

AHS Board and Executive Expense Report

Name Mauro Chies

Title Chief Program Officer Clinical Support Services

Location Edmonton

Expenses submitted during the month of December 2015

							Travel ((1)						
ммм-үү	Source Document	Purpose	Ai	rfare	Me	eals	Accommod	dation	her avel	Tot Trav		Professional Development (2)		Other (4)
Dec-15 Dec-15	Expense Claim Direct Billing	Meetings Meetings		669		57		231	343		631 669			
Total			\$	669	\$	57	\$	231	\$ 343	\$ 1	,300	\$	- \$ -	\$ -

Total for

the Month \$ 1,300

Maximum daily single meal expense claimed in the month \$ 21 Maximum daily base hotel rate claimed in the month \$ 109 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 Title	Claimant Location	Expense Claim
Chief Program Officer,	Edmonton	631.70
Clinical Support Services		
	Chief Program Officer,	Location Chief Program Officer, Edmonton

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/13/2015	Travel to Med Hat, mtgs MHDL staff and HSAA	AB - Local	Taxi	55.00				1			
12/13/2015	Travel to Med Hat, mtgs MHDL staff and HSAA	AB - Other Zones	Meals - Dinner	12.08			amount on receipt (13.00) exceeds 15% allowed for gratuity - claiming allowed amount only (10.50 +15%=12.08)	1 1 1		1	
12/14/2015	Travel to Med Hat, mtgs MHDL staff and HSAA Meals Per Diem 32.35			Lunch & Dinner	2						
12/15/2015	1015 Travel to Edm from Med Hat		Car Rental	202.43			Rented car, flights delayed for hours, best use of time was to drive back to Edm from	1			
12/15/2015	gas for rental, Med Hat to Edm	AB - Other Zones	Fuel	40.37				1			
12/15/2015	/2015 Travel to Med Hat, mtgs MHDL staff and HSAA		Taxi	10.00			Taxi to airport from hotel, to rent car after flight was cancelled	1			
12/15/2015	Travel to Med Hat, mtgs MHDL staff and HSAA	AB - Other Zones	Taxi	17.25				1			
12/15/2015	Travel to Med Hat, mtgs MHDL staff and HSAA	AB - Other Zones	Accommodations	244.16			Two night stay, \$122.06 per night, with allowable costs for accommodation	1			
12/15/2015	Travel to Med Hat, mtgs MHDL staff and HSAA		Taxi	18.06			Flight cancelled, returned to hotel until new flight or alternative was ava	1			
Approver(s) for	r the claim Approval Statu	s	Approval Date				•		•	•	•

Approver(s) for the claim	Approval Status	Α	Approval Date
YIU, VERNA	Аррі	rove	30-Dec-15



MAURO CHIES



Page # Res. # Checked in Checked out **Nights Room Rate** Room

Reference

Sun Dec 13/15 - 5:10pm Tue Dec 15/15 - 8:09am

Date	Description
Dec13	Room Service
Dec13	GOVERNMENT RATE
Dec13	GST
Dec13	Room Tax
Dec13	Destination Marketing Fee
Dec14	GOVERNMENT RATE
Dec14	GST
Dec14	Room Tax
Dec14	Destination Marketing Fee
Dec15	PAID BY VISA

Total Outstanding 0.00

Credits Charges 13.00 Mrs. . 109.00 5.45 4.36 3.27 109.00 5.45 4.36 3.27 257.16 257.16 257.16

244.16/2 rights

P.O. number: 265837680

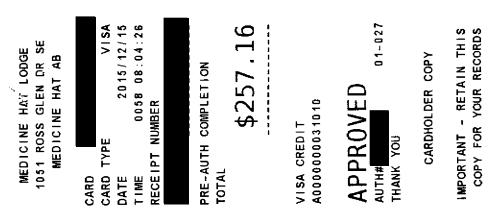
Thank you for staying with us. Please come again! Call 1 (800) 661-8095 to make your next reservation with us.

