

AHS Board and Executive Expense Report

Name: Linda Iwasiw
Title: Chief Zone Officer South Zone
Location: Medicine Hat
 Expenses approved during the month of October 2022

			Travel (1)					Working Sessions		
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings					-			
	Expense Claim	Meetings					-			
Oct-22	Direct Bill	Meetings			91		91			
Total			\$ -	\$ -	\$ 91	\$ -	\$ 91	\$ -	\$ -	\$ -

**Total for
the Month** \$ 91

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 85
 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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

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.
- Refer to Quick Reference Guide for: [Providing a Standard Business Reason\(s\)](#)
- 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 Iwasiw	Reporting Period for the Month of : Oct-22
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
21-Sep-22	Direct Billing	Hotel	Ministers Health Engagement Tour in Cardston Sept 14th and site visits on Sept 13th	Best Western Plus	\$91.05
	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					\$ 91.05

Best Western Plus Service Inn & Suites
209-41 Street South
Lethbridge, AB T1J1Z3

Fax: 403-327-8807
Email: info@bestwesternlethbridge.ca

Phone: 403-329-6844

Web: www.bestwesternlethbridge.ca



Invoice

Guest Name: IWASIW, LINDA MRS

Invoice # : [REDACTED]

Contact: [REDACTED]

Account Name : Alberta Health Services

Account # : [REDACTED]

Confirmation #:

Invoice Printed : Wednesday, September 21, 2022 10:27 PM

Folio # : [REDACTED]

Billing Reference:

Phone :

E-mail :

Department	Date	Reference	Voucher	Folio	Charge	Credit
Room Charge	9/13/2022	Auto Posted		[REDACTED]	\$85.00	
DMF	9/13/2022	Auto Posted		[REDACTED]	\$2.55	
Provincial Tourism Le	9/13/2022	Auto Posted		[REDACTED]	\$3.40	
Provincial Tourism Le	9/13/2022	Auto Posted		[REDACTED]	\$0.10	
Sub Total						
Direct Bill Transfer	9/14/2022	From Account [REDACTED] LINDA MRS IWASIW		[REDACTED]	\$91.05	
Payments						
Current Balance:						\$91.05