

## 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 2018

Travel (1)								Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel			
Sep-18	P-Card	Meetings				103	103			
Sep-18	Expense Claim	Meetings		95			95			
Sep-18	Direct Billing	Meetings	1,091				1,091			
<b>Total</b>			\$ 1,091	\$ 95	\$ -	\$ 103	\$ 1,289	\$ -	\$ -	\$ -

**Total for  
the Month**      \$      1,289

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

## AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
PRASAD, JITENDRA	Chief Program Officer, Contracting, Procurement & Supply Management	Edmonton	\$ 102.88								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/17/2018	Taxi, travel from hotel to Calgary Lab Services Bldg to attend CLS meeting	AB - Other Zones	Taxi	\$ 37.70	Hotel	CLS Building	Taxi, travel from hotel to Calgary Lab Services Bldg to attend CLS meeting	1			
9/19/2018	Taxi, travel from conference centre to hotel. Return from HealthPro meetings in Toronto	ON	Taxi	\$ 65.18	Conference Centre	Hotel	Taxi, travel from conference centre to hotel. Return from HealthPro meetings	1			
Approver(s) for the claim		Approval Status		Approval Date							
RHODES, DEBORAH		Approve		1-Oct-18							

ALLIED LIMOUSIN  
307-41 AVENUE NE  
CALGARY AB T2E 2N4  
(403) 299-1111  
CAR#536

**SALE**

MD: [REDACTED]  
TID: [REDACTED] REF#: [REDACTED]  
Batch #: [REDACTED] SEQ: [REDACTED]  
08/17/18 08:01:19  
APPR CODE: [REDACTED]  
MASTERCARD  
[REDACTED] [REDACTED]

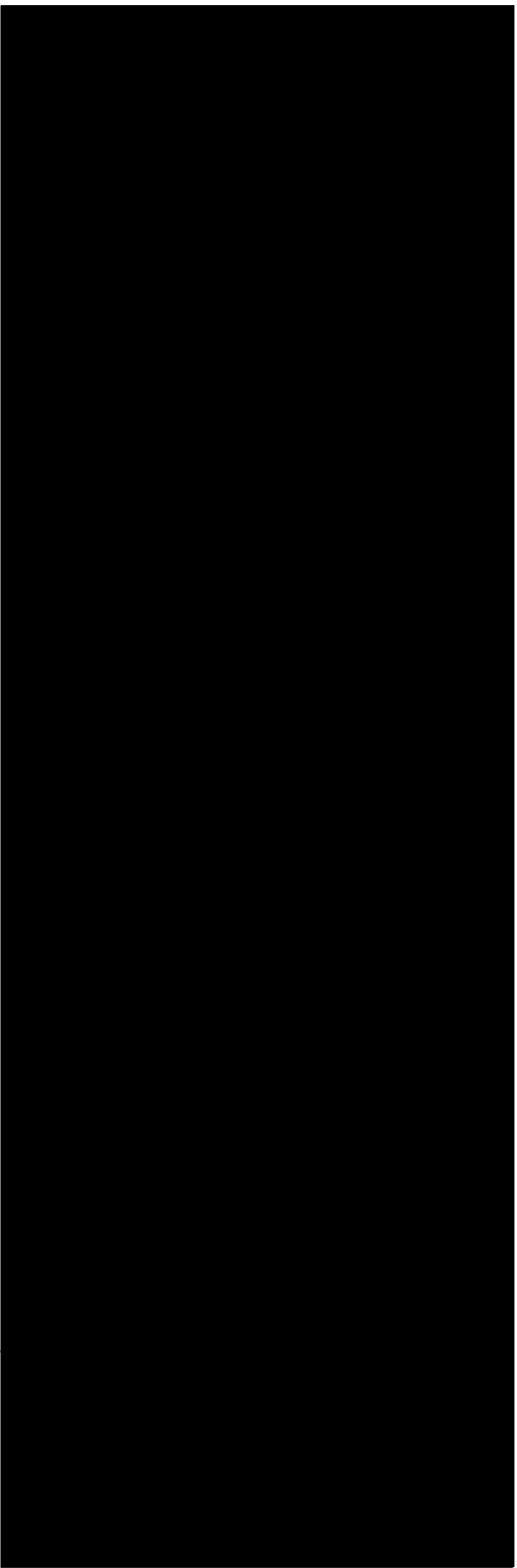
AMOUNT	\$35.90
TIP	\$1.80
TOTAL	\$37.70

00 - APPROVED - 001

MasterCard  
[REDACTED]

THANK YOU

Taxi, travel from hotel  
to Calgary Lab Services  
building (3535 Research  
Road NW) to attend  
CLS meeting



ATPS\* TAXI&LIMO SERVICES  
00332\*  
PEARSON AIRPORT, 6350  
SI  
MISSISSAUGA ON

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2018/09/19  
TIME 9213 14:11:15  
RECEIPT NUMBER

