

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 November 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)
Nov-17	Direct Billing	Meetings	1,500				1,500			
Total			\$ 1,500	\$ -	\$ -	\$ -	\$ 1,500	\$ -	\$ -	\$ -

Total for the Month \$ 1,500

Maximum daily single meal expense claimed in the month \$ -
 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.

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.

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 :	October 21 to November 20, 2017
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
16-Oct-2017	Direct Billing	Airline Ticket	Flight to Chicago was cancelled	Marlin Travel	355.58
16-Oct-2017	Direct Billing	Airline Ticket	Refund from cancelled Chicago Flight	Marlin Travel	(15.75)
26-Nov-2017	Direct Billing	Airline Ticket	Attended Health Care Procurement Executive Forum	Marlin Travel	726.46
26-Nov-2017	Direct Billing	Airline Ticket	Attended Health Care Procurement Executive Forum - Administration Fee	Marlin Travel	42.00
29-Nov-2017	Direct Billing	Airline Ticket	Attended Health Care Procurement Executive Forum additional Fare for change to flight	Marlin Travel	100.00
Total Paid in the Month					\$ XXXXXXXXXX

Expense Report Direct Bill Summary

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Direct Bill Report

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- A personal cheque must be attached to cover expenses deemed ineligible.
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Name :	Jitendra Prasad	Reporting Period for the Month of :	October 21 to November 20, 2017
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
26-Nov-2017	Direct Billing	Other Transportation	Niagara Air bus return trip, from and to Toronto Pearson Airport to attend Health Care Procurement forum November 27 to November 29, 2017	Marlin Travel	166.39
29-Nov-2017	Direct Billing	Airline Ticket	Change fee to return Flight from Toronto to Edmonton	Marlin Travel	125.45
Total Paid in the Month					\$ 1,500.13

\$1,500.13



Invoice

PRASAD/JITENDRA MR
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 31 Jan 18
Client: [REDACTED]
Agent: [REDACTED]

File Locator:

PASSENGERS: MR. JITENDRA PRASAD

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER		TOTAL
				TAXES	PENALTY	
AIR CANADA Ticket # [REDACTED]	271.00	0.00	\$0.00	84.58	0.00	355.58 CAD
Total:	271.00	0.00	0.00	84.58	0.00	355.58 CAD

PAYMENTS

Invoice #	Payment Date	Card Holder	Form of Payment	Amount
[REDACTED]	01/31/2018		[REDACTED]	355.58 CAD
Total Payment:				355.58 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

Destination: ORD

PRASAD/JITENDRA MR
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 31 Jan 18
Client: [REDACTED]
Agent: [REDACTED]

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

Passengers: JITENDRA PRASAD

Booking Date: 12 Sep 17
File Locator/Ticket #: [REDACTED]

From: EDMONTON INTL
To: CHICAGO OHARE

Departing on: 16 Oct 17
Returning on: 16 Oct 17



Invoice

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 20 Sep 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

PASSENGERS: MR JITENDRA PRASAD

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER		PENALTY	TOTAL
				TAXES			
AIR CANADA Ticket # [REDACTED]	463.00	0.52	\$0.00	38.80		0.00	502.32 CAD
WESTJET Ticket # [REDACTED]	106.00	0.00	\$0.00	85.41		0.00	191.41 CAD
AIR CANADA Ticket # [REDACTED]	129.00	0.00	\$0.00	84.58		0.00	213.58 CAD
AIR CANADA Ticket # [REDACTED]	Cancelled	15.75	0.00	\$0.00	0.00	0.00	15.75 CAD
AIR CANADA Ticket # [REDACTED]	Cancelled	-15.75	0.00	\$0.00	0.00	0.00	-15.75 CAD
Total:		698.00	0.52	0.00	208.79	0.00	907.31 CAD

PAYMENTS

Invoice #	Payment Date	Card Holder	Form of Payment	Amount
[REDACTED]	01/31/2018		[REDACTED]	-15.75 CAD
	09/06/2017		[REDACTED]	502.32 CAD
	09/06/2017		[REDACTED]	-191.41 CAD
	09/19/2017		[REDACTED]	213.58 CAD
	09/20/2017		[REDACTED]	15.75 CAD
Total Payment:				524.49 CAD

Balance Due CAD Currency 382.82 CAD

Payment Due Date: 20 Sep 17

Total GST 0.00 Total HST \$0.52

CORPORATE UNIT 101
REASON FOR TRAVEL CONFERENCE

Claiming only \$15.75 credit

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

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

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 20 Sep 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers
JITENDRA PRASAD

Citizenship
Not Specified

Required Travel Documents
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: 06 Sep 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	00160	EDMONTON INTL 16 Oct 17 11:30AM		CALGARY INTL 16 Oct 17 12:20PM	I/	
WESTJET	01578	CALGARY INTL 16 Oct 17 1:40PM		CHICAGO OHARE 16 Oct 17 5:59PM	I/	

Passengers: JITENDRA PRASAD

Booking Date: 19 Sep 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08143	EDMONTON INTL 16 Oct 17 12:35PM		CALGARY INTL 16 Oct 17 1:28PM	T/	
AIR CANADA	04496	CALGARY INTL 16 Oct 17 3:38PM		CHICAGO OHARE 16 Oct 17 8:13PM	T/	

