

## **Official Administrator and Executive Expense Report**

NameMauro ChiesTitleChief Program Officer, Clinical Support ServicesLocationEdmontonExpenses submitted during the month of May 2015

Travel (1) Working Sessions Hosting and Professional Other Total Development Hospitality Other Source Month-Year Document Purpose Airfare Meals Accommodation Travel Travel (2) (3) (4) 383 Apr-15 **Direct Billing** Meeting 383 Total \$ 383 \$ \$ \$ \$ 383 \$ \$ \$ \_

#### Total for the Month \$

**the Month** \$ 383

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. 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

Name :         Mauro Chies         Reporting Period for the Month of :         Apr-15	
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YES

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
12-Apr-15	Direct Billing	Airline Ticket	Travel to Calgary for ACMDTT Annual Conf, gave opening comments. Met with Ex Dir for PA mtg. Flight not used and is a credit.	Marlin Travel	382.96
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month				\$ 382.96	

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

**GST Reg#:** 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB CA T5J 3E4 Invoice Number: Date: Page: Our Reference: Your Reference:

April 13, 2015 1/2

# ΙΝΥΟΙCΕ

# For MR MAURO CHIES AC

## Friday, April 17, 2015

## ≼ Air

AIR CANADA From: EDMONTON INTL AB To: CALGARY AB Stops: 0 Arrival: 17Apr15 Seat(s): 07C AIR CANADA E

## ≼ Air

AIR CANADA From: CALGARY AB To: EDMONTON INTL AB Stops: 0 Arrival: 17Apr15 Seat(s): 08D AIR CANADA E 
 Flight:
 8131
 V CLASS

 05:30 AM
 Equipment:
 D8 (300 SERIES)

 06:21 AM

Mile(s) Flown: 163

 Flight:
 8150
 V CLASS

 03:30 PM
 Equipment:
 DH4

 04:20 PM
 OH
 OH

Mile(s) Flown: 163



To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB CA T5J 3E4 Invoice Number: Date: Page: Our Reference: Your Reference:

April 13, 2015 2/2

# ΙΝVΟΙCΕ

382.96
382.96
0.00
0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:......DECLINED:.....DECLINED:.....DECLINED:....DECLINED:....DECLINED:....DECLINED:....DECLINED: