):	67. 50

TIP (\$):____

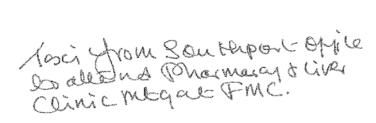
TOTAL (\$):_____

SIGNATURE:

FOR ONLINE TAXI BOOKINGS VISIT OUR WEBSITEONWW ASSOCIATEDCAB CA

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REPORT TO

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HANK YOU 1463)299-9999 MALTHECKERGROOP.COM

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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. 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:

	literatura. Dura e al	
Name :	Jitendra Prasad	Reporting Period for the Month of : Oct-15

YES

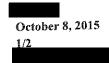
DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
07-Oct-16	Direct Billing	Airline Ticket	Attended AHS Corporate/CPSM Meetings and a Pharmacy & Liver Clinic Meeting in Calgary	Marlin Travel	372.96
26-Oct-15	Direct Billing	Airline Ticket	Attending a GHX Data Standards POC Project - Press Release Conference in Toronto	Marlin Travel	827.96
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in th	ne Month				\$ 1,200.92

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:



INVOICE



Monday, October 26, 2015 🐗 Air

AIR CANADA From: EDMONTON INTL AB To: TORONTO PEARSON Stops: 0 Arrival: 26Oct15 SEAT SELECTION 12D
 Flight:
 154
 G CLASS

 06:00 PM
 Equipment:
 A320

 11:41 PM

Mile(s) Flown: 1671



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

October 8, 2015 2/2

41

INVOICE

Tuesday, October 27, 2015 ≪ Air

> AIR CANADA From: TORONTO PEARSON To: EDMONTON INTL AB Stops: 0 Arrival: 27Oct15 SEAT SELECTION 12D

 Flight:
 127
 G CLASS

 02:50 PM
 Equipment:
 A320

 04:57 PM

Mile(s) Flown: 1671

)st:	758.00
R CANADA WE Tax:	69.96
Ticket Total:	827.96
otal: Grand Total:	827.96
Less Credit Card Payments:	827.96
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: JP will be attending a GHX Data Standards POC Project Press Release Conference in Toronto MARLIN TRAVEL O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST.

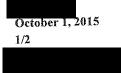
EDMONTON, AB T5K 1G8 GST Reg#: ____885101915

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, October 7, 2015 Air AIR CANADA From: EDMONTON INTL AB To: CALGARY AB	Flight: 8133 07:00 AM Equipment: 07:50 AM	W CLASS DH4	Mile(s) Flown: 163
To: CALGARY AB Stops: 0 Arrival: 07Oct15 AIR CANADA E AIR CANADA CONFIRMATION TICKET NUMBER SEAT 6D			
Air AIR CANADA From: CALGARY AB To: EDMONTON INTL AB Stops: 0 Arrival: 07Oct15 AIR CANADA E AIR CANADA CONFIRMATION INTER TICKET NUMBER SEAT 5D	Flight: 8225 08:15 PM Equipment: 09:04 PM	W CLASS CRJ JET	Mile(s) Flown: 163
Cost: Air canada W	,	Tax: Ficket Total:	298.00 74.96 372.96

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

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

October 1, 2015

2/2

INVOICE

Total:	
Total: Grand Total:	372.96
Less Credit Card Payments:	372.96
Credit / Balance Due To This Invoice:	a 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 UNDER WRITTEN 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: Attended AHS Corporate/CPSM meetings and Pharmacy & Liver Clinic Meeting