Our G.S.T. # is 103576021RT0002

Charge Summary: GSŤ

8.72

10.90 Room Tax



Phone: (403) 529-2222 Admin Fax: (403) 528-4075 Front Desk Fax: (403) 529-1538 Toll Free: 1-800-661-8095 www.medhatlodge.com





Medicine Hat Lodge 1051 RossGlen Drive SE Medicine Hat,AB T1B 3T6 Phone (403)529-2222 Fax (403)5) 528-4075
Date: Dec 13, 2015 Time: 07	
Bill: Table	
1 12" Hawaiin Pizza In Room Sp	10.00
Subtotal GST	10.00 0.50
Total	10.50
Room Food 10.00	
Open Time : Dec 13, 2015 07:39PM	
Gratuity 2,50 Total 4/3,00	
Room# 323	
Signature	
Print Name	-

Room Service

ENTERPRISE RENT A CAR, 1071 TRANS CANADA WAY SE, MEDICINE HAT, AB T1B1H9 (403) 526-8064

PENTAL AGREEMENT REF# SUMMARY OF CHARGES

RENTER

CHIES, MAURO

DATE & TIME OUT 15/12/2015 08:48 AM DATE & TIME IN 15/12/2015 02:45 PM

BILLING CYCLE 24-HOUR

VEH #1 2015 KIA SOUL 4DLX VIN# LIC#

KM DRIVEN 583

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	15/12 - 15/12	1	DAY	\$42.00	\$42.00
DROP FEE	15/12 - 15/12	2 1 1	RENTAL	\$150.00	\$150.00
REFUELING CHARGE	15/12 - 15/12	2			\$0.00
		Su	btotal:		\$192.00
Taxes & Surcharges			· ·		
GST	15/12 - 15/12	2		5%	\$9.64
VLF	<u> 15/12 - 15/12</u>	1 1	DAY	\$0.79	\$0.79

Total Amount Due

CREDIT CARD NUMBER

\$0.00

PAYMENT INFORMATION AMOUNT PAID TYPE \$202.43 Visa

DAG 95 TAXI 95 ROSS GLEN RD SE T182H8 MEDICINE HAT AB 21264283

1111

04:20:45

1111

12-15-2015 Acct # Exp Date

Card Type 4.

Name: MAURO CHIES A0000000031010

VISA CRED!

Trace Inv. Auth RRN 00100189

Purchase Tip

\$15.00 \$3.00

Total

Retain this copy for your records Customer copy

Dec 15/15/

NISKU ESSO 7902 SPARROW DR LEDUC, AB T9E 7G2

00304073

VRN:R809506619

12/15/2015 2:01:41 PM

Register: 1 Trans #: 2120 Op ID: 111

Your cashier:

EREG CA PUMP# 5

\$40.37 101 49.288 L @ \$ 0.819/L

GST1 Incl In Fuel \$1.92

\$40.37 Subtotal =

Total = \$40,37

> Change Due = \$0.00

Credit \$40.37

TYPE: PURCHASE

\$40.37 ACCOUNT: VISA INVOICE AUTH:

CARD NUMBER

A- VISA CREDIT

B- A000000031010

01 Approved - Thank You 027

MILES: AEROPLAN

IMPORTANT - retain this copy for your

records

Customer Copy

Dec 15115.

TO VEG Co-op Taxi Line (780)425 - 2525www.co-optaxi.com Terminal

067/66233547 Driver 3611 10:26:15 15/12/13

VISA' Card : VISA CREDIT CHIP CARD

AID A0000000031010 8080008000 TVR : Ref

Auth

PURCHASE 55.00 FARE : \$ 55.00 TOTAL : \$

APPROVED - THANK YOU (01 - 027)

IMPORTANT: Retain a copy for your records

Customer Copy

To Benjon(COT WHE CARE CABS #81 Crop 403-529-2211 T1B4R6 MEDICINE HAT AB 21280701 1111 PURCHASE { + + h

08:47:26 12-15-2015 Acct # Card type VI Exp Date 05/17 Name: MAURO CHIES

VISA CREDIT 40000000031010

Trace

RRR 001255003 TSI 7800 TVR 8080008000 TC 48E9339BE6BA6FOD

\$7.50 Purchase \$2.50 Tip \$10,00 Total

(PIN VERIFIED)

Retain this copy for your records Merchant copy

(Air port to untel

MASER CARE CABS 232 MAPLE AVE S.E. T1A3A4 MEDICINE HAT AB 21369736

1111 PURCHASE 05:45:13 12-15-2015 Acct # Card Type VI Exp Date Name: MAURO CHIES VISA CREDIT AGGGGGGGGGGGGGGG

1111

Trace 1nv. # RRN 001753001 Auth # \$15.70 Purchase

\$3.00 Típ Total

Retain this copy for your records Customer copy

Dec 15/15/

Dec 15/15

Dec 13/15/



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.

	maicate whether	you have expenses to report in	tilis section for	tilis repoi	tirig perioa.			
N	lame :	Mauro Chies		Reporting	Period for the	e Month of :	Dec-15	

