

AHS Board and Executive Expense Report

Name Dr. Laura McDougall
Title Senior Medical Officer of Health & Senior Medical Director
Location Calgary

Expenses submitted during the month of June 2019

			Travel (1)					Working Sessions Hosting and Hospitality		
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Hosting and Hospitality (3)	Other (4)
Jun-19	Expense Claim	Meetings			147	289	436			
Jun-19	Direct Billing	Meetings				184	184			
Total			\$ -	\$ -	\$ 147	\$ 473	\$ 620	\$ -	\$ -	\$ -

Total for the Month \$ 620

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 135
 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								
MCDUGALL, LAURA	Senior Medical Officer of Health & Senior Medical Director	Calgary	\$ 436.12								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/24/2019	ERHL program meeting in Calgary	AB - Local	Parking - Street Meter	\$ 4.50				1			
5/6/2019	First Nations Practices Sustainability Meeting in Edmonton	AB - Local	Fuel-Travel and Car Rental	\$ 54.23				1			
5/13/2019	AHS Female Physicians Leadership Report at FMC, Calgary	AB - Local	Parking - Lot or Parkade	\$ 10.00				1			
5/16/2019	Meeting with Deena Hinshaw, CMOH in Edmonton	AB - North Zone	Parking - Lot or Parkade	\$ 16.00				1			
5/16/2019	Meetings with EZ MOH in Edmonton	AB - North Zone	Parking - Lot or Parkade	\$ 24.00				1			
5/21/2019	Attended Elbow River Healing Lodge Physicians meeting in Calgary	AB - Local	Parking - Lot or Parkade-Service	\$ 11.25				1			
6/19/2019	Health Status Report Discussion with D. Hinshaw and J. Carbaj in Calgary	AB - Local	Parking - Lot or Parkade	\$ 9.00				1			
6/20/2019	ERHL Monthly Physicians Meeting in Calgary	AB - Local	Parking - Lot or Parkade	\$ 9.00				1			
6/20/2019	Edmonton Zone Medical Staff Advisory Council meeting in Edmonton		Mileage-Local-Home Zone	\$ 151.00	Calgary	Edmonton		1			299
6/20/2019	Presented at the Edmonton Zone Medical Staff Advisory Council Meeting in Edmonton	AB - Local	Accommodations	\$ 147.14				1			
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		3-Sep-19							

**RECEIPT
RRDTC**

License Plate Number



Expiration Date/Time

**08:15 AM
APR 24, 2019**

Purchase Date/Time: 08:15am Apr 23, 2019

Total Due: \$15.00 Rate: \$15.00 - 24 Hours
Total Paid: \$15.00 Pmt Type: CC (Swipe)
Ticket # [REDACTED]
S/N [REDACTED]
Setting: RRDTC Network
Mach Name: CA-RRD-005

isa Auth # [REDACTED]
www.ahs.ca
Do Not Place On Dash

Alberta Health Services
SINCH Lot 1
RECEIPT

ENTRY DATE/TIME :
21/05/19 18:53
PAY DATE/TIME :
21/05/19 21:24
PARK-DUR. : HRS:MIN
0:00:31

ALLOWED EXIT TO:
05/21/19 21:39

PAID: \$ 11.25
VISA

* Parking Rates *
* Are GST Exempt *

* Please Exit *
* Site Within *
* 15 Minutes *
* After Payment *
* Is Made *

* No In/Out *
* Privileges *

* Managed by *
* Alberta *
* HealthServices *

* Have Questions *
* Or Concerns? *
* Call Us *
* 403-955-0300 *

WELCOME
Shell Canada
4547 16th Ave NW
Calgary, AB
(403) 280-4130 AB
BRONZE
PUMP No. 03
541229 43.070
TOTAL FUEL \$18.23
TOTAL SALE \$18.23
VISA
FUEL INCLUDES
GST - FUEL 15140003287
No. [REDACTED]
OI APPROVED - THANK YOU
APPROVAL No. [REDACTED]
TERMINAL No. [REDACTED]
B9001630
VERIFIED BY P/N [REDACTED]
IMPORTANT
retain this copy for your records
PURCHASE [REDACTED] C
INV No. [REDACTED]
2019/05/21
YOUR OPINION COUNTS
Tell us about your recent visit at
www.shell.ca/opinion
and you could win a FUEL FOR A YEAR
*Receipt Required
THANK YOU
Questions?
1-800-561-1600
STORE: C00163
TRAN: [REDACTED]
5/6/2019 08:35:15

Pay for your parking online, www.parkplus.ca

ERHL

Plate: [REDACTED]
Zone: **3903**

Valid through:
**WEDNESDAY
24 APR 19
4:13 PM**

START TIME: 4/24/2019 1:53 PM
AMOUNT PAID: \$4.50 (GST inc)

Auth No: [REDACTED]
Trn No: [REDACTED]
Terminal: 1595
Receipt No: [REDACTED]

CALGARY PARKING AUTHORITY (403) 537-7000

CALGARY PARKING

Pay for your parking

**RECEIPT
Foothills**

Medical Centre
Lct 6 - North Level 1

License Plate Number



Expiration Date/Time

**01:18 PM
JUN 19, 2019**

Purchase Date/Time: 11:18am Jun 19, 2019
Total Due: \$9.00 Rate: \$9.00 - 2 Hours
Total Paid: \$9.00 Pmt Type: CC (Swipe)
Ticket # [REDACTED]
S/N [REDACTED]
Setting: FMC Lot 06 - Level 1
Mach Name: CA-FMC-0602

isa Auth # [REDACTED]
www.ahs.ca
Do Not Place On Dash

Missing Receipt Attestation

Date of Expense: 5/13/2019

Vendor Name: AHS Parking Services

Vendor Address: Foothills Medical Centre

Expense Amount: \$10.00

Expense Details: Parking

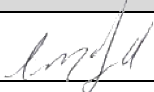
Circumstances as to why the receipt is missing:

Receipt lost during transitioning between offices

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	
Laura McDougall	
Position / Title	Site / Location
Senior Medical Officer of Health/SMD PPIH & SCN	Sourthport
Signature	Date
	5/13/2019

Missing Receipt Attestation

Date of Expense: 5/16/2019

Vendor Name: ATB Place

Vendor Address: Edmonton AB

Expense Amount: \$16.00

Expense Details: Parking

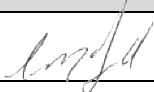
Circumstances as to why the receipt is missing:

Receipt was lost in transition between offices.

