

## 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 January 2017

### 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)
Jan-17	Expense Claim	Meetings		95			95			
Jan-17	Direct Billing	Meetings			327		327			
<b>Total</b>			\$ -	\$ 95	\$ 327	\$ -	\$ 422	\$ -	\$ -	\$ -

**Total for the Month**      \$            422

Maximum daily single meal expense claimed in the month      \$        24  
 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	\$ 95.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/17/2017	Presented to SHC and worked from East Lake Office attending staff meetings	AB - Other Zones	Meals Per Diem	\$ 24.00			Dinner \$24.00	1			
1/18/2017	Presented to SHC and worked from East Lake Office attending staff meetings	AB - Other Zones	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
1/19/2017	Presented to SHC and worked from East Lake Office attending staff meetings	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	27-Feb-17

## 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

<b>Name :</b> Jitendra Prasad	<b>Reporting Period for the Month of :</b> December 21 to January 20, 2017
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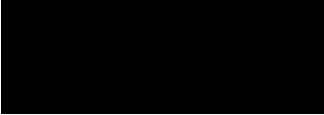
DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
January 17 to January 19, 2017	Direct Billing	Hotel	Presented to South Health Campus CPSM and OBP Alignment. Also worked from East Lake Office and attended staff meetings	Choose from Drop-down List	327.08
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 327.08</b>




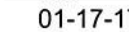
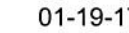
**DELTA**  
CALGARY SOUTH

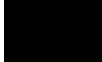

135 Southland Drive S.E Calgary, Alberta, T2J 5X5  
Telephone: 403-278-5050 Fax: 403-225-5834

Ab Health Services  
Alberta Health Services



Prasad, Jitendra

Room:   
Folio:   
Cashier:   
Arrival: 01-17-17  
Departure: 01-19-17

A/R Invoice:   
A/R Account: 

Date	Description	Additional Information	Charges	Credits
01-17-17	Room Charge	APPROVER : MONICA BAPTISTE	154.00	
01-17-17	DMF		4.02	
01-17-17	Tourism Levy		5.52	
01-17-17	Rooms - GST		7.90	
01-18-17	Room Charge		154.00	
01-18-17	DMF		4.02	
01-18-17	Tourism Levy		5.52	
01-18-17	Rooms - GST		7.90	
01-20-17	GST Exempt- 120903		-15.80	

GST Summary	
Registration No:	895126332
Room	15.80
F&B	0.00
Other	19.08
<b>Total</b>	<b>34.88</b>

Total	327.08	0.00
Balance Due	327.08	CDN

Business Reason

Presented to South Health Campus CPSM and OBP Alignment. Also worked from East Lake Office and attended staff meetings

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.