

## AHS Board and Executive Expense Report

**Name** Mauro Chies  
**Title** VP Clinical Support Services  
**Location** Edmonton

Expenses submitted during the month of August 2016

### 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)
Aug-16	Direct Billing	Meetings	632				632			
<b>Total</b>			\$ 632	\$ -	\$ -	\$ -	\$ 632	\$ -	\$ -	\$ -

**Total for the Month**      \$            632

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.

## 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> Mauro Chies	<b>Reporting Period for the Month of :</b> Aug-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
16-Aug-2016	Direct Billing	Airline Ticket	Flight to Boston MA (USA) to attend the Institute for Healthcare Improvement Leaderssship Alliance Fall Mtg, Sep 15-16, 2016	Marlin Travel	631.77
	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	-
<b>Total Paid in the Month</b>					<b>\$ 631.77</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
**GST Reg#:** 885101915  
**Branch:** N61107  
**Agent:** TIFFANY ASKE Tel: 780-425-8611

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

**Invoice Number:** [REDACTED]  
**Date:** August 16, 2016  
**Page:** 1/3  
**Our Reference:** [REDACTED]  
**Your Reference:** [REDACTED]

# INVOICE

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

**Tuesday, September 13, 2016**

 **Air**

AIR CANADA  
**From:** EDMONTON INTL AB  
**To:** TORONTO PEARSON  
**Stops:** 0 **Arrival:** 13Sep16  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 20D

**Flight:** 1164 K CLASS  
01:35 AM **Equipment:** A320  
07:14 AM

**Mile(s) Flown:** 1671

 **Air**

AIR CANADA  
**From:** TORONTO PEARSON  
**To:** BOSTON-LOGAN INTL  
**Stops:** 0 **Arrival:** 13Sep16  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 21C

**Flight:** 358 K CLASS  
10:05 AM **Equipment:** E90  
11:40 AM

**Mile(s) Flown:** 454

**Friday, September 16, 2016**

 **Air**

AIR CANADA  
**From:** BOSTON-LOGAN INTL  
**To:** TORONTO PEARSON  
**Stops:** 0 **Arrival:** 16Sep16

**Flight:** 363 S CLASS  
02:45 PM **Equipment:** E90  
04:35 PM

**Mile(s) Flown:** 454

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

Invoice Number: [REDACTED]  
 Date: August 16, 2016  
 Page: 2/3  
 Our Reference: [REDACTED]  
 Your Reference: [REDACTED]

# INVOICE

Friday, September 16, 2016

AIR CANADA CONFIRMATION [REDACTED]  
 TICKET NUMBER [REDACTED]  
 SEAT 22D

 **Air**

AIR CANADA  
**From:** TORONTO PEARSON  
**To:** EDMONTON INTL AB  
**Stops:** 0 **Arrival:** 16Sep16  
 AIR CANADA CONFIRMATION [REDACTED]  
 TICKET NUMBER [REDACTED]  
 SEAT 18C

**Flight:** 157 **S CLASS**  
 07:10 PM **Equipment:** A319  
 09:19 PM

**Mile(s) Flown:** 1671

**Cost:**

AIR CANADA WEB [REDACTED]	[REDACTED]	427.00
	<b>Tax:</b>	131.27
	<b>Ticket Total:</b>	<b>558.27</b>
AIR CANADA WEB [REDACTED]	[REDACTED]	73.50

**Total:**

<b>Grand Total:</b>	631.77
<b>Less Credit Card Payments:</b>	631.77
<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

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

**Invoice Number:**



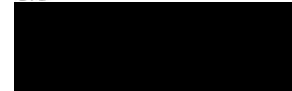
**Date:**

**August 16, 2016**

**Page:**

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**Our Reference:**



**Your Reference:**

## **I N V O I C E**

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](http://WWW.MARLINTRAVEL.CA).