

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 November 2019

			Travel (1)					Working Sessions Hosting and Hospitality		
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	(3)	Other (4)
Nov-19	Expense Claim	Meetings				180	180			
Nov-19	Direct Billing	Meetings				126	126			
Total			\$ -	\$ -	\$ -	\$ 306	\$ 306	\$ -	\$ -	\$ -

**Total for
the Month** \$ 306

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									
MCDUGALL, LAURA	Senior Medical Officer of Health & Senior Medical Director	Calgary	\$ 180.26									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
11/1/2019	Joint Strategy Meeting with PPIH Divisions at Holy Cross in Calgary-Healthy Living, PPIH SCN, Alberta Cancer Prevention Legacy Fund, and Communicable Disease Control	AB - Local	Parking - Lot or Parkade	\$ 14.00				1				
11/8/2019	Business Planning Meeting in Calgary with Alberta Cancer Prevention Legacy Fund	AB - Local	Parking - Lot or Parkade	\$ 12.00				1				
11/13/2019	Meeting with Chief Medical Officer of Health re: Syphilis and meeting with Ernest & Young in Edmonton	AB - Other Zones	Parking - Lot or Parkade	\$ 15.24				1				
11/14/2019	1) Attended the Minister's Review of the Tobacco and Smoking Reduction Act 2) Two fuel costs for the day: \$75.72 before driving to Lethbridge, and \$49.30 to top off before returning vehicle	AB - Local	Fuel-Travel and Car Rental	\$ 125.02				1				
11/22/2019	Health Promoting Health Services Strategy meeting in Calgary	AB - Local	Parking - Lot or Parkade	\$ 14.00				1				
Approver(s) for the claim		Approval Status		Approval Date								
BELANGER, FRANCOIS		Approve		18-Dec-19								

RECEIPT
HPARK: 403-828-7337

License Plate Number



Expiration Date/Time

12:29 PM
NOV 01, 2019

Purchase Date/Time: 08:59am Nov 01, 2019
Total Due: \$14.00 Rate: 3 HR 30 MIN
Total Paid: \$14.00 Pmt Type: CC (Swipe)
Ticket # [Redacted]
SN # [Redacted]
Setting: Holy Cross Interior
Mach Name: Holy Cross Int

SPACE FOR LEASE
Medical, Office, Etc.
403-852-4446

RECEIPT
HPARK: 403-828-7337

License Plate Number



Expiration Date/Time

12:28 PM
NOV 22, 2019

Purchase Date/Time: 08:56am Nov 22, 2019
Total Due: \$14.00 Rate: 3 HR 30 MIN
Total Paid: \$14.00 Pmt Type: CC (Swipe)
Ticket # [Redacted]
SN # [Redacted]
Setting: Holy Cross Interior
Mach Name: Holy Cross Int

SPACE FOR LEASE
Medical, Office, Etc.
403-852-4446

RECEIPT
Impark Lot 02-255

License Plate Number



Expiration Date/Time

03:21 PM
NOV 13, 2019

Purchase Date/Time: 01:21pm Nov 13, 2019
Total Parking: \$15.24
Total GST: \$0.76
Total Due: \$16.00 Rate: \$8 - 21
Total Paid: \$16.00 Pmt Type: CC (S)
Ticket # [Redacted]
SN # [Redacted]
Setting: Lot 255
Mach Name: Meter 1

SPACE FOR LEASE
Medical, Office, Etc.
403-852-4446

PETRO-CANADA
8420 BOWFORT RD NW
CALGARY
ALBERTA T3B 4T1
(403) 288-7744

GST # 0137232914
PC0830593:8544701
TERMINAL: 028544757
PAYPOINT: 028544701
2019-11-14 06:26

PUMP 07
REGULAR
LITRES L 76.562
PRICE/L \$ 0.989
FUEL SALES \$ 75.72*

TOTAL DUE \$ 75.72
TOTAL PAID
CREDIT CARD \$ 75.72

* GST INCL. \$ 3.61

VISA
INVOICE # [Redacted]
AUTH # [Redacted]
PURCHASE
T 0010010010 00 027
APPROVED
THANK YOU

7ELEVEN
4444 16 AVE NW
CALGARY, AB
T2H 1L8

2019-11-14 10:14:37

STORE #: 26509
TRANS #: [Redacted]
INVOICE NO: [Redacted]
GST #: R119385453

PUMP 3
REGULAR
50.353L AT \$0.979/L

SALE \$ 49.30

PST INCLUDED \$ 2.95

TOTAL CAD \$ 49.30

PRE-AUTH COMPLETION
VISA CREDIT

INVOICE NO: [Redacted]
TERMID: [Redacted]
MERCH #: [Redacted]
APPROVED
REF: [Redacted]
ACI/ISO 001/00

RECEIPT
HPARK: 403-828-7337

License Plate Number



Expiration Date/Time

04:44 PM
NOV 08, 2019

Purchase Date/Time: 3:44pm Nov 08, 2019
Total Due: \$2.00 Rate: 3 HOURS
Total Paid: \$2.00 Pmt Type: CC (Swipe)
Ticket # [Redacted]
SN # [Redacted]
Setting: Holy Cross Interior
Mach Name: Holy Cross Int

SPACE FOR LEASE
Medical, Office, Etc.
403-852-4446

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

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 : Laura McDougall	Reporting Period for the Month of : Nov-19
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
Nov-14-2019	Direct Billing	Car Rental	Attended the Minister's Review of the Tobacco and Smoking Reduction Act - Rental Car to travel from Calgary to Lethbridge - November 12 to 14, 2019	Other	\$125.92
	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					\$ 125.92



Federal GST# : 889365821

Consolidated Inv. #
Rental Agreement #
Bill Ref #
Invoice Date

[Redacted]
[Redacted]
[Redacted]
18-Nov-2019

Bill To Information
ALBERTA HEALTH SERVICES
PO BOX 1600
EDMONTON, AB - T5T2N9
CANADA

Vehicle Information
Yr/Make/Model Unit # License No Beg/End/Distance
2019/TOYO/4RUN [Redacted] [Redacted] 12729/13840/1111
VIN [Redacted]

Rental Information
Reservation Number : [Redacted]
Driver : MCDOUGALL, LAURA
Pickup Date/Time : 11/12/2019 18:01
Return Date/Time : 11/14/2019 06:11
Miles/kms : 1111
Car Class : SFAR Requested Class : SFAR

Rental Branch
CALGARY - BOWNESS
4603 - 16 AVENUE NW
CALGARY, AB - T3B 0M7

Return Branch
CALGARY - BOWNESS
4603 - 16 AVENUE NW
CALGARY, AB-T3B 0M7

Charge Detail				
Description	Qty	Period	Rate	Amount
TIME & DISTANCE	2	DAY	62.00	124.00
			Sub Total	124.00
VEHICLE LICENSE FEE RECOVERY	2	DAY	0.96	1.92
Total Charges (CAD)				125.92

Additional Information
Ext BilRef # 1 103.0393.71552160055 COST CENTER# 103.0393.71552160055

Remit Payment in CAD to	For Billing Inquiries	Payment Terms
ENTERPRISE RENT A CAR CANADA COMP. 709 MILNER AVE SCARBOROUGH, ON M1B 6B6	Tel#:+1 8773121084 AskARCanada@ehi.com	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

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.