

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 October 2016

								Travel (1)							_
MMM-YY	Source Document	Purpose	Aiı	rfare	ľ	Meals	ļ	Accommodation	Other Travel	otal ravel	rofessional evelopment (2)	S Ho:	Vorking essions sting and espitality (3)	Other (4)	
Oct-16 Oct-16	Expense Claim Direct Billing	Meetings Meetings		121				191	68	259 121					
Total			\$	121	\$		- !	\$ 191	\$ 68	\$ 380	\$ -	\$	-	\$ 	_

Total for

the Month \$ 380

Maximum daily single meal expense claimed in the month \$ - Maximum daily base hotel rate claimed in the month \$ 169

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	\$ 258.87										
Expense Date	Business reason	1	Expense Lo	ocation	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/23/2016	Attended Anterior Arthroplasty Cour	•	AB - Other	Zones	Taxi	\$ 42.90				1			
9/23/2016	Attended Anterior Arthroplasty Cour	•	AB - Other	Zones	Parking - Lot or Parkade	\$ 25.00				1			
10/25/2016	GHX Supplier Day	Event Meeting	ON		Accommodations	\$ 190.97				2			
Approver(s) fo	or the claim	Approval Stat	us	Approval D	ate	1	ı	I	1	<u> </u>	1	_1	<u>I</u>

RHODES, DEBORAH

Approve

20-Dec-16

Direct Total Hip Arthroppasty Course university of Calgary September 23rd, 2016

GST# R128599776

Edmonton Airports

Can-TSJ 2T2 Edmonton Tax Code CAS%

POF 2nd Fl 23/09/16 19:12 Receipt

Short-term parking tkt HL - No. 23/09/16 05:09 23/09/16 19:12 Period 1d0h0' (Tax) \$25.00

Total \$25.00

Payment Received
\$25.00
Merch
Auth
Type: Swiped

"Sub Total \$23.81 Tax 5% \$1.19

September 23,2016 All-day Parking at Esmonton Birpart. ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111
CAR#1291

SALE



AMOUNT TIP TOTAL

\$37.90 \$5.00 \$42.90

00 - APPROVED - 001



THANK YOU

CUST. WELL . IN.

Assi from Calgary Airport to university of Calgary.



Name & Address

6430 Edwards Boulevard • Mississauga, ON L5T 2Y3 Phone (905) 564-5529 • Fax (905) 564-5236 Reservations

www.homewood-suites.com or 1-800-CALL-HOME

enses Citx Supplier

Confirmation Number:

Room Arrival Date

10/25/2016 3:21:00 PM Departure Date 10/28/2016

Adult/Child Room Rate

1/0 169.00

Rate Plan: HH # AL: Car:



CONRAD

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HOME

10/28/2016

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
10/25/2016	1 GLASS OF WHITE	MARIE		\$5.00		
7	WINE			05.00		
10/25/2016	HST - 13%	MARIE		\$0.65		
	865259071RT001					
10/25/2016	1 GLASS OF WHITE	MARIE		\$5.00		
	WINE					
10/25/2016	HST - 13%	MARIE		\$0.65		
	865259071RT001					
10/25/2016	GUEST PAIDOUT	MARIE		\$2.00		
10/25/2016	1 GLASS OF WHITE	MARIE		\$5.00		
	WINE		ll			
10/25/2016	HST - 13%	MARIE		\$0.65		
10/25/2016	865259071RT001	MARIE		62.00		
10/25/2016 10/26/2016	GUEST PAIDOUT GUEST ROOM	MARIE LUCIA		\$3.00 \$169.00		
10/20/2016	TRANSIENT [XFR	LOCIA		\$169.00		
	FR GRP MASTER					
	HEALTHPRO RCPT A					
	- 10/25/2016]					
10/26/2016	HST - 13%	LUCIA		\$21.97		
10/20/2010	865259071RT001			42		
	IXFR FR GRP	ı				
	MASTER HEALTHPRO	1				
	RCPT A -					
	10/25/2016]					
ACCOUNT NO				1	DATE OF CHARGE	FOLIO NO/CHECK NO.
ACCOUNT NO					10/28/2016	i della residentia.
CARD MEMBER NA	ME			+	AUTHORIZATION	INITIAL
	JITENDRA					
ESTABLISHMENT N	SO & LOCATION ESTABLISHMENT AS	REES IN TRANSMIT TO CAR	D HOLDER FOR PAYMENT	-	PURCHASES & SERV	ICES
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					TAXES	
					I AALS	
					TIPS & MISC.	
					THE SE MISE.	
					TOTAL AMOUNT	-216.92
	VICES PURCHASED ON THIS CARD SHALL NOT					DUE UPON RECEIPT



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www.homewood-suites.com or 1-800-CALL-HOME

Name & Address

PRASAD, JITENDRA

Room Arrival Date

Arrival Date 10/25/2016 3:21:00 PM Departure Date 10/28/2016

Adult/Child Room Rate

1/0 169.00

Rate Plan: HH # AL: Car:





Confirmation Number

10/28/2016

DATE	DESCRIPTION	ID.	REF. NO	CHARGES	CREDITS	BALANCE	1
]					CONRAD SE
10/27/2016	1 X NUTS	KWRIGHT2		\$3.54			\.
10/27/2016	HST - 13%	KWRIGHT2	1	\$0.46			- 1
10/28/2016	865259071RT001	LUCIA			(6216.02)		Uniton
10/20/2010	**BALANCE**	LOCIA			(\$216.92)	\$0.00	Uniton
	DADAROL					\$0.00	
EXPENSE R	EPORT SUMMARY						
	10/25/2016	10/26/2016	10/27/2016	STAY TOTAL			(C)
ROOM AND	1	\$190.97	\$0.00	\$190.97			Choos of the Control
MISCELLAN	OUS \$15.00	\$0.00	\$3.54	\$18.54			ने के की प्र
OTHER	\$1.95	\$0.00	\$0.46	\$2,41			
DAILY TOTA	\$16.95	\$190.97	\$4.00	\$211.92			a
							123
Hilton HHono	rs(R) stays are posted with	nin 72 hours of ch	ackout To ch	ack your parnings o	r hook your nove eta	s at mare than 4 000	AP188
	sorts in 100 countries, plea			leck your earnings o	book your next star	at more than 4,000	
noters and re	sons in 100 countries, pier	ise visit mnonois,	.com.				and the
							aggradening
HST	\$187.54						
Total Invoice	Amount \$192.54	\$24.38					1 1 1 1
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							143-11 A- 515-
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ACCOUNT NO	1				DATE OF CHARGE	FOLIO NO./CHECK NO.	. 3, 8
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CARD MEMBER NA					AUTHORIZATION	INITIAL	Edin Crasa Varations
PRASAD,	JITENDRA						
ESTABLISHMENT N	NO. & LOCATION ESTABLISHMEN	T ACREES TO TRANSMIT TO CAR	ED HOLDER FOR PAYMEN	т	PURCHASES & SER	VICES	
							La constituit de la con
					TAXES		HHONORS HETER MOREOWING
					TIPS & MISC.		
							1.4.5
							* ,
					TOTAL AMOUNT	-216.92	
MERCHANDISE AND OR SER	VICES PURCHASED ON THIS CARD SHALL.	NOT BE RESOLD OR RETUR	NOTO FOR A CASH REF	UND	PAYMENT	DUE UPON RECEIPT	



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:

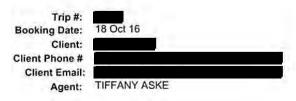
Name :	Jitendra Prasad	Reporting Period for the Month of: September 21, 2016 to October 20, 2016	

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-Oct-2016	Direct Billing	Airline Ticket	Extended flight in conjuction with AC Ticket# to accommodate GHX Supplier Day Event Meeting	Choose from Drop-down List	121.00
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	4.
	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					



Trip Statement

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



File Locator:

r: INSURANCE

ne Locator.

PASSENGERS:

MR JITENDRA PRASAD

REFERENCE/ DESC	RIPTION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticke	::::::::::::::::::::::::::::::::::::::		111011111111111111111111111111111111111	100.00	0.00	\$0.00	0.00	0.00	100.00 CAE
PRE PAID SEATS	CAD Confirmation #			FARE HST/GST PST TAXES PENALTY TOTAL 100.00 0.00 \$0.00 0.00 100.00 CAD 21.00 0.00 \$0.00 0.00 0.00 21.00 CAD Total: 121.00 0.00 0.00 0.00 0.00 121.00 CAD					
			Total:	121.00	0.00	0.00	0.00	0.00	121.00 CAL
PAYMENTS	Invoice #	Payment Date	Card Holder		Form of	Payment			Amount
	(10/18/2016							100.00 CAD
	Q.	10/18/2016							21.00 CAD
							Total Pa	yment:	121.00 CAD
-					Ва	alance Du	e CAD Cur	rency	0.00 CAI

Balance Due -CA Currency

\$0.00 -CA

CORPORATE UNIT 101

Business Reason:

JP extended flight to accommodate the October 25, 2016 GHX Supplier Day Event in Mississauga

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

Trip#: 18 Oct 16 **Booking Date:** Client: Client Phone # Client Email: Agent: TIFFANY ASKE

File Locator:

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

Booking Date: 26 Aug 16 JITENDRA PRASAD Passengers: File Locator/Ticket #:

Airline Flight Terminal To Class Stops Seat

AIR CANADA 00114 **EDMONTON INTL** TORONTO PEARSON 25 Oct 16 11:39AM

Booking Date: 26 Aug 16

JITENDRA PRASAD File Locator/Ticket #: Passengers:

Flight Airline From Terminal To Class Seat Stops A

EDMONTON INTL TORONTO PEARSON AIR CANADA 00114 25 Oct 16 6:00AM 25 Oct 16 11:39AM

25 Oct 16 6:00AM



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



File Locator:



JITENDRA PRASAD Passengers:

Booking Date: File Locator/Ticket #: 26 Aug 16

Airline

Flight

Terminal To

Class

AIR CANADA

Seat

Seat

Stops

00127

TORONTO PEARSON 28 Oct 16 2:40PM

EDMONTON INTL 28 Oct 16 4:49PM

Passengers:

JITENDRA PRASAD

Booking Date: File Locator/Ticket #: 26 Aug 16

Airline

Terminal To

Class

AIR CANADA

Flight 00127

From TORONTO PEARSON 28 Oct 16 2:40PM

EDMONTON INTL 28 Oct 16 4:49PM

Stops

GOVERNMENT CENTRE MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8 Tél: 780 425 8611