

# **AHS Board and Executive Expense Report**

Name:Linda IwasiwTitle:Chief Zone Officer South ZoneLocation:Medicine HatExpenses approved during the month of February 2023

						Trav	el (1)						
Approved MMM-YY	Source Document	Purpose	Airfa	re	Meals	Accomn	nodation	Other Travel		otal ravel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings								-			
	Expense Claim	Meetings								-			
Feb-23	Direct Bill	Meetings					127			127			
Total			\$	-	\$ -	\$	127	\$	- \$	127	\$-	\$-	\$
Total for													

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the Month $ 127
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Maximum daily single meal expense claimed in the month	\$ -
Maximum daily base hotel rate claimed in the month	\$ 120
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: <u>Providing a Standard Business Reason(s)</u>
- 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:

Name : Linda Iwasiw	Reporting Period for the Month of :	Jan-23
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YES

Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
27-Jan-23	Direct Billing	Hotel	Travel to Lethbridge January 27-28, 2023, to view Chinook Regional Hospital sites (Emerge) and attend meetings for Queen Jubilee medal presentations	COAST Lethbridge Hotel and Conference Centre	\$127.30
	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					

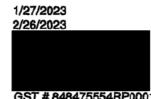


526 Mayor Magrath Drive South Lethbridge, AB T1J 3M2 Phone: (403) 327-5701 FAX: (403) 327-5075

# **Alberta Health Services**

# Invoice

Invoice date Invoice due before
Invoice number
Our reference
Client Number
Your reference
GST Number



GST # 848475554RP0001

Guest	LINDA MRS IWASIW		Arrival	1/26/2023	Depa	ture 1/27/2023	Room
Date	Description	Ref.			Quantity	Unit Price	Total (CAD)
1/26/2023	Room Charge		and the second of the second sec	<u> </u>	1	120.00	120.00
1/26/2023	Levy Taxes				1	4.90	4.90
1/26/2023	Marketing Fee				1	2.40	2.40
					Total Invoice		127.30
					Total Paid	<u>ا</u>	0.00
					Total Due		127.30

Total GST

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X