[REDACTED]  
PURCHASE  
AMOUNT \$59.25  
TIP \$5.93  
TOTAL

\$65.18  
-----

MasterCard  
[REDACTED]

APPROVED

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

Taxi, Conference Centre to  
Hotel, Return from  
HealthPro meetings

## 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	
9/17/2018	Per diem meals to attend HealthPro meetings in Toronto	ON	Meals Per Diem	\$ 24.00			Per diem meals to attend HealthPro meetings in Toronto Dinner \$24.00	1				
9/19/2018	Per diem meals to attend HealthPro meetings in Toronto	ON	Meals Per Diem	\$ 47.50			Per diem meals to attend HealthPro meetings in Toronto Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1				
9/20/2018	Per diem meals to attend HealthPro meetings in Toronto	ON	Meals Per Diem	\$ 23.50			Per diem meals to attend HealthPro meetings in Toronto Bfast \$10.50 Lunch \$13.00	1				
Approver(s) for the claim		Approval Status	Approval Date									
RHODES, DEBORAH		Approve	1-Oct-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

<b>Name :</b> Jitendra Prasad	<b>Reporting Period for the Month of :</b> Jul-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
17-Sep-18	Direct Billing	Airline Ticket	Change fee for HealthPro Advisory Council (PAC) meeting	Vision Travel	\$215.08
24-Sep-18	Direct Billing	Airline Ticket	Attended Connect Care Adoption/Validation meeting	Vision Travel	\$329.46
29-Sep-18	Direct Billing	Airline Ticket	Change fee to SCANHealth Flight	Vision Travel	\$360.00
5-Oct-18	Direct Billing	Airline Ticket	Attended SCANHealth Summit in Manchester England. Domestic flight from Manchester to London England	Vision Travel	\$186.70
	Direct Billing	Airline Ticket		Vision Travel	
	Direct Billing	Airline Ticket		Vision Travel	
<b>Total Paid in the Month</b>					<b>\$ 1,091.24</b>



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 16 Sep 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
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**PASSENGERS:** MR JITENDRA PRASAD

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	115.08	0.00	\$0.00	0.00	100.00	215.08 CAD
<b>Total:</b>	<b>115.08</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>100.00</b>	<b>215.08 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/11/2018		[REDACTED]	215.08 CAD
<b>Total Payment:</b>					<b>215.08 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL HEALTH PRO 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

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

Trip #: [REDACTED]  
Booking Date: 16 Sep 18  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]@MARLINTRAVEL.CA  
File Locator: [REDACTED]

### MY ITINERARY

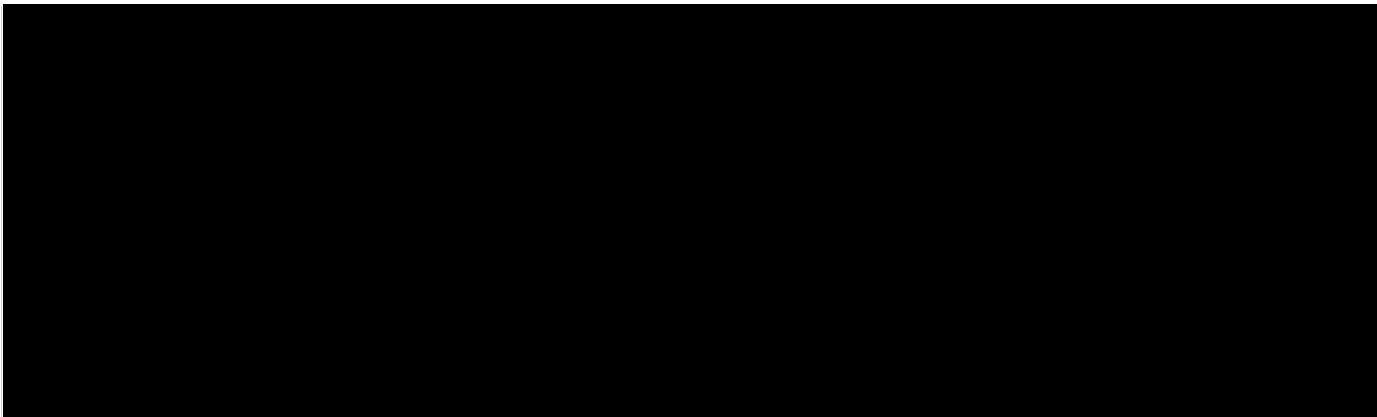
<b>Passengers</b> JITENDRA PRASAD	<b>Citizenship</b> Not Specified	<b>Required Travel Documents</b> Not Specified
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All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

<b>Passengers:</b> JITENDRA PRASAD	<b>Booking Date:</b> 11 Sep 18					
	<b>File Locator/Ticket #:</b> [REDACTED]					
<b>Airline</b>	<b>Flight</b>	<b>From</b>	<b>Terminal</b>	<b>To</b>	<b>Class/Seat</b>	<b>Stops</b>
WESTJET	00440	EDMONTON INTL 17 Sep 18 3:15PM		TORONTO PEARSON 17 Sep 18 8:53PM	L/	



