

AHS Board and Executive Expense Report

Name:Linda IwasiwTitle:Chief Zone Officer South ZoneLocation:Medicine HatExpenses posted during the month of April 2024

| | | | | | | Travel (1) | | | | |] | | |
|----------------------------------|------------------------------|--|-------------|------|-------|------------|-----|-----------------|------|-----------------|------------------------------------|--|--------------|
| Approved MMM-YY | Source Document | Purpose | Airfare | | Meals | Accommodat | ion | Other Travel | | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
| | P-Card | Meetings | | | | | | | | - | | | |
| Apr-24 | Expense Clair Direct Bill | n Meetings Meetings | | | | 2 | 274 | | | - 274 | | | |
| | | Total by category | \$ | - \$ | 5 - | \$ 2 | 274 | \$ | - \$ | 274 | \$- | \$- | \$ |
| Total posted for the Month | \$ 274 | i i | | | | | | | | | | | |
| | | expense posted in the month ate posted in the month | \$ \$ 12 | - 28 | | | | | | | | | |

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

Non economy air travel in the month

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 membership dues, small item technology purchases, books, etc.

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

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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:

| Nam | е: | |
|---------|-----|--|
| TTG III | ••• | |

Linda Iwasiw

Reporting Period for the Month of : Apr-24

YES

| Invoice Date DD-MMM-YYYY | Payment Method | Category | Business Reason | Name of Vendor | Amount Paid | | |
|-----------------------------|----------------|----------------------------|--|-------------------------------|-------------|--|--|
| | | | Nov 28-30, 2023 Lethbridge for travel to South Zone West. | | | | |
| | | | Toured Raymond, Milk River, Cardston, Pincher Creek, Crowsnest | Vision Travel DT Ontario-West | | | |
| 30-Nov-2023 | Direct Billing | Hotel | Pass, and Fort Macleod AHS sites. | Inc | \$274.20 | | |
| | | | | | | | |
| | 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 | | | | | | | |

| Best Western Plus Service Inn & Suites | Fax: | 403-327-8807 | BW |
|--|--------|-------------------------------|-----------------|
| 209-41 Street South Lethbridge, AB T1J1Z3 | Email: | info@bestwesternlethbridge.ca | Best |
| Phone: 403-329-6844 | Web: | www.bestwesternlethbridge.ca | Western PLUS |

Guest Charges

| Folio #: | Gues | t : IWASIW, LINDA MRS | Conf #: | |
|------------------------------|----------------|-------------------------|-----------|---------------|
| Room #: | | | CRS #: | |
| Payment Method : Direct Bill | Billing Refere | nce | CRS #2 | |
| Rate : | Company: | ALBERTA HEALTH SERVICES | Arrival: | 11/28/2023 |
| 11/28/2023 | \$127.99 | | Departure | e: 11/30/2023 |
| Next Payment Due: | | | | 11/30/2023 |

Next Payment Due:

Estimated Next Payment Amount:

| Date | Department | Reference | Voucher | Room | Charge | Credit | Balance |
|------------|-----------------------|--|---------|------|----------|----------|----------|
| 11/28/2023 | Room Charge | Auto Posted | | | \$127.99 | | \$127.99 |
| 11/28/2023 | DMF | Auto Posted | | | \$3.84 | | \$131.83 |
| 11/28/2023 | Provincial Tourism Le | Auto Posted | | | \$5.27 | | \$137.10 |
| 11/29/2023 | Room Charge | Auto Posted | | | \$127.99 | | \$265.09 |
| 11/29/2023 | DMF | Auto Posted | | | \$3.84 | | \$268.93 |
| 11/29/2023 | Provincial Tourism Le | Auto Posted | | | \$5.27 | | \$274.20 |
| 11/30/2023 | Direct Bill | Trans - To Account Alberta Health Services (GST Exem | | | | \$274.20 | \$0.00 |
| Balance | | | | | | \$0.00 | |

Additional Estimated Charges (Room, Tax, Other) through 11/29/2023 \$0.00

I agree that my liability for all charges is not waived. Thank you for choosing the BW Plus Service Inn & Suites.

Guest Signature