

AHS Board and Executive Expense Report

Name Katherine Chubbs
Title Chief Zone Officer, South Zone
Location Lethbridge
 Expenses submitted during the month of July 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)
Jul-18	P-Card	Meetings				8	8			
Jul-18	Expense Claim	Meetings		34			34	2,185		
Jul-18	Direct Billing	Meetings	463				463			
Total			\$ 463	\$ 34	\$ -	\$ 8	\$ 505	\$ 2,185	\$ -	\$ -

Total for the Month \$ 2,690

Maximum daily single meal expense claimed in the month \$ 13
 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									
CHUBBS, KATHERINE	Chief Zone Officer, South Zone	Lethbridge	\$ 8.00									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
6/26/2018	Cancer SCN Core Committee meeting in Leduc	AB - Local	Parking - Lot or Parkade	\$ 8.00			Parking at Lethbridge County Airport flight to Leduc/Edmonton for Cancer SCN Core Committee Meeting	1				
Approver(s) for the claim		Approval Status	Approval Date									
HUBAND, BRENDA		Approve	23-Jul-18									

Cancer Care SA
Core Committee
mtg. June 13
County of Lethbridge

Airport Parking

GST #106989023

Space # : 96

Transaction #:
[REDACTED]

Date : JUN/13/18

Time : 04:18 AM

Paid : \$8.00

Card : [REDACTED]

Parking Expires At:

JUN/14/18

04:18 AM

Please Retain Ticket.
Lock your vehicle and
secure all valuables.

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
CHUBBS, KATHERINE	Chief Zone Officer, South Zone	Lethbridge	\$ 2,185.00									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
4/30/2018	Doctorate tuition spring semester 2018	International	Courses and Professional Development	\$ 2,185.00			DBA course at Walden University. \$4370 /2=\$2185.	1				
Approver(s) for the claim		Approval Status	Approval Date									
HUBAND, BRENDA		Approve	11-Jul-18									



WALDEN UNIVERSITY

A higher degree. A higher purpose.

Account Overview

Payments

Invoice History

Transaction History

Print

STUDENT NAME

Katherine Chubbs

Total Charges
\$ 25,620.00

Total Payments & Credits
\$ 25,620.00

Current Balance
\$ 0.00

STUDENT ID

[REDACTED]

PAYMENT PLAN:

Term Based

CURRENCY:

United States Dollars

CURRENT BALANCE

as of today

\$ 0.00

Make a Payment

Financial or Billing

Date	Description	Charge	Payment or Credit
2018-Apr-29	Cash Receipt	\$ 0.00	\$ 3,321.00

USD

\$4,370 CAD

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
CHUBBS, KATHERINE	Chief Zone Officer, South Zone	Lethbridge	\$ 10.50									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
6/19/2018	Driving to Edmonton for the Connect Care Adoption Session #1	AB - Other Zones	Meals Per Diem	\$ 10.50			Driving to Edmonton for the Connect Care Adoption Session #1. 0600 hour departure from Lethbridge. Bfast \$10.50	1				
Approver(s) for the claim		Approval Status	Approval Date									
AMIN, ANORA		Approve Reviewed and approved.	24-Jul-18									

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
CHUBBS, KATHERINE	Chief Zone Officer, South Zone	Lethbridge	\$	23.50							
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/27/2018	In Leduc to present the SZ project proposal for PRIHS funding consideration	AB - Other Zones	Meals Per Diem	\$ 23.50			In Leduc to present the SZ project proposal for PRIHS funding consideration Bfast \$10.50 Lunch \$13.00	1			
Approver(s) for the claim		Approval Status		Approval Date							
HUBAND, BRENDA		Approve		23-Jul-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: NO

Name : Katherine Chubbs	Reporting Period for the Month of : Jul-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
28-May-2018	direct bill	airline	AC 2 way flights to Edmonton as Katherine is presenting the SZ research project proposal for funding consideration with PRIHS Alberta Innovates.	Vision	\$462.51
Total Paid in the Month					\$ -



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 28 May 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
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PASSENGERS: MS KATHERINE CHUBBS

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	402.55	0.00	\$0.00	59.96	0.00	462.51 CAD
Total:	402.55	0.00	0.00	59.96	0.00	462.51 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	05/24/2018		[REDACTED]	462.51 CAD
Total Payment:					462.51 CAD
Balance Due CAD Currency					0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 103
REASON FOR TRAVEL PRIHS DEN COMPETETION

***** 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 May 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
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:	24 May 18	
				File Locator/Ticket #:	[REDACTED]	
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	07212	LETHBRIDGE 27 Jun 18 5:10AM		CALGARY INTL 27 Jun 18 6:03AM	T/	
AIR CANADA	08130	CALGARY INTL 27 Jun 18 7:00AM		EDMONTON INTL 27 Jun 18 7:54AM	T/	
AIR CANADA	08149	EDMONTON INTL 27 Jun 18 1:25PM		CALGARY INTL 27 Jun 18 2:18PM	W/	
AIR CANADA	07217	CALGARY INTL 27 Jun 18 4:15PM		LETHBRIDGE 27 Jun 18 5:07PM	W/	