Passengers: JITENDRA PRASAD

Booking Date: 06 Sep 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00508	CHICAGO OHARE 19 Oct 17 2:10PM		TORONTO PEARSON 19 Oct 17 4:41PM	G/	
AIR CANADA	00173	TORONTO PEARSON 19 Oct 17 6:55PM		EDMONTON INTL 19 Oct 17 9:04PM	G/	



Invoice

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #:
Booking Date: 17 Nov 17
Client:
Agent:
Agents email:
File Locator:

PASSENGERS: MR JITENDRA PRASAD

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket #	656.50	0.00	\$0.00	69.96	0.00	726.46 CAD
AIR CANADA Ticket #	42.00	0.00	\$0.00	0.00	0.00	42.00 CAD
Total:	698.50	0.00	0.00	69.96	0.00	768.46 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
		11/17/2017			726.46 CAD
		11/17/2017			42.00 CAD
		Total Payment:			768.46 CAD
		Balance Due CAD Currency			0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL HEALTHCARE PRECURMENT FORUM

-----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. 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

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 17 Nov 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [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: 17 Nov 17
File Locator/Ticket #: [REDACTED]

From: EDMONTON INTL
To:

Departing on: 26 Nov 17
Returning on: 29 Nov 17



AIR

Passengers: JITENDRA PRASAD

Booking Date: 17 Nov 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00162	EDMONTON INTL 26 Nov 17 7:35AM		TORONTO PEARSON 26 Nov 17 1:12PM	G/	
CHARTER AIRLINE	00001	TORONTO PEARSON 26 Nov 17 1:50PM		26 Nov 17 4:20PM	Y/	
AIR CANADA	00175	TORONTO PEARSON 29 Nov 17 8:55PM		EDMONTON INTL 29 Nov 17 11:07PM	S/	



Invoice

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 30 Nov 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]
File Locator: [REDACTED]

PASSENGERS: MR JITENDRA PRASAD

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER		TOTAL
				TAXES	PENALTY	
AIR CANADA Ticket # [REDACTED]	125.45	0.00	\$0.00	0.00	0.00	125.45 CAD
AIR CANADA Ticket # [REDACTED]	100.00	0.00	\$0.00	0.00	0.00	100.00 CAD
Total:	225.45	0.00	0.00	0.00	0.00	225.45 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
		11/28/2017			125.45 CAD
		11/28/2017			100.00 CAD
				Total Payment:	225.45 CAD
Balance Due CAD Currency					0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL HEALTHCARE PRECURMENT FORUM

-----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. 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

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 30 Nov 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [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: 28 Nov 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00173	TORONTO PEARSON 29 Nov 17 6:35PM		EDMONTON INTL 29 Nov 17 8:47PM	V/	

Passengers: JITENDRA PRASAD

Booking Date: 28 Nov 17
File Locator/Ticket #: [REDACTED]



Invoice

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 16 Nov 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]
File Locator: [REDACTED]

PASSENGERS: MR JITENDRA PRASAD

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER		PENALTY	TOTAL
				TAXES			
AIR CANADA Ticket # [REDACTED] <i>Cancelled</i>	521.00	0.00	\$0.00	69.96		0.00	590.96 CAD
AIR CANADA Ticket # [REDACTED] <i>Cancelled</i>	42.00	0.00	\$0.00	0.00		0.00	42.00 CAD
NIAGARA AIR BUS Confirmation # [REDACTED]	166.39	0.00	\$0.00	0.00		0.00	166.39 CAD
AIR CANADA Ticket # [REDACTED] <i>Cancelled</i>	-521.00	0.00	\$0.00	-69.96		0.00	-590.96 CAD
AIR CANADA Ticket # [REDACTED] <i>Cancelled</i>	-42.00	0.00	\$0.00	0.00		0.00	-42.00 CAD
Total:	166.39	0.00	0.00	0.00		0.00	166.39 CAD

PAYMENTS

Invoice #	Payment Date	Card Holder	Form of Payment	Amount
[REDACTED]	11/15/2017	[REDACTED]	[REDACTED]	590.96 CAD
[REDACTED]	11/15/2017	[REDACTED]	[REDACTED]	42.00 CAD
[REDACTED]	11/15/2017	[REDACTED]	[REDACTED]	166.39 CAD
Total Payment:				799.35 CAD

Balance Due CAD Currency -632.96 CAD

Payment Due Date: 16 Nov 17

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101

REASON FOR TRAVEL HEALTHCARE PRECURMENT FORUM

Claiming only \$166.39

-----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. 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

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 16 Nov 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [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: 15 Nov 17		
				File Locator/Ticket #: [REDACTED]		
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00162	EDMONTON INTL 26 Nov 17 7:35AM		TORONTO PEARSON 26 Nov 17 1:12PM	S/	
CHARTER AIRLINE	00001	TORONTO PEARSON 26 Nov 17 1:50PM		26 Nov 17 4:20PM	Y/	
CHARTER AIRLINE	00002	29 Nov 17 1:50PM		TORONTO PEARSON 29 Nov 17 4:20PM	Y/	
AIR CANADA	00175	TORONTO PEARSON 29 Nov 17 8:55PM		EDMONTON INTL 29 Nov 17 11:07PM	A/	