

AHS Board and Executive Expense Report

Name Jitendra Prasad
Title Chief Program Officer, Contracting, Procurement & Supply Management
Location Edmonton
 Expenses submitted during the month of September 2016

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-16	Expense Claim	Meetings		47	171		218			
Sep-16	Direct Billing	Meetings	738				738			
Total			\$ 738	\$ 47	\$ 171	\$ -	\$ 956	\$ -	\$ -	\$ -

Total for the Month \$ 956

Maximum daily single meal expense claimed in the month \$ 13
 Maximum daily base hotel rate claimed in the month \$ 154
 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.

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
PRASAD, JITENDRA	Chief Program Officer, Contracting, Procurement & Supply Management	Edmonton	\$ 218.44

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/15/2016	Attended FMC IR Tour and Directors Meeting	AB - Other Zones	Accommodations	\$ 171.44				1			
9/15/2016	Meals during FMC IR Tour & Directors Meeting	AB - Other Zones	Meals Per Diem	\$ 23.50			Bfast = \$10.50 Lunch = \$13.00	1			
9/16/2016	Meals during FMC IR Tour & Directors Meeting	AB - Other Zones	Meals Per Diem	\$ 23.50			Bfast = \$10.50 Lunch = \$13.00	1			


Approver(s) for the claim	Approval Status	Approval Date
RHODES, DEBORAH	Approve	26-Sep-16




DELTA
CALGARY SOUTH

135 Southland Drive S.E Calgary, Alberta, T2J 5X5
Telephone: 403-278-5050 Fax: 403-225-5834

Mr Jitendra Prasad

Room: 
Folio:
Cashier: 24
Arrival: 09-15-16
Departure: 09-16-16

Date	Description	Additional Information	Charges	Credits
09-15-16	Room Charge		154.00	
09-15-16	DMF		4.02	
09-15-16	Tourism Levy		5.52	
09-15-16	Rooms - GST		7.90	
09-16-16	Master Card	 XX/XX		171.44

GST Summary	
Registration No:	895126332
Room	7.90
F&B	0.00
Other	9.54
Total	17.44

Total	171.44	171.44
Balance Due	0.00	CDN

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

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: YES

Name : Jitendra Prasad	Reporting Period for the Month of : August 21 to September 20, 2016
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
23-Sep-2016	Direct Billing	Airline Ticket	Attending Direct Total Hip Arthroplasty Course at the university of Calgary	Marlin Travel	349.76
10-Aug-2016	Direct Billing	Airline Ticket	Flight to Calgary re: Emergency Shifts	Marlin Travel	189.13
11-Aug-2016	Direct Billing	Airline Ticket	Return flight to Edmonton re: Emergency Shifts	Marlin Travel	198.63
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 737.52



Trip Statement

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

Trip #: [REDACTED]
 Booking Date: 13 Sep 16
 Client: [REDACTED]
 Agent: [REDACTED]
 File Locator: [REDACTED]

INSURANCE

PASSENGERS: MR JITENDRA PRASAD

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
BSP CANADA, I.A.T.A., Confirmation # [REDACTED]	274.80	0.00	\$0.00	74.96	0.00	349.76 CAD
Total:	274.80	0.00	0.00	74.96	0.00	349.76 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/13/2016		[REDACTED]	349.76 CAD
Total Payment:					349.76 CAD

Balance Due CAD Currency 0.00 CAD

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** **PLEASE REVIEW YOUR ITINERARY FOR ACCURACY**
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 ----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

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

Trip #: [REDACTED]
Booking Date: 13 Sep 16
Client: [REDACTED]
Agent: [REDACTED]
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
JITENDRA PRASAD	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: JITENDRA PRASAD
Booking Date: 13 Sep 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08580	EDMONTON INTL 23 Sep 16 6:00AM		CALGARY INTL 23 Sep 16 6:50AM	G		
AIR CANADA	08225	CALGARY INTL 23 Sep 16 6:20PM		EDMONTON INTL 23 Sep 16 7:10PM	G		

Business Reason: Attending Direct Total Hip Arthroplasty Course at the University of Calgary

MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: BREANN KELLY Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: August 10, 2016
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For

MR JITENDRA PRASAD
 AC [REDACTED]

Wednesday, August 10, 2016

 **Air**

AIR CANADA	Flight: 8143	V CLASS	
From: EDMONTON INTL AB	12:35 PM	Equipment: DH4	
To: CALGARY AB	01:26 PM		Mile(s) Flown: 163
Stops: 0	Arrival: 10Aug16		
AIR CANADA E			
PRASAD/JITENDRA MR - SEAT 5F			
AIR CANADA TICKET NUMBER - [REDACTED]			

Cost:

AIR CANADA WEB [REDACTED]		151.65
	Tax:	37.48
	Ticket Total:	189.13

Total:

	Grand Total:	189.13
	Less Credit Card Payments:	189.13
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

FOR YOUR RECORDS.

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

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

Invoice Number: [REDACTED]
Date: August 10, 2016
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

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 Reason: Emergency Shifts

MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: CASANDRA WAGNER Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: August 12, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
 MR JITENDRA PRASAD
 AC [REDACTED]

Thursday, August 11, 2016

 **Air**

AIR CANADA	Flight: 8146	V CLASS	
From: CALGARY AB	08:40 PM	Equipment: DH4	
To: EDMONTON INTL AB	09:30 PM		Mile(s) Flown: 163
Stops: 0	Arrival: 11Aug16		
AIR CANADA E			
SEAT SELECTION 2C			

Cost:
 AIR CANADA WEB [REDACTED] 161.15
Tax: 37.48
Ticket Total: 198.63

Total:

Grand Total:	198.63
Less Credit Card Payments:	198.63
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
CA T5J 3E4

Invoice Number: [REDACTED]
Date: August 12, 2016
Page: 2/2
Our Reference: [REDACTED]

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
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1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
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Business Reason: Emergency Shifts