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I attest that this expense has not been claimed previously

Claimant Name	
Laura McDougall	
Position / Title	Site / Location
Senior Medical Officer of Health/SMD PPIH & SCN	Sourthport
Signature	Date
	5/16/2019

Missing Receipt Attestation

Date of Expense: 5/16/2019

Vendor Name: Coronation Plaza

Vendor Address: Edmonton AB

Expense Amount: \$24.00

Expense Details: Parking

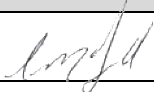
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Claimant Name	
Laura McDougall	
Position / Title	Site / Location
Senior Medical Officer of Health/SMD PPIH & SCN	Sourthport
Signature	Date
	5/16/2019



GST 10258 9660 RT0016


06-21-19

Laura Mcdougall	Folio No. :	██████████	Cashier No. :	██████████	Room No. :	██████████
██████████	A/R Number :	██████████	Arrival :	06-20-19		
	Group Code :		Departure :	06-21-19		
	Company :		Conf. No. :	██████████		
	Membership No. :		Rate Code :	██████████		
	Invoice No. :		Page No. :	1 of 1		

Date	Description	Charges	Credits
06-20-19	RACK RATE	134.99	
06-20-19	GST 5%	6.75	
06-20-19	Tourism Levy 4%	5.40	
06-21-19	M 7 VISA ██████████		147.14
Total		147.14	147.14
Balance		0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

 *ERH Physicién mtg.*
 NO NEED TO DISPLAY ON DASHBOARD NO NEED TO DISPLAY ON DASHBOARD

EXPIRATION DATE	EXPIRATION TIME	DATE ISSUED	TIME ISSUED	AMOUNT PAID
20/06/19	19:19	20/06/19	17:19	\$ 9.00

AMOUNT PAID
\$ 9.00 17:19 ██████████

██████████



CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY. WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO FIRE, THEFT OR COLLISION



USE HONK ON NEXT VISIT FOR EASE OF PAYMENT

██████████ NON TRANSFERABLE NO GST

██████████ RECEIPT NO GST

3101 43 Ave, Stony Plain, AB T7Z 1L1, Canada
 ph: 780-968-1716 fax: 780-968-1724

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 : Dr. Laura McDougall	Reporting Period for the Month of : Jun-19
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
8-May-2019	Direct Billing	Car Rental	First Nations Practices Sustainability Meeting in Edmonton - Car Rental to drive from Calgary to Edmonton on May 3 to May 6, 2019	Vision Travel	\$183.84
	Direct Billing	Airline Ticket		Vision Travel	
	Direct Billing	Airline Ticket		Vision Travel	
	Direct Billing	Airline Ticket		Vision Travel	
	Direct Billing	Airline Ticket		Vision Travel	
Total Paid in the Month					\$ 183.84



4603 - 16 AVENUE NW
 CALGARY, AB T3B 0M7
 Federal GST# :889365821

Rental Agreement #: [REDACTED]
 Bill Ref #: [REDACTED]
 Invoice Date: 05/08/2019
 Account #: [REDACTED]

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	4 DAY	45.00	180.00
Subtotal			180.00
VEHICLE LICENSE FEE RECOVERY	4 DAY	0.96	3.84
Total Charges (CAD)			183.84
PAYMENTS			
Payment	Payment		-183.84
Total Payments (CAD)			-183.84

BILL TO

Alberta Health Services
 PO BOX 1600
 EDMONTON, AB - T5T2N9

RENTAL INFORMATION

Date/Time Out 05/03/2019 04:28 PM
Date/Time In 05/06/2019 08:00 PM

Renter
 MCDOUGALL, LAURA

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out	In
BLACK	[REDACTED]	OPTI	7RVLVR	24,419	25,097

VIN: [REDACTED]

CLAIM INFORMATION

Claim# / PO# / RO# [REDACTED]
Insured 101030671552000133
Date of Loss [REDACTED] **Type of Loss** [REDACTED] **Type of Vehicle** [REDACTED]
Repair Shop [REDACTED]

Amount Due (CAD) 0.00
 Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g. sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

For Billing Inquiries / Payment Terms :
 Tel#:+1 9184016000
 AskARCanada@ehi.com
 Payment Due within 30 days of invoice date
 Late payments are subject to a finance charge.

ADDITIONAL INFORMATION

COST CENTER# 101030671552000133

Thank You For Choosing Enterprise

Please Return This Portion With Remittance		Amount Due (CAD)	0.00
Remit To : ENTERPRISE RENT A CAR CANADA COMPANY 709 MILNER AVE SCARBOROUGH, ON M1B 6B6		Paid By: Alberta Health Services PO BOX 1600 EDMONTON, AB T5T2N9	
Account # [REDACTED]	Rental Agreement [REDACTED]	Amount 0.00	GPBR [REDACTED]