

AHS Board and Executive Expense Report

Name Mauro Chies
Title VP Clinical Support Services
Location Edmonton

Expenses submitted during the month of November 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)
Nov-16	Expense Claim	Meetings				19	19			
Nov-16	Direct Billing	Meetings	874			270	1,144			
Total			\$ 874	\$ -	\$ -	\$ 289	\$ 1,163	\$ -	\$ -	\$ -

Total for the Month \$ 1,163

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
CHIES, MAURO A	VP, Clinical Support Services	Edmonton	\$ 19.19

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/23/2016	Attending mtgs. Lab Steering Committee at ATB Place.	AB - Local	Parking - Lot or Parkade	\$ 10.00			Attending mtgs. Lab Steering Committee at ATB Place.	1			
11/23/2016	Attending mtgs. Lab Steering Committee at ATB Place. Lab Hub Oversight Committee at Infrastructure Building.		Mileage-Local-Home Zone	\$ 9.19			Attending mtgs. Lab Steering Committee at ATB Place. Lab Hub Oversight Committee at Infrastructure Building.	1			18.2

Approver(s) for the claim	Approval Status	Approval Date
YIU, VERNA	Approve	13-Dec-16

ATB PLACE
GST:887315638RT001
RECEIPT

IN: 23.11.16 08:52
OUT: 23.11.16 10:28
AMOUNT: \$ 10.00
CC-DATA:

----- TRANSACTION
RECORD -----

Card #:
Card Entry:CHIP
Account:VISA
Trans:PURCHASE
Amount:\$10.00
Auth #
Sequence
Term ID:
Date:16/11/23
Time:10:27:47

APPROVED

BY ENTERING A VERIFIED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH
ISSUERS AGREEMENT WITH
CARDHOLDER

Application label:
VISA CREDIT
TVR:
AID:
TC:

*** CUSTOMER
COPY ***

GST:887315638RT001
Thank you for
Visiting!
6008

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**

Name : Mauro Chies	Reporting Period for the Month of : Nov-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
19-Oct-2016	Direct Billing	Airline Ticket	Travel to Calgary from Edmonton. Member of interview panel for the Pharmacy Services Prov Medical Director position.	Marlin Travel	180.12
20-Oct-2016	Direct Billing	Airline Ticket	Travel from Calgary to Edmonton. After interviewing candidates for the Pharmacy Services Prov Medical Director position.	Marlin Travel	312.63
24-Oct-2016	Direct Billing	Airline Ticket	Travel to Calgary from Edmonton. To attend the Quality Summit 2016 and to conduct site visits in Calgary and Lethbridge.	Marlin Travel	381.11
24-Oct-2016	Direct Billing	Car Rental	Travel in Calgary to Lethbridge for site visits to FMC and CRH. With Peter Froese, Laura Tkach, Karen Horon and Shelly Rawlake. Met with Ted Braun, Brenda Huband and Sid Viner. Met with Jack Regehr and Sean Chilton	Marlin Travel	269.80
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 1,143.66



Trip Statement

ALBERTA HEALTH SERVICES MARLIN TRAVEL GOVT CENTER 9929 - 108TH STREET EDMONTON AB T5K1G8	Trip #: [REDACTED] Booking Date: 14 Oct 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: TIFFANY ASKE File Locator: [REDACTED]
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PASSENGERS: MR MAURO CHIES

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	130.64	0.00	\$0.00	49.48	0.00	180.12 CAD
AIR CANADA Ticket # [REDACTED]	275.15	0.00	\$0.00	37.48	0.00	312.63 CAD
Total:	405.79	0.00	0.00	86.96	0.00	492.75 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/14/2016	[REDACTED]	[REDACTED]	180.12 CAD
	[REDACTED]	10/14/2016	[REDACTED]	[REDACTED]	312.63 CAD
	Total Payment:				492.75 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 -----WESTJET AIRLINE RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -----
 -----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
MARLIN TRAVEL GOVT CENTER
9929 - 108TH STREET
EDMONTON AB
T5K1G8

Trip #: [REDACTED]
Booking Date: 14 Oct 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: TIFFANY ASKE

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
MAURO CHIES	Not Specified	Not Specified

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: MAURO CHIES

Booking Date: 14 Oct 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	03142	EDMONTON INTL 19 Oct 16 5:15PM		CALGARY INTL 19 Oct 16 6:08PM	Q		



AIR

Passengers: MAURO CHIES

Booking Date: 14 Oct 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08140	CALGARY INTL 20 Oct 16 1:05PM		EDMONTON INTL 20 Oct 16 1:59PM	M		



Trip Statement

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: [REDACTED] Booking Date: 14 Oct 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: TIFFANY ASKE File Locator: [REDACTED]
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PASSENGERS: MR MAURO CHIES

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	306.15	0.00	\$0.00	74.96	0.00	381.11 CAD
Total:	306.15	0.00	0.00	74.96	0.00	381.11 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/14/2016	[REDACTED]	[REDACTED]	381.11 CAD
Total Payment:					381.11 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101

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ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 14 Oct 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: TIFFANY ASKE

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
MAURO CHIES	Not Specified	Not Specified

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: MAURO CHIES

Booking Date: 14 Oct 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08151	EDMONTON INTL		CALGARY INTL	Q		
		24 Oct 16 3:40PM		24 Oct 16 4:35PM			
AIR CANADA	08164	CALGARY INTL		EDMONTON INTL	G		
		27 Oct 16 7:30PM		27 Oct 16 8:24PM			



2000 AIRPORT RD NE
 CALGARY, AB T2E6W5
 Federal GST# :889365821

Rental Agreement #:
 Bill Ref #:
 Invoice Date:
 Account #:

[REDACTED]
 27/10/2016

BILL TO

MAURO CHIES
 [REDACTED]

RENTAL INFORMATION

Date/Time Out	Start Charges	Date/Time In
10/24/2016 17:03	10/24/2016 17:18	10/27/2016 16:29

Renter
 CHIES, MAURO

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms	
BLACK	[REDACTED]	TRIVERS	7N2HCH	Out	In
VIN	[REDACTED]			12,602	12,875

CLAIM INFORMATION

Claim# / PO# / RO#	Insured
Date of Loss	Type of Loss
	Type of Vehicle
	Repair Shop

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	3 DAY	72.00	216.00

	Subtotal		216.00
AIRPORT FACILITY CHARGE 6/DAY	3 DAY	6.00	18.00
CONCESSION FEE RECOVERY 15.61 PCT	PCT	15.61	34.00
VLF REC .60/DAY	3 DAY	0.60	1.80

Total Charges (CAD) 269.80

PAYMENTS

Payment	Visa	-269.80
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Total Payments (CAD) -269.80

Amount Due (CAD) 0.00

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g. sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

For Billing Inquiries / Payment Terms :

Tel#:4032163490
 ALBARADMIN@ehi.com
 Payment Due within days of invoice date
 Late payments are subject to a finance charge.



Thank You For Choosing Enterprise

Please Return This Portion With Remittance	Amount Due (CAD)	0
Remit To : ENTERPRISE RENT-A-CAR 5821 - 6 STREET SE CALGARY, AB T2H1M4	Paid By: MAURO CHIES [REDACTED]	
Account #	Rental Agreement	Amount
[REDACTED]	[REDACTED]	0
		GPBR
		[REDACTED]