

## Official Administrator and Executive Expense Report

**Name** Mauro Chies  
**Title** Chief Program Officer Clinical Support Services  
**Location** Edmonton  
 Expenses submitted during the month of January 2015

### Travel (1)

| Date         | Source Document | Purpose | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
|--------------|-----------------|---------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| Jan-15       | Direct Billing  | Meeting |         |       |               | 453          | 453          |                              |  |           |
| <b>Total</b> |                 |         | \$ -    | \$ -  | \$ -          | \$ 453       | \$ 453       | \$ -                         | \$ -   | \$ -      |

**Total for the Month** \$ 453

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.

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

## Executive Expenses Report Direct Billing Summary

**Purpose of This Form:**

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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  No

|              |   |
|--------------|---|
| <b>Name:</b> | <b>Reporting Period for the Month of:</b> |
|--------------|---|

| Date                           | Payment Method | Category       | Description/Purpose for Expense                               | Name of Vendor Paid | Amount Paid     |
|--------------------------------|----------------|----------------|---|---------------------|-----------------|
| 2015-01-28                     | Direct Billing | Transportation | Return Airfare to Calgary - RADs Contract Meeting on Feb 4/15 | Marlin Travel       | \$452.96        |
|                                | Choose One     | Choose One     |   |                     |                 |
|                                | Choose One     | Choose One     |   |                     |                 |
|                                | Choose One     | Choose One     |   |                     |                 |
|                                | Choose One     | Choose One     |   |                     |                 |
| <b>Total Paid in the Month</b> |                |                |   |                     | <b>\$452.96</b> |

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: January 28, 2015  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

**For**  
MR MAURO CHIES  
AC [REDACTED]

Wednesday, February 4, 2015

 **Air**

AIR CANADA  
From: EDMONTON INTL AB Flight: 8137 W CLASS  
To: CALGARY AB 08:00 AM Equipment: D8 (300 SERIES)  
Stops: 0 Arrival: 04Feb15 08:56 AM Mile(s) Flown: 153  
AIR CANADA E  
BOOKING REFERENCE [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT SELECTION 8D

 **Air**

AIR CANADA  
From: CALGARY AB Flight: 8152 U CLASS  
To: EDMONTON INTL AB 04:30 PM Equipment: D8 (300 SERIES)  
Stops: 0 Arrival: 04Feb15 05:25 PM Mile(s) Flown: 153  
AIR CANADA E  
BOOKING REFERENCE [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT SELECTION 71

**Cost:**  
AIR CANADA WE [REDACTED]  
AIR CANADA WE [REDACTED] 378.00  
Tax: 74.96  
Ticket Total: 452.96

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: January 28, 2015  
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Our Reference: [REDACTED]  
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# INVOICE

**Total:**

|  |        |
|--|--------|
| <b>Grand Total:</b>                          | 452.96 |
| <b>Less Credit Card Payments:</b>            | 452.96 |
| <b>Credit / Balance Due To This Invoice:</b> | 0.00   |
| <b>Total Balance Due:</b>                    | 0.00   |

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT..VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.