

AHS Board and Executive Expense Report

Name Karen Horon
Title VP, Clinical Support Services (Acting)
Location Calgary
 Expenses submitted during the month of May 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)
May-17	Expense Claim	Meetings		96	319	343	758			
May-17	Direct Billing	Meetings	1,036				1,036			
Total			\$ 1,036	\$ 96	\$ 319	\$ 343	\$ 1,794	\$ -	\$ -	\$ -

Total for the Month \$ 1,794

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 149
 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									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
HORON, KAREN L	VP, Clinical Support Services - Acting	Calgary	\$ 758.10									
5/1/2017	In person mtg re: Lab Steering Committee meeting with Deputy Minister	AB - North Zone	Taxi	\$ 62.00	Edm International Airport	SSP	In person mtg re: Lab Steering Committee meeting with Deputy Minister	1				
5/1/2017	In person mtg re: Lab Steering Committee meeting with Deputy Minister	AB - North Zone	Accommodations	\$ 159.61			In person mtg re: Lab Steering Committee meeting with Deputy Minister	1				
5/1/2017	In person mtg re: Lab Steering Committee meeting with Deputy Minister		Mileage-Local-Home Zone	\$ 19.39	FMC	YYC	In person mtg re: Lab Steering Committee meeting with Deputy Minister	1			38.4	
5/1/2017	In person mtg re: Lab Steering Committee meeting with Deputy Minister	AB - North Zone	Meals Per Diem	\$ 24.00			In person mtg re: Lab Steering Committee meeting with Deputy Minister Dinner \$24.00	1				
5/2/2017	In person mtg re: Lab Steering Committee meeting with Deputy Minister	AB - Local	Parking - Lot or Parkade	\$ 58.70			In person mtg re: Lab Steering Committee meeting with Deputy Minister	1				
5/8/2017	DynaLIFE Base Lab Facility Tour with Dr. Verna Yiu & others	AB - North Zone	Accommodations	\$ 159.61			DynaLIFE Base Lab Facility Tour with Dr. Verna Yiu & others	1				
5/8/2017	DynaLIFE Base Lab Facility Tour with Dr. Verna Yiu & others	AB - North Zone	Taxi	\$ 62.00	Edm International Airport	SSP	DynaLIFE Base Lab Facility Tour with Dr. Verna Yiu & others	1				
5/8/2017	DynaLIFE Base Lab Facility Tour with Dr. Verna Yiu & others	AB - Local	Parking - Lot or Parkade	\$ 58.70			DynaLIFE Base Lab Facility Tour with Dr. Verna Yiu & others	1				
5/8/2017	DynaLIFE Base Lab Facility Tour with Dr. Verna Yiu & others		Mileage-Local-Home Zone	\$ 19.39	FMC	YYC	DynaLIFE Base Lab Facility Tour with Dr. Verna Yiu & others	1			38.4	
5/8/2017	DynaLIFE Base Lab Facility Tour with Dr. Verna Yiu & others	AB - North Zone	Meals Per Diem	\$ 47.50			DynaLIFE Base Lab Facility Tour with Dr. Verna Yiu & others Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1				

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
HORON, KAREN L	VP, Clinical Support Services - Acting	Calgary	\$ 758.10									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
5/9/2017	DynaLIFE Base Lab Facility Tour with Dr. Verna Yiu & others	AB - North Zone	Taxi	\$ 63.20	SSP	Edm International Airport	DynaLIFE Base Lab Facility Tour with Dr. Verna Yiu & others	1				
5/9/2017	DynaLIFE Base Lab Facility Tour with Dr. Verna Yiu & others	AB - North Zone	Meals Per Diem	\$ 24.00			DynaLIFE Base Lab Facility Tour with Dr. Verna Yiu & others Dinner \$24.00	1				
Approver(s) for the claim		Approval Status	Approval Date									
YIU, VERNA		Approve	15-Jun-17									

May 1-2.

In person Mtgs in Edmonton

RECEIPT
GST NO. R122556194

TKT NO [REDACTED]
POF: A1
IN: 05/01/17 15:52
OUT: 05/02/17 18:16
PAID: \$58.70
DURATION: 1 02: 24
(GST INCLUDED)

MASTERCARD

REF. [REDACTED]
YOU HAVE 10 MIN.
TO EXIT



+ mileage

To & from FMC to YYC

Edm Airport -> Maxbox

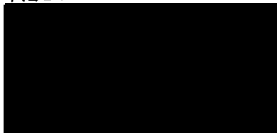
AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2017/05/01
TIME 5265 18:35:05
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$55.00
TIP \$7.00
TOTAL

\$62.00

MasterCard



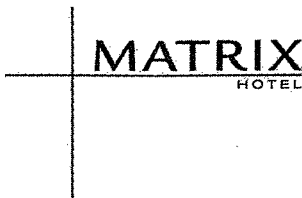
APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 80832 1681 RT0001



MS Karen Horon
Canada

Room Number: [REDACTED]
Arrival Date: 05-01-17
Departure Date: 05-02-17
Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No:

05-02-17

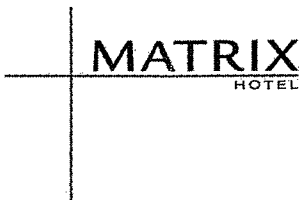
Date	Description		Charges	Credits
05-01-17	Room Service	Room# [REDACTED] CHECK# [REDACTED]	27.50	Claimed 24 th
05-01-17	Room Revenue		149.00	Per Diem
05-01-17	Destination Marketing Fee - 3%		4.47	
05-01-17	Tourism Levy - 4%		6.14	
Total			187.11	0.00

Balance

187.11
~~27.50~~
159.61

Signature:

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0008

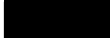


Breakfast included
(free)

Karen Horon



Room Number:



Arrival Date: 05-08-17

Departure Date: 05-09-17

Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No:

05-09-17

Date	Description		Charges	Credits
05-08-17	Room Service	Room# [REDACTED] CHECK# [REDACTED] -	16.60	
05-08-17	Room Revenue		149.00	
05-08-17	Destination Marketing Fee - 3%		4.47	
05-08-17	Tourism Levy - 4%		6.14	
Total			176.21	0.00

Balance

176.21

16.60

159.61

Signature:

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0008

MAY 8-9.

