

## AHS Board and Executive Expense Report

**Name** Dr. Mark Joffe  
**Title** VP & Medical Director Northern Alberta  
**Location** Edmonton

Expenses submitted during the month of December 2017

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)
Dec-17	Expense Claim	Meetings				146	146			
Dec-17	Direct Billing	Meetings	323				323			
<b>Total</b>			\$ 323	\$ -	\$ -	\$ 146	\$ 469	\$ -	\$ -	\$ -

**Total for the Month**      \$            469

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

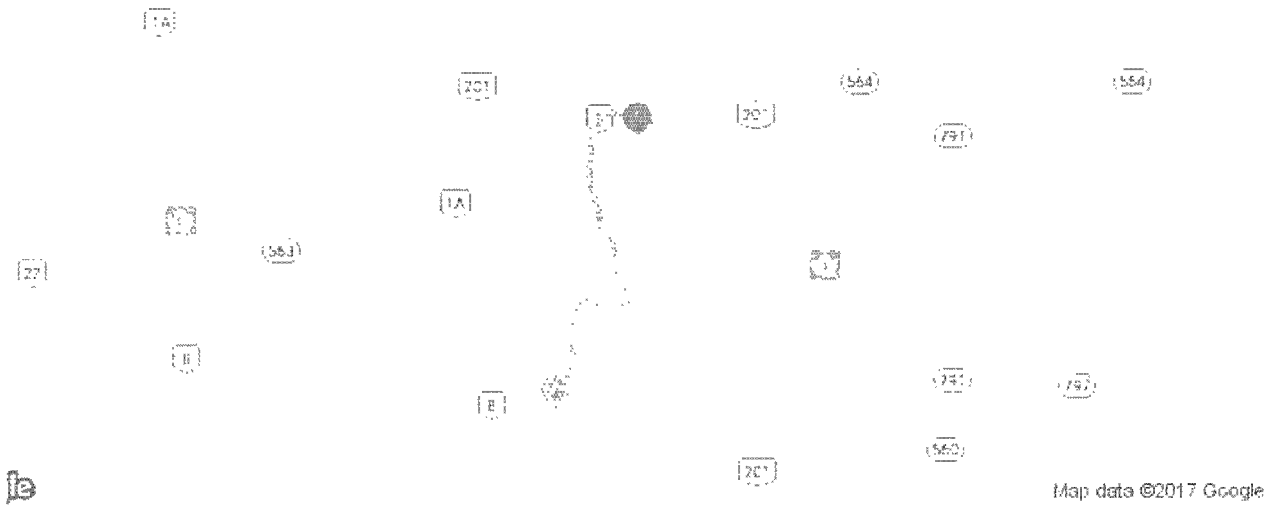
### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
JOFFE, MARK	VP & Medical Director Northern Alberta	Edmonton	\$ 145.74									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
11/29/2017	To attend QSO In Person Meeting	AB - Other Zones	Taxi	\$ 93.67	Calgary Airport	Rockyview General Hospital	This is two taxi rides in one total 1st ride was \$55.00 Second ride was \$38.67	1				
11/29/2017	To attend the QSO In Person Meeting - Needed to Park vehicle at the Airport	AB - Other Zones	Parking - Lot or Parkade	\$ 25.00				1				
11/29/2017	To attend the QSO Meeting in Person		Mileage-Local-Home Zone	\$ 27.07	From SSP to YEG Airport	From the YEG Airport to SSP		1			53.6	
Approver(s) for the claim		Approval Status	Approval Date									
YIU, VERNA		Approve	16-Jan-18									

From: **Uber Receipts** [uber.canada@uber.com](mailto:uber.canada@uber.com)  
Subject: Your Wednesday evening trip with Uber  
Date: November 29, 2017 at 8:04 PM  
To: [REDACTED]



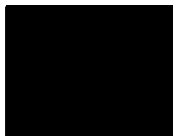
\$38.67

Thanks for choosing Uber, Mark

November 29, 2017 | uberX

🕒 07:37pm | [REDACTED]

📍 08:03pm | 1903-1919 Airport Rd NE, Calgary, AB T2E, Canada



You rode with [REDACTED]

23.83 00:26:21 uberX

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax Code CA5%

POF 2nd Fl 29/11/17 22:05  
Receipt [REDACTED]

Short-term parking tkt  
DL - No. 072843  
29/11/17 08:26  
29/11/17 22:05  
Period 1d0h0'

(Tax) \$25.00  
-----  
Total \$25.00

Payment Received  
VISA \$25.00  
[REDACTED]

Type: Swiped

Sub Total \$23.81  
Tax 5% \$1.19

88024596A - 1/1

ASSOCIATED CAB  
ALLIED LIMOUSIN  
307-41 AVENUE NE  
CALGARY AB T2E 2N4  
(403) 299-1111  
CAR#1248

**SALE**

[REDACTED]

11/29/17 11:40:46

APPR CODE: [REDACTED]  
VISA

[REDACTED]

**AMOUNT \$55.00**

00 - APPROVED - 001

VISA CREDIT  
[REDACTED]

THANK YOU

CUSTOMER COPY

## 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

<b>Name :</b> Dr. Mark Joffe	<b>Reporting Period for the Month of :</b> Dec-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
29-Nov-2017	<b>Direct Billing</b>	<b>Airline Ticket</b>	Rountrip flight with Air Canada from Edmonton to Calgary on November 29, 2017 for Quality, Safety and Outcomes Improvement Executive Committee meeting	<b>Marlin Travel</b>	323.36
<b>Total Paid in the Month</b>					<b>\$ 323.36</b>



**Invoice**

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 16 Nov 17  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

**PASSENGERS:** MR ALAN MARK JOFFE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	248.40	0.00	\$0.00	74.96	0.00	323.36 CAD
<b>Total:</b>	<b>248.40</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>323.36 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/16/2017		[REDACTED]	323.36 CAD
Total Payment:					323.36 CAD

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL BUSINESS

-----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 16 Nov 17  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

## MY ITINERARY

<b>Passengers</b> ALAN MARK JOFFE	<b>Citizenship</b> Not Specified	<b>Required Travel Documents</b> Not Specified
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All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

**Passengers:** ALAN MARK JOFFE  
**Booking Date:** 16 Nov 17  
**File Locator/Ticket #:** [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08137	EDMONTON INTL 29 Nov 17 9:25AM		CALGARY INTL 29 Nov 17 10:19AM	W/	
AIR CANADA	08158	CALGARY INTL 29 Nov 17 9:15PM		EDMONTON INTL 29 Nov 17 10:07PM	S/	