

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 May 2018

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)
May-18	P-Card	Meetings			620	635	1,255			
May-18	Expense Claim	Meetings		123			123			
May-18	Direct Billing	Meetings	438				438			
Total			\$ 438	\$ 123	\$ 620	\$ 635	\$ 1,816	\$ -	\$ -	\$ -

Total for the Month \$ 1,816

Maximum daily single meal expense claimed in the month \$ 31
 Maximum daily base hotel rate claimed in the month \$ 119
 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 P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
PRASAD, JITENDRA	Chief Program Officer, Contracting, Procurement & Supply Management	Edmonton	\$ 679.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/25/2018	Attended pCCHPEP Meeting in Winnipeg	AB - Local	Taxi	\$ 41.80	Edmonton Residence	Edmonton Intl Airport	Attended pCCHPEP Meeting in Winnipeg	1			
4/25/2018	Attended pCCHPEP Meeting in Winnipeg	MB	Taxi	\$ 20.32	Winnipeg Airport	Radisson Hotel	Attended pCCHPEP Meeting in Winnipeg	1			
4/26/2018	Attended pCCHPEP Meeting in Winnipeg	MB	Taxi	\$ 54.00	Edmonton Intl. Airport	Edmonton Residence	Attended pCCHPEP Meeting in Winnipeg	1			
4/26/2018	Attended pCCHPEP Meeting in Winnipeg	MB	Accommodations	\$ 140.72			Attended pCCHPEP Meeting in Winnipeg	1			
5/1/2018	AUPE Staff Secondment	AB - Local	Parking - Lot or Parkade	\$ 330.75			AUPE Staff Secondment	1			
5/6/2018	2018 GHX Supply Chain Summit, Las Vegas	International	Taxi	\$ 91.41	Red Rock Casino Hotel	Las Vegas Airport	2018 GHX Supply Chain Summit, Las Vegas	1			
Approver(s) for the claim		Approval Status		Approval Date							
RHODES, DEBORAH		Approve		18-Jun-18							

*Attended PCC HEP mtg
in Winnipeg April 25 - April 26, 2017*

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2018/04/25
TIME 9302 05:02:12
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$38.00
TIP \$3.80
TOTAL
\$41.80

MasterCard
[REDACTED]

APPROVED
AUTH# [REDACTED]
THANK YOU

VERIFIED BY PIN
MERCHANT COPY

*Tsci from residence
to Edmonton then
airport*

UNICITY TAXI- 128
240 HARGRAVE PL
WINNIPEG, MB R7R 0X5
TEL (204) 945 3131

TERM ID: [REDACTED] BATCH: [REDACTED]
EMPLOYEE: [REDACTED] SHIFT: [REDACTED]

Sale
INVT: 000000215
PCARD: [REDACTED] Chip
SEMI: 18401001215
Application Label: MasterCard

Amount: \$ 17.67
Tip: \$ 2.65
=====
Total: CAD\$ 20.32

APPROVD [REDACTED]
001-00
25-Apr-18 09:05:06
CUSTOMER COPY

*Tsci from Winnipeg
airport to Radisson
hotel.*

*Tsci from Edmonton
to airport to
Residence*

Co-op Taxi Line
(780) 425-2525
www.co-optaxi.com

Terminal [REDACTED]
Driver [REDACTED]
18/04/26 18:06:20

Card : [REDACTED]
MasterCard
CHIP CARD

Ref # [REDACTED]
Auth # [REDACTED]

PURCHASE
FARE : \$ 49.00
TIP : \$ 5.00

TOTAL : \$ 54.00

APPROVED - THANK YOU
(01-027)

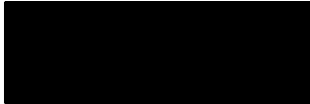
IMPORTANT: Retain this
copy for your records

Customer Copy

Thank you for choosing
Co-op taxi



Mr. Jitendra Prasad



Room No. : [Redacted]
Arrival : 04-25-18
Departure : 04-26-18
Page No. : 1 of 1
Folio No. : [Redacted]
Conf. No. : [Redacted]
Cashier No. : [Redacted]

INFORMATION INVOICE

Membership No. :
A/R Number :
Group Code : [Redacted]
Company Name : [Redacted]

04-26-18 03:39:12 PM EST

Date	Text	Charges	Credits
04-25-18	Room	119.00	
04-25-18	GST Room Tax 5%	6.25	
04-25-18	City of Winnipeg Accomodation	5.95	
04-25-18	PST Room Tax 8%	9.52	
04-26-18	Mastercard [Redacted]		140.72
Total		140.72	140.72
Balance			0.00

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.
Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

GST# 813727534

We are committed to a smoke-free and pet-free policy. A \$250 room recovery fee will be charged for any smoking and/or unauthorized pets in your room.