RECEIPT
GST NO. R122556194

*Airport + parking
May 8-9*

TKT NO [REDACTED]
POF: [REDACTED]
IN: 05/08/17 06:05
OUT: 05/09/17 18:24
PAID: \$58.70
DURATION: 1 12: 19
(GST INCLUDED)

MASTERCARD

REF. [REDACTED]
YOU HAVE 10 MIN.
TO EXIT

Karen Horon



YYC CALGARY INTERNATIONAL AIRPORT

*55P → Edm Airport
May 9*

Co-op Taxi Line
(780) 425-2525

www.co-optaxi.com

Terminal [REDACTED]
Driver [REDACTED]
17/05/09 16:04:58

Karen Horon

MASTERCARD

Card : [REDACTED]

MasterCard

CHIP CARD

Ref [REDACTED]

Auth [REDACTED]

		PURCHASE
FARE	: \$	56.20
TIP	: \$	7.00

TOTAL	: \$	63.20

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain this
copy for your records

Customer Copy

Edm Airport → 55P

AIRPORT TAXI SERVICE

4608 101 [REDACTED] *May 8*
(780) 890-1000 *297*

EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2017/05/08
TIME 0404 08:22:25
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$55.00
TIP \$7.00
TOTAL

\$62.00

Karen Horon
MasterCard

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST#833763998

*+ Mileage to + from
Fmc → YYC
4*

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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 : Karen Horon	Reporting Period for the Month of : May-17
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
01-May-17	Direct Billing	Airline Ticket	Travel to Edmonton to attend in person meetings on behalf of Mauro Chies re: Lab Steering Committee with Deputy Minister	Marlin Travel	399.16
08-May-17	Direct Billing	Airline Ticket	Travel to Edmonton to attend in person meetings on behalf of Mauro Chies re: DynaLIFE Base Lab Facility Tour with Dr. V. Yiu	Marlin Travel	376.26
31-May-17	Direct Billing	Airline Ticket	Travel to Edmonton for in person meetings with Peter Froese, Rob Vretenar, and interview candidate for communications coordinator position	Marlin Travel	260.73
Total Paid in the Month					\$ 1,036.15



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 28 Apr 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: MS KAREN HORON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	324.20	0.00	\$0.00	74.96	0.00	399.16 CAD
Total:	324.20	0.00	0.00	74.96	0.00	399.16 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	04/27/2017			0.00 CAD
	[REDACTED]	04/27/2017		[REDACTED]	399.16 CAD
				Total Payment:	399.16 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL ELT MEETINGS

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 -----
 ----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.

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

Trip #: [REDACTED]
Booking Date: 28 Apr 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
KAREN HORON	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: KAREN HORON

Booking Date: 04/27/2017

File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08152	CALGARY INTL		EDMONTON INTL	V		
		05/01/2017 5:05PM		05/01/2017 5:55PM			



AIR

Passengers: KAREN HORON

Booking Date: 04/27/2017

File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08169	EDMONTON INTL		CALGARY INTL	V		
		05/02/2017 5:05PM		05/02/2017 5:57PM			



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 04 May 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: MS KAREN HORON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	277.30	0.00	\$0.00	98.96	0.00	376.26 CAD
Total:	277.30	0.00	0.00	98.96	0.00	376.26 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	05/02/2017	[REDACTED]	[REDACTED]	376.26 CAD
	[REDACTED]	05/02/2017	[REDACTED]	[REDACTED]	0.00 CAD
				Total Payment:	376.26 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL SENIOR PHARMACY MEETING

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 -----
 -----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: 04 May 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
KAREN HORON	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: KAREN HORON

Booking Date: 05/02/2017

File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	00376	CALGARY INTL		EDMONTON INTL	Q		
		05/08/2017 7:00AM		05/08/2017 7:48AM			



AIR

Passengers: KAREN HORON

Booking Date: 05/02/2017

File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	03142	EDMONTON INTL		CALGARY INTL	L		
		05/09/2017 5:15PM		05/09/2017 6:11PM			



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 08 May 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: MS KAREN HORON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	59.17	0.00	\$0.00	49.48	0.00	108.65 CAD
AIR CANADA Ticket # [REDACTED]	114.60	0.00	\$0.00	37.48	0.00	152.08 CAD
Total:	173.77	0.00	0.00	86.96	0.00	260.73 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	05/08/2017	[REDACTED]	[REDACTED]	108.65 CAD
	[REDACTED]	05/08/2017	[REDACTED]	[REDACTED]	152.08 CAD
				Total Payment:	260.73 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL ADMH MEETING IN EDMONTON

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 -----
 -----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.

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

Trip #: [REDACTED]
Booking Date: 08 May 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
KAREN HORON	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: KAREN HORON

Booking Date: 05/08/2017

File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	03394	CALGARY INTL		EDMONTON INTL	D		
		05/31/2017 7:00AM		05/31/2017 7:53AM			

Passengers: KAREN HORON

Booking Date: 05/08/2017

File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	03394	CALGARY INTL		EDMONTON INTL	D		
		05/31/2017 7:00AM		05/31/2017 7:53AM			