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid				
10-Dec-2015	Direct Billing	Airline Ticket	Travel to Medicine Hat to mtg staff and stakeholders about MHDL	Marlin Travel	1,156.96				
16-Dec-2015	Direct Billing	Airline Ticket	Refund Of Flight (cancelled)	Marlin Travel	(563.48)				
30-Sep-2015	Direct Billing	Airline Ticket	Change of flight costs	Marlin Travel	75.00				
	Direct Billing	Choose from Drop-down List		Marlin Travel	-				
	Direct Billing	Choose from Drop-down List		Marlin Travel	-				
Total Paid in the Month \$									

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: December 10, 2015

Page:
Our Reference:
Your Reference:

INVOICE

For

MR MAURO CHIES

AC

Sunday, December 13, 2015

4 Air

AIR CANADA Flight: 8141 ECONOMY CLASS

From: EDMONTON INTL AB 11:30 AM Equipment: DH4

To: CALGARY AB 12:29 PM Mile(s) Flown: 163

Stops: 0 **Arrival:** 13Dec15 **Seat(s):** 03C

AIR CANADA E

≼ Air

AIR CANADA Flight: 7231 ECONOMY CLASS

From: CALGARY AB 03:05 PM Equipment: BEH

To: MEDICINE HAT 04:00 PM Mile(s) Flown: 164

Stops: 0 Arrival: 13Dec15

Seat(s): 02A AIR CANADA E To: ALBERTA HEALTH SERVICES **SUITE 800, NORTH TOWER**

> 10030-107 ST **EDMONTON AB CA T5J 3E4**

Invoice Number:

December 10, 2015 Date:

2/3

Page:

Our Reference: **Your Reference:**

INVOICE



Tuesday, December 15, 2015

≼ Air

AIR CANADA

From: MEDICINE HAT To: CALGARY AB

Stops: Arrival: 15Dec15 0

Seat(s): 03B AIR CANADA E **Flight:** 7230 **ECONOMY CLASS**

05:20 AM **Equipment:** BEH

06:25 AM Mile(s) Flown: 164

 Air

AIR CANADA **Flight:** 8130 ECONOMY CLASS From: CALGARY AB07:30 AM Equipment: D8 (300 SERIES)

To: EDMONTON INTL AB 08:30 AM

15Dec15 Stops: 0 Arrival:

Seat(s): 02D AIR CANADA E Mile(s) Flown: 163

Cost:

1112.00

Tax: 44.96 **Ticket Total:** 1156.96



Electronic Refund Receipt / Reçu de remboursement électronique

We are pleased to confirm a refund has been processed to your payment card.

Nous sommes heureux de confirmer qu'un remboursement a été porté à votre carte de paiement.

Please print this refund receipt for your reference.

Veuillez imprimer ce reçu pour vos dossiers.

Refund Information / Détails du remboursement

Passenger Name:
Nom du passager:

Ticket(s) Refunded:
Billet(s) remboursé(s):

Payment card refunded:
Carte de paiement remboursée:

Date of refund:
Date du remboursement:

16 December 2015
16 Décembre 2015

Customer Care Service au client

On the web/Site Web www.aircanada.com

Air Canada Reservations Réservations d'Air Canada 1 888 247-2262

Aeroplan Centre Centre Aéroplan 1 800 361-5373

Amount refunded / Montant du remboursement

Amount eligible for refund: Montant à rembourser: 556.00

Taxes and Airport Fees eligible for refund: Taxes et frais aéroportuaires à rembourser:

Canada Security Charge / Canada - Droit pour la sécurité (CA)

7.48

Total Amount Refunded to your payment card in Canadian dollars: Montant total remboursé sur la carte de paiement en dollars canadiens:

<u>563.48</u>

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: September 30, 2015

Page: 1/2

Our Reference: Your Reference:

INVOICE

For

MR MAURO CHIES

AC

Wednesday, September 30, 2015

≼ Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 30Sep15

AIR CANADA E

SEAT 3D - CHIES/MAURO MR

Flight: 8226 W CLASS 08:30 AM Equipment: CRJ JET

09:19 AM Mile(s) Flown: 163

≼ Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 30Sep15

AIR CANADA E

Flight: 8152 G CLASS

04:30 PM **Equipment:** DH4

05:19 PM **Mile(s) Flown:** 163

Cost:

AIR CANADA WEB 75.00

Total:

Grand Total: 75.00
Less Credit Card Payments: 75.00

Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00