

AHS Board and Executive Expense Report

Name: Linda Iwasiw
Title: Chief Zone Officer South Zone
Location: Medicine Hat
 Expenses posted during the month of November 2024

Travel (1)										
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings					-			
	Expense Claim	Meetings					-			
Nov-24	Direct Bill	Meetings			186		186			
Total by category			\$ -	\$ -	\$ 186	\$ -	\$ 186	\$ -	\$ -	\$ -

**Total
posted for
the Month** \$ 186

Maximum daily single meal expense posted in the month \$ -
 Maximum daily base hotel rate posted in the month \$ 175
 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 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

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 :	Nov-24
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
25-Oct-2024	Direct Billing	Hotel	Hotel stay for one night. Reason for visit was travel to Lethbridge and meet with Senior Operating Officers and staff at Chinook Regional Hospital Oct 24-25, 2024	Vision Travel DT Ontario-West Inc	\$185.64
	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					\$ 185.64

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



Guest Charges

Folio #: [REDACTED] Guest : IWASIW, LINDA Conf #: [REDACTED]
Room #: [REDACTED] CRS #: [REDACTED]
Payment Method : Direct Bill Billing Reference : [REDACTED] CRS #2 [REDACTED]
Rate : 10/24/2024 \$175.00 Company : ALBERTA HEALTH SERVICES
Arrival: 10/24/2024
Departure: 10/25/2024
Alberta Health Services / Accounts
Payable Box 1600 Edmonton,
Alberta, T5J 2N9
Next Payment Due: 10/25/2024
Estimated Next Payment Amount:

Date	Department	Reference	Voucher	Room	Charge	Credit	Balance
10/24/2024	Room Charge	Auto Posted		[REDACTED]	\$175.00		\$175.00
10/24/2024	Provincial Tourism Le	Auto Posted		[REDACTED]	\$7.14		\$182.14
10/24/2024	DMF	Auto Posted		[REDACTED]	\$3.50		\$185.64
10/24/2024	GST	Adj - Auto Posted		[REDACTED]	\$8.93		\$194.57
10/25/2024	GST	Adj - Auto Posted		[REDACTED]		\$8.93	\$185.64
10/25/2024	Direct Bill	Trans - To Account [REDACTED] Alberta Health Services (GST Exem		[REDACTED]		\$185.64	\$0.00
Balance							\$0.00

Additional Estimated Charges (Room, Tax, Other) through 10/24/2024 \$0.00

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

GST #821456530RT 0001

Guest Signature
