

AHS Board and Executive Expense Report

Name Linda Hughes
Title AHS Board Chair
Location Edmonton

Expenses submitted during the month of April 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)
Apr-18	Expense Claim	Meetings				102	102			
Apr-18	Direct Billing	Meetings	571		163		734			
Total			\$ 571	\$ -	\$ 163	\$ 102	\$ 836	\$ -	\$ -	\$ -

Total for the Month \$ 836

Maximum daily single meal expense claimed in the month \$ -
Maximum daily base hotel rate claimed in the month \$ 154
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.

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:	Apr-18
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Private and Public Board Meeting on April 26, 2018 in Calgary.				

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	7111030000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	7111030000	62212000	\$101.75 ✓
Other (D)	101	0005	7111030000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$101.75 ✓

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>	May 22/18	[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
Honourable Sarah Hoffman	Minister of Health
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>See attached letter for approval.</i>	June 14, 2018

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act, respectively, for the purpose of administering

June 26/18
Deborah Rhodes
Deborah Rhodes, VP Corporate Services & CFO

For payment please submit to:
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

*June 20, 2018
emailed to Public Disclosure
for payment.
copy to L Hughes.*

Carry forward from Section 1

Name:	Linda Hughes	Expense Period Month:	Apr-18
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Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
25-Apr-2018	Parking at YEG to attend Private and Public Board Meetings in Calgary on April 26, 2018.	Yes					\$25.00			
25-Apr-2018	Taxi from YYC to Delta Marriott South Calgary Hotel.	Yes					\$76.75			
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$101.75	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

POF 1st Fl 26/04/18 19:16
Receipt [REDACTED]

Short-term parking tkt
HL - No. 002672
25/04/18 20:35
26/04/18 19:16
Period 1d0h0'
(Tax) \$25.00

Total \$25.00

Payment Received
VISA [REDACTED] \$25.00

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

Sub Total \$23.81
Tax 5% \$1.19

8626AE371 - 1/1

ALLIED ASSOCIATED CAB
30' 41 AVE NE T2E2N4
CALGARY AB
21640631
GH2164063197

**** PURCHASE ****

04-25-2018 22:10:53

Acct # [REDACTED]

Exp Date **/** Card Type VI

Name: LINDA J HUGHES

[REDACTED] Visa Credit

Trace # [REDACTED]

Inv. # [REDACTED]

[REDACTED] HRRN [REDACTED]

Purchase \$66.75

Tax \$10.00

Total \$76.75

(001) ALLIED-THANK YOU

Retain this copy for your records

Customer copy

403-299-9555
www.calgarylimo.com

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 : Apr-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-Apr-18	Direct Billing	Airline Ticket	Flight from Edmonton to Calgary to attend Private and Public Board Meetings on April 26, 2018 and return (Invoice # [REDACTED])	Vision Travel	\$570.96
25-Apr-18	Direct Billing	Hotel	One night accommodation to attend Private and Public Board Meetings on April 26, 2018.	Vision Travel	\$163.54
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
Total Paid in the Month					\$ 734.50

Vision

A DIRECT TRAVEL™ COMPANY

Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 20 Apr 16 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
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PASSENGERS: MS LINDA HUGHES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	496.00	0.00	\$0.00	74.96	0.00	570.96 CAD
Total:	496.00	0.00	0.00	74.96	0.00	570.96 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	04/18/2018	[REDACTED]	[REDACTED]	570.96 CAD
				Total Payment:	570.96 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL BOARD MEETING


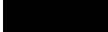

***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY





DELTA
CALGARY SOUTH

135 Southland Drive S.E Calgary, Alberta, T2J 5X5
Telephone: 403-278-5050 Fax: 403-225-5834

Alberta Health Services
Alberta Health Services
PO BOX 1600
EDMONTON AB T5J 2N9
Canada

Room: 
Folio: 
Cashier: 
Arrival: 04-25-18
Departure: 04-26-18

Hughes, Linda

A/R Invoice: 
A/R Account: 

Date	Description	Additional Information	Charges	Credits
04-25-18	Room Charge		154.00	
04-25-18	DMF		4.02	
04-25-18	Tourism Levy		5.52	
04-25-18	Rooms - GST		7.90	
05-16-18	GST Exempt- 120903		-7.90	
GST Summary			Total	0.00
Registration No: 895126332			Balance Due	163.54 CDN
Room 7.90				
F&B 0.00				
Other 9.54				
Total 17.44				

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.