AIR

<b>Passengers:</b> JITENDRA PRASAD	<b>Booking Date:</b> 11 Sep 18					
	<b>File Locator/Ticket #:</b> [REDACTED]					
<b>Airline</b>	<b>Flight</b>	<b>From</b>	<b>Terminal</b>	<b>To</b>	<b>Class/Seat</b>	<b>Stops</b>
WESTJET	00439	TORONTO PEARSON 20 Sep 18 4:15PM		EDMONTON INTL 20 Sep 18 6:25PM	D/	





A DIRECT TRAVEL® COMPANY

Invoice

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

Trip #:
Booking Date: 16 Sep 18
Client:
Agent:
Agents email: @MARLINTRAVEL.CA
File Locator:

PASSENGERS: MR JITENDRA PRASAD

Table with columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Row 1: WESTJET Ticket #, 230.50, 0.00, \$0.00, 98.96, 0.00, 329.46 CAD. Row 2: Total: 230.50, 0.00, 0.00, 98.96, 0.00, 329.46 CAD.

Table with columns: PAYMENTS, Invoice #, Payment Date, Card Holder, Form of Payment, Amount. Row 1: Invoice #, 09/12/2018, 329.46 CAD. Row 2: Total Payment: 329.46 CAD.

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL CONNECT CARE SESSION

\*\*\*\*\* 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.

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

Trip #: [REDACTED]  
Booking Date: 16 Sep 18  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]@MARLINTRAVEL.CA  
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:	Booking Date:					
JITENDRA PRASAD	12 Sep 18					
File Locator/Ticket #:	[REDACTED]					
Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03140	EDMONTON INTL 24 Sep 18 6:00PM		CALGARY INTL 24 Sep 18 6:55PM	P/	
WESTJET	03256	CALGARY INTL 26 Sep 18 5:15PM		EDMONTON INTL 26 Sep 18 6:07PM	C/	



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 27 Sep 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
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**PASSENGERS:** MR JITENDRA PRASAD

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	59.00	0.00	\$0.00	1.00	300.00	360.00 CAD
<b>Total:</b>	<b>59.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.00</b>	<b>300.00</b>	<b>360.00 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/24/2018	[REDACTED]	[REDACTED]	360.00 CAD
<b>Total Payment:</b>					<b>360.00 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL PRESENTING AT SCAN SUMMIT

\*\*\*\*\* 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. ----AIR CANADA INTERNATIONAL BAGGAGE POLICY---- 1ST CHECKED BAG FREE PER PASSENGER UP TO 50LBS 2ND CHECKED BAG 100.00 PER PASSENGER UP TO 50LBS FEES WILL BE COLLECTED AT AIRPORT CHECK IN EXCEPTIONS MAY APPLY PLEASE CHECK WITH THE AIRLINE ----UNITED AIRLINES BAGGAGE POLICY---- \*\*\*\*\*PLEASE NOTE CHECKIN TIMES\*\*\*\*\*  
 \*\*\*\*\*DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR \*\*DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR INTERNATIONAL FLIGHTS-120 MINUTES PRIOR INTERNATIONAL COUNTER WILL CLOSE 60 MINUTES PRIOR

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

Trip #: [REDACTED]  
Booking Date: 27 Sep 18  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]@MARLINTRAVEL.CA  
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: 24 Sep 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00174	EDMONTON INTL 29 Sep 18 5:05PM		TORONTO PEARSON 29 Sep 18 10:43PM	S/	
AIR CANADA	00858	TORONTO PEARSON 29 Sep 18 11:50PM		LONDON HEATHROW 30 Sep 18 11:50AM	S/	
AIR CANADA	00851	LONDON HEATHROW 06 Oct 18 10:05AM		CALGARY INTL 06 Oct 18 11:55AM	K/	
AIR CANADA	08140	CALGARY INTL 06 Oct 18 1:10PM		EDMONTON INTL 06 Oct 18 1:58PM	K/	



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 24 Sep 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
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**PASSENGERS:** MR.JITENDRA PRASAD

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
BRITISH AIRWAYS Ticket # [REDACTED]	132.00	0.00	\$0.00	54.70	0.00	186.70 CAD
<b>Total:</b>	<b>132.00</b>	<b>0.00</b>	<b>0.00</b>	<b>54.70</b>	<b>0.00</b>	<b>186.70 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/19/2018	[REDACTED]	[REDACTED]	186.70 CAD
<b>Total Payment:</b>					<b>186.70 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL SCANH SUMMIT

\*\*\*\*\* 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: 24 Sep 18  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]@MARLINTRAVEL.CA  
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: 19 Sep 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
BRITISH AIRWAYS	01399	MANCHESTER INTL 05 Oct 18 3:55PM		LONDON HEATHROW 05 Oct 18 5:00PM	N/	