

AHS Board and Executive Expense Report

Name Linda Hughes
Title AHS Board Chair
Location Edmonton

Expenses submitted during the month of August 2016

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)
Aug-16	P-Card	Meetings			426		426			
Aug-16	Expense Claim	Meetings				105	105			
Aug-16	Direct Billing	Meetings	363				363			
Total			\$ 363	\$ -	\$ 426	\$ 105	\$ 894	\$ -	\$ -	\$ -

Total for the Month \$ 894

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 199
 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.

Signatures
Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Audrey Maione
Name of Cardholder Designate

A Maione
Signature of Cardholder Designate

Exec Admin Coord.
Cardholder Designate Position/Title

Aug 25/16
Date of Signature

Cardholder

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously charged by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

PROCIUK, LORINDA
Name of Cardholder

L Prociuk
Signature of Cardholder

EXECUTIVE ASSOCIATE
Cardholder Position/Title

08/29/16
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Susan Best
Name of Approver Designate

Susan Best
Signature of Approver Designate

Exec. Assistant
Approver Designate Position/Title

Aug. 29/16
Date of Signature

Approver

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Deborah Rhodes
Name of Approver

Deborah Rhodes
Signature of Approver

VP Corp. Services & CFO
Approver Position/Title

Aug. 30/2016
Date of Signature

Submit approved statement with attachments to Accounts Payable:
Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
 - Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)
- And where applicable:
- Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter
 - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: _____ Reviewed by: _____ Date: _____

5

DELTA BOW VALLEY

209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6
Tel: 403-266-1980 Fax: 403-205-5460

AB HEALTH SERVICES
Linda Hughes



Room:
Folio:
Cashier: 20
Arrival: 07-27-16
Departure: 07-29-16

Date	Description	Additional Information	Charges	Credits
07-27-16	Room Charge		199.00 ✓	
07-27-16	Destination Marketing Fee (DMF)		5.97	
07-27-16	Tourism Levy		8.20	
07-28-16	Room Charge		199.00 ✓	
07-28-16	Destination Marketing Fee (DMF)		5.97	
07-28-16	Tourism Levy		8.20	
07-29-16	Master Card	XX/XX		426.34

GST Summary	
Registration No:	826085417
Room	0.00
F&B	0.00
Other	0.00
Total	0.00

Total	426.34	426.34 ✓
Balance Due	0.00 CDN	

Accommodation: Board member:
Attended Board Site Tours; Board
meetings in Calgary - July 28-29

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



Employee # [REDACTED]

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Linda Hughes			Expense Period Month:	Sep-16
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Board Meeting Calgary July 2016				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$105.00
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$105.00

SECTION 3: AUTHORIZATION			
I attest that I have read and understand all applicable policies that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.			
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.			
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Linda Hughes	<i>Linda Hughes</i>	12-Sep-16	[REDACTED]

I attest that I have read and understand all applicable policies of that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.	
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.	
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.	
Approved by (Print Name)	Position Title/Program Group
<i>Honourable Sarah Hoffman</i>	<i>Minister of Health</i>
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>Sarah Hoffman</i>	<i>Sep. 22, 2016</i>

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

Exit Lane 29/07/16 16:19
Receipt [REDACTED]

Short-term parking tkt
DL - No. [REDACTED]
27/07/16 18:23
29/07/16 16:19
Period 2d0h0
(Tax) ----- \$50.00

Total ----- \$50.00

Payment Received
VISA \$50.00

Merch [REDACTED]
Auth: [REDACTED]
Type: Swiped

Sub Total \$47.62
Tax 5% \$2.38

014951BF - 1/1

ACCT. NO.		Associated Cab Alta. Ltd. TEL: 299-1111	
NAME OF ACCOUNT		ALLIED LIMOUSINE TEL: 299-9555	
<input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> OTHER		TIME: _____ A.M. _____ P.M.	
TAXI FROM: NYC		Driver GST # _____	
TO: Delta		Authorization Number _____	
DATE: 27/7/16	DRIVER NAME & CAR NO. _____	METER CHARGE	\$ _____
SIGNATURE: In writing	[REDACTED]	G.S.T. INCLUDED	\$ _____
		LESS 10%	\$ _____
		(\$2.50 Per Trip) Passenger Pays	\$ _____
		GRATUITY	\$ _____
BILLING COPY		TOTAL - Subsidy (Payable by A.C.E.)	\$55.00

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 : Linda Hughes	Reporting Period for the Month of : Jul-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Jul-2016	Direct Billing	Airline Ticket	Flight to Calgary to attend Board Meetings on July 28-29, 2016 (Invoice █████) and return to Edmonton on July 29, 2016.	Marlin Travel	363.08
	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					\$ 363.08

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: [REDACTED] Tel: 780-425-8611

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: July 20, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MS LINDA HUGHES
AC [REDACTED]

Wednesday, July 27, 2016

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 27Jul16
Flight: 8155 W CLASS
07:30 PM Equipment: DH4
08:21 PM
AIR CANADA E
SEAT 2C - HUGHES/LINDA M
AIR CANADA CON [REDACTED]
TICKET NUMBER [REDACTED]

Mile(s) Flown: 163

Friday, July 29, 2016

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 29Jul16
Flight: 8150 W CLASS
03:25 PM Equipment: DH4
04:15 PM
AIR CANADA E
SEAT 3C - HUGHES/LINDA M
AIR CANADA CON [REDACTED]
TICKET NUMBER [REDACTED]

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	288.12
		Tax: 74.96
		Ticket Total: 363.08

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: July 20, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	363.08
Less Credit Card Payments:	363.08
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.