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

Guest Signature _____

Radisson Hotel Winnipeg
288 Portage Avenue
Winnipeg, MB R3C 0B8
Telephone: (204) 956-0410 Fax: (204) 947-1129
Email: RHI WIMA@radisson.com

Print **Purchase Receipt****Response Code / ISO Code :** [REDACTED]
APPROVED**Authorization # :** [REDACTED]**Account # :** [REDACTED]**Transaction Date :** 4/30/2018 11:50:52 AM**Date :** 4/30/2018 11:50:52 AM**Transaction Type :** [REDACTED]**Payment Information****Card Type :** MASTERCARD**Credit Card Num :** [REDACTED]**Expiry :** [REDACTED]**Name on Card :** Jitendra Prasad**Total Amount :** 330.75**Contact Information****Name :** [REDACTED]**Address :** IBM Building Room 5-164
10044 - 108 Street
Edmonton,AB,T5J 3S7
CAN**Email :** [REDACTED]**Phone :** (780) 571-4334**Monthly Parking****Lot # :** 36**Address :** 10047 - 108 Street
Edmonton,AB,T5J3E1
CAN**# of Stalls :** 1**Parking Start Date :** 01-May-2018**Rate Code :** Random 6am-6pm Monday-Friday**Parking Service**

Item	Amount	Taxable
Initial Monthly Charge - May 1-31 (Lot: 36 Random 6am-6pm Monday-Friday), 1 stalls @ 285.00 - Tami Brayson 1	\$285.00	G
Permit Fee - White Permit - Random 6am-6pm Monday-Friday - (Lot: 36) 1 @ \$30.00	\$30.00	G
G - Goods and Services Tax	\$15.75	
Total	\$330.75	

Access Devices**Access Device** **Number Required**

White Permit 1

Important Notice :

You may pick up your access devices up to 3 business days prior to your parking start date at the following address: Devices may be picked up Monday to Friday 8:00am to 4:00pm

Address : 10239 - 107th Street
Edmonton,AB,T5J 1K1
CAN

Close

Attended 2018 CHX Health Care
Supply Chain Conference
May 6-8, Las Vegas.

--ORIGINAL--

--ORIGINAL--

Deluxe Cab

Cab # 8005

HACK: [REDACTED]

CUSTOMER COPY

05/06/18 TR 4215

START END MILES

20:03 20:29 19.0

Fare: \$ 57.32

Extra: \$ 2.00

Toll: \$ 0.00

Srch: \$ 0.00

Tax: \$ 1.87

Tip: \$ 5.00

Fee: \$ 3.00

TOTAL: \$ 69.19

\$91.41 CAD

Card: [REDACTED]

AUTH: [REDACTED]

THANKS

taxi.state.nv.us

--ORIGINAL--

AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
PRASAD, JITENDRA	Chief Program Officer, Contracting, Procurement & Supply Management	Edmonton	\$ 575.35									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
5/9/2018	Taxi from hotel accommodations at the Red Rock Hotel to the Venetian Conference Centre to attend GHX Healthcare Supply Chain Summit in Las Vegas, NV	United States	Taxi	\$ 26.57	Red Rock Hotel	Venetian conference centre	Incurred taxi fare, receipt has been misplaced and unable to obtain a copy as it was an international travel. Missing receipt attestation form attached.	1				
5/14/2018	Hotel accommodations to attend HSCN Conference in Toronto, ON	ON	Accommodations	\$ 479.48			Hotel accommodations to attend HSCN Conference in Toronto, ON	3				
5/14/2018	Taxi from home to Edmonton Int'l Airport to attend HSCN National Supply Chain Conference in Toronto	AB - Local	Taxi	\$ 44.00	Home	Edmonton International Airport	Taxi from home to Edmonton Int'l Airport to attend HSCN National Supply Chain Conference in Toronto	1				
5/16/2018	Taxi from hotel to Toronto Pearson Int'l Airport, return from HSCN National Supply Chain Conference	ON	Taxi	\$ 25.30	Hotel	Pearson International Airport	Taxi from hotel to Toronto Pearson Int'l Airport, return from HSCN National Supply Chain Conference	1				
Approver(s) for the claim		Approval Status		Approval Date								
RHODES, DEBORAH		Approve		3-Jul-18								

Missing Receipt Attestation

Date of Expense: 5/9/2018

Vendor Name: Red Rock Hotel

Vendor Address: 11011 W Charleston Blvd, Las Vegas, NV 89135, USA

Expense Amount: \$26.57 CAD

Expense Details: Incurred taxi fare of \$26.57 from hotel accommodations at the Red Rock Hotel to the Venetian conference centre at attend the GHX Healthcare Supply Chain Summit in Las Vegas, NV.


Circumstances as to why the receipt is missing:

Receipts has been misplaced and unable to obtain copy as it was an international travel.

