

AHS Board and Executive Expense Report

Name Katherine Chubbs
Title Chief Zone Officer, South Zone
Location Lethbridge
 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 | | | | 113 | 113 | | | |
| May-17 | Direct Billing | Meetings | 814 | | | | 814 | | | |
| Total | | | \$ 814 | \$ - | \$ - | \$ 113 | \$ 927 | \$ - | \$ - | \$ - |

Total for the Month \$ 927

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.

AHS Public Disclosure Expense Claims

| Claimant Name | Claimant Title | Claimant Location | Expense Claim Total | |
|-------------------|--------------------------------|-------------------|---------------------|--|
| CHUBBS, KATHERINE | Chief Zone Officer, South Zone | Lethbridge | \$ 113.05 | |

| Expense Date | Business reason | Expense Location | Expense Type | Amount | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
|--------------|--------------------------------------------------|------------------|--------------|----------|----------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------|-----------|----------------|------------------|---------------|
| 5/1/2017 | Refuelling fleet car on return trip from Taber | AB - Local | Fuel | \$ 50.82 | Chinook Regional Hospital, Lethbridge 960 19th Street South | Taber Health Care Centre 4326 50 Ave Taber | ARI Fleet Fuel/Maintenance card not yet working | 1 | | | |
| 5/12/2017 | Refuelling fleet car | AB - Local | Fuel | \$ 29.58 | Chinook Regional Hospital, Lethbridge 960 19th Street South | Medicine Hat Regional Hospital 666 5 Str SW Med Hat | ARI Fleet Fuel/Maintenance card not yet working | 1 | | | |
| 5/19/2017 | Refuelling fleet car on return trip from Med Hat | AB - Local | Fuel | \$ 32.65 | Chinook Regional Hospital, Lethbridge 960 19th Street South | Medicine Hat Regional Hospital 666 5 Str SW Med Hat | ARI Fleet Fuel/Maintenance card not yet working | 1 | | | |

| Approver(s) for the claim | Approval Status | Approval Date |
|---------------------------|-----------------|---------------|
| HUBAND, BRENDA | Approve | 24-May-17 |

Safeway
2750 FAIRWAY PLAZA ROAD
LETHBRIDGE, AB
T1K6Z3

STORE NO: 8854
GST/HST: 831536503

Inv#: [REDACTED]
Trans: Pre-Auth
Completion [REDACTED]

VISA CREDIT

Auth No: [REDACTED]
ACI/ISO: [REDACTED]
Date: 19/05/2017
Time: 6:37:47 AM

APPROVED

Pump # : 5-Regular
Vol : 32.845 L
Price/L: \$0.994
Total: \$32.65

Fuel Includes:
GST/HST(5%): \$1.55

paid by personal

CANADIAN TIRE #1884
CENTRE VILLAGE MALL
LETHBRIDGE, ALBERTA
T1H 0E4
403-328-8195

PAYPOINT : 02P
GST #: R100773019
TRANS #: [REDACTED]
HOST TIME :
2017-05-01 16:38:12
LOCAL TIME:
2017-05-01 18:36:09

PUMP 02
REGULAR
49.874L AT \$1.019

FUEL SALES \$ 50.82
GST INCLUDED \$ 2.42
TOTAL \$ 50.82

PURCHASE
VISA

REFERENCE #:

INVOICE #
SEQUENCE #:
AUTH#

VISA CREDIT

VERIFIED BY PIN

01/027 APPROVED

THANK YOU
COLLECT E-CT
'MONEY'. VISIT
CANADIANTIRE.CA
TODAY.

-- IMPORTANT --
RETAIN THIS COPY FOR
YOUR RECORDS

- CUSTOMER'S COPY -

STATION# 1884
LETHBRIDGE NORTH
IT PAYS TO
BUY GAS HERE

paid by personal

Shell Canada
2730 Mayor Magrath D
T1K 1J5
Lethbridge AB
403-380-3002

Bronze
PUMP No. 07
LITRES 29.762
PRICE/L \$0.994
TOTAL FUEL \$29.58

TOTAL SALE \$29.58
AIR MILES \$
VISA \$29.58

FUEL INCLUDES
GST - Fuel \$1.41
No. 137400032RT

01 APPROVED - THANK
YOU 001
APPROVAL No. [REDACTED]
TERMINAL No. [REDACTED]

VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

VISA
PURCHASE C

INV No. [REDACTED]
2017/05/12 07:30
VISA CREDIT

AIR MILES

Term:
Appc:

Reference:

Miles received: 1

* You've filled 116
.759 L- get up to 25
Bonus Miles every
month*

Visit roadtorewards
.ca for details

YOUR OPINION COUNTS
Tell us about your
recent visit at
www.shell.ca/opinion
and you could win a
\$500 Shell Gift Card
*Receipt Required

THANK YOU
Questions?
1-800-661-1600

STORE: C22595
TRAN: [REDACTED]
5/12/2017 7:32:34

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 : Katherine Chubbs | Reporting Period for the Month of : May-17 |
|--------------------------------|---------------------------------------------------|

| DD-MMM-YYYY | Payment Method | Category | Description/Purpose of the Expense | Name of Vendor | Amount Paid |
|--------------------------------|----------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------|
| 9-May-2017 | Direct Billing | Airline Ticket | Integra Air flight on June 20, 2017, Lethbridge County Airport to Exec Flight Center, Edmonton International Airport for the Senior Leaders Meeting @ the Edmonton Renaissance Airport Hotel. Using a flight credit from David Carpenter \$627.40. Fare difference (133.79) plus the change fee (52.50) equals the balance billed of 186.29. David's Integra Flight was not previously disclosed, so will include in Katherine's disclosure which changes the final amount to \$813.69 | Marlin Travel | 813.69 |
| | 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 | | | | | \$ 813.69 |



Invoice

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

Trip #: [REDACTED]
 Booking Date: 09 May 17
 Client: [REDACTED]
 Agent: [REDACTED]
 File Locator: [REDACTED]

PASSENGERS: MS KATHERINE CHUBBS

| REFERENCE/ DESCRIPTION | FARE | HST/GST | PST | OTHER TAXES | PENALTY | TOTAL |
|---------------------------------------|---------------|-------------|-------------|-------------|-------------|-------------------|
| INTEGRA AIR Confirmation # [REDACTED] | 186.29 | 0.00 | \$0.00 | 0.00 | 0.00 | 186.29 CAD |
| Total: | 186.29 | 0.00 | 0.00 | 0.00 | 0.00 | 186.29 CAD |

| PAYMENTS | Invoice # | Payment Date | Card Holder | Form of Payment | Amount |
|-----------------------|------------|--------------|-------------|-----------------|-------------------|
| | [REDACTED] | 05/09/2017 | [REDACTED] | [REDACTED] | 186.29 CAD |
| Total Payment: | | | | | 186.29 CAD |

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL SENIOR LEADERS MEETING

CREDIT APPLIED

761.19 NEW TICKET -- (627.40) CREDIT + 52.50 FEE = 186.29 CHARGED

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: 09 May 17
Client: [REDACTED]
Agent: [REDACTED]
File Locator: [REDACTED]

MY ITINERARY

| Passengers | Citizenship | Required Travel Documents |
|------------------|---------------|---------------------------|
| KATHERINE CHUBBS | 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: KATHERINE CHUBBS

Booking Date: 05/08/2017
File Locator/Ticket #: [REDACTED]

| Airline | Flight | From | Terminal | To | Class | Seat | Stops |
|-----------------|--------|------------------------------------|----------|------------------------------------|-------|------|-------|
| CHARTER AIRLINE | 00918 | LETHBRIDGE 06/20/2017 6:45AM | | EDMONTON INTL 06/20/2017 8:00AM | Y | | |
| CHARTER AIRLINE | 00829 | EDMONTON INTL 06/20/2017 6:05PM | | LETHBRIDGE 06/20/2017 7:20PM | Y | | |

David B. Carpenter

TO: JENNIFER
HAUNSTRA
FROM: DAVID
CARPENTER

From: res@integraair.com
Sent: Thursday, December 15, 2016 9:29 AM
To: suntzu@shaw.ca
Subject: INTEGRA AIR ITIN. For CARPENTER, DAVID
Importance: High

Passenger Itinerary for CARPENTER, DAVID

Please print/retain this page for your records. Thank you for choosing Integra Air.

Itinerary
www.integraair.com



Customer Care
Toll Free 1-877-213-8359
Local 403-381-UFLY (8359)

Booking Information - Booking Reference/Locator# [REDACTED]
- Booked On: 12/15/2016 09:29

Passenger

Name: CARPENTER, DAVID
Phone #: [REDACTED]
Form of Payment: AMERICAN EXPRESS

*Cancelled Jan 11
C 10 30
D*

Flight Information

| | | | | | | |
|-----|------------------|------------------|------------|-------|-------|-----------|
| 928 | Lethbridge (YQL) | Edmonton (YEG) | 02/14/2017 | 16:30 | 17:45 | CONFIRMED |
| 829 | Edmonton (YEG) | Lethbridge (YQL) | 02/15/2017 | 18:05 | 19:20 | CONFIRMED |

Notes **Rationale** for flight exceeding the \$600 limit: Integra Air has limited flights on specific days of the week. As this is the only carrier, there was no cheaper option.

Fare Summary

| | | |
|--------------------------------|-----------------|-----------------|
| Fare | \$464.28 | |
| Taxes, Fees and Charges | | |
| Nav Canada Surcharge | \$24.00 | |
| Security Fee | \$14.24 | |
| Other Charges | \$95.00 | |
| Subtotal | \$597.52 | |
| GST(100411966RG0001) | \$29.88 | |
| Total - CAD | | \$627.40 |
| Balance Due | | \$0.00 |

Terms and Condition

General

1. Public domestic scheduled tariffs are available upon request or at www.integraair.com