I confirm that I have taken reasonable steps to obtain a copy of the original receipt.

I attest that this expense was incurred and relates to AHS business

I attest that this expense has not been claimed previously

Claimant Name	
Jitendra Prasad	
Position / Title	Site / Location
Chief Program Officer, CPSM	IBM Building, 5th Floor, 5-169, Edmonton AB
Signature	Date
	5/9/2018

Mr Jitendra Prasad
Canada

Room Number: [REDACTED]
 Arrival Date: 14-05-18
 Departure Date: 16-05-18
 CRS Number: [REDACTED]
 Rewards No: [REDACTED]
 Page No: 1 of 1

INFORMATION INVOICE

Folio No [REDACTED]

HST No. 875933160 RT0001

21-06-18

Date	Description	Charges	Credits
14-05-18	Guest Room	199.00	
14-05-18	Municipal Accommodation Tax	7.96	
14-05-18	HST - General Tax	26.90	
15-05-18	Guest Room	209.00	
15-05-18	Municipal Accommodation Tax	8.36	
15-05-18	HST - General Tax	28.26	
16-05-18	Master Card [REDACTED]		479.48
Total		479.48	479.48
Balance		0.00	

Your Marriott Rewards Points/Frequent Flyer Miles earned will be credited to your account and will appear on your next statement.

Line 4:

Hotel accommodations to attend HSCN Conference in Toronto, ON.

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2018/05/14
TIME 9815 08:17:15
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$38.00
TIP \$6.00
TOTAL
\$44.00

MasterCard
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 100403070

Line 2:
Taxi from home to
Edmonton International
Airport to attend HSCN
National Supply Chain
Conference in Toronto

GREATER EDMONTON TAXI SERVICE
10135 31 AVE NW
EDMONTON AB T5C 1K4
WWW.GREATEREDMONTON.COM

Net Total: [REDACTED]
Tax ID: [REDACTED]

Sale

MASTERCARD Entry Method: Chip

05/14/18 16:44:17

Inv # [REDACTED] Auth Code [REDACTED]

Apprvd [REDACTED] Batch# [REDACTED]

Amount: \$ 22.00

Tip: \$ 3.30

Total: \$ 25.30

By entering a verified PIN, cardholder
agrees to pay issuer's total in
accordance with issuer's agreement with
cardholder (Merchant agreement or credit
voucher)

Retain this copy for statement
verification

Application Label: MasterCard

[REDACTED]

Printed on: [REDACTED]

Line 3:
Taxi from hotel to Toronto
Pearson International Airport
return from HSCN National
Supply Chain conference

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
PRASAD, JITENDRA	Chief Program Officer, Contracting, Procurement & Supply Management	Edmonton	\$ 123.40								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/6/2018	2018 GHX Healthcare Supply Chain summit	International	Meals Per Diem	\$ 31.00			2018 GHX Healthcare Supply Chain summit Dinner \$31.00	1			
5/7/2018	2018 GHX Healthcare Supply Chain summit	International	Meals Per Diem	\$ 30.70			2018 GHX Healthcare Supply Chain summit Bfast \$13.70 Lunch \$17.00	1			
5/8/2018	2018 GHX Healthcare Supply Chain summit	International	Meals Per Diem	\$ 61.70			2018 GHX Healthcare Supply Chain summit Bfast \$13.70 Lunch \$17.00 Dinner \$31.00	1			
Approver(s) for the claim		Approval Status		Approval Date							
RHODES, DEBORAH		Approve		18-Jun-18							

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 : April 21 to May 20, 2018
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-May-2018	Direct Billing	Airline Ticket	Travel to Coastal Health Meeting in BC. (Trip has since been cancelled)	Marlin Travel	437.95
	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	-
Total Paid in the Month					\$ 437.95



A DIRECT TRAVEL COMPANY

Invoice

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

Trip #:
Booking Date: 14 May 18
Client:
Agent:
Agents email:
File Locator:

PASSENGERS: MR JITENDRA PRASAD

Table with columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Rows include WESTJET Ticket # and AIR CANADA Ticket #.

Table with columns: PAYMENTS, Invoice #, Payment Date, Card Holder, Form of Payment, Amount. Rows show payment dates of 05/11/2018.

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL COASTAL HEALTH MEETING

***** 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 -----
-----WESTJET AIRLINE RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -----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.

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

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

Trip #: [REDACTED]
Booking Date: 14 May 18
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: 11 May 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	00159	EDMONTON INTL 25 May 18 8:00AM		VANCOUVER INTL 25 May 18 8:35AM	X/	

Passengers: JITENDRA PRASAD

Booking Date: 11 May 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00244	VANCOUVER INTL 25 May 18 3:50PM		EDMONTON INTL 25 May 18 6:19PM	G/	