

AHS Board and Executive Expense Report

Name Michael Lam

Title Chief Program Officer, Financial Operations

Location Calgary

Expenses submitted during the month of October 2019

| | | | | | | Travel (1) | | | | | | |
|------------------|---------------------------------|----------------------|--------|------|-------|---------------|---------------|-------|-----------------|------------------------------------|--|--------------|
| MMM-YY | Source Document | Purpose | Airfar | e | Meals | Accommodation | Othe Trave | | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
| Oct-19 Oct-19 | Expense Claim Direct Billing | Meetings Meetings | | | 87 | 353 | | 298 | 385 353 | | | |
| Total | | | \$ | - \$ | 87 | \$ 353 | \$ | 298 9 | \$ 738 | \$ - | \$ - | \$ - |

Total for

the Month \$ 738

Maximum daily single meal expense claimed in the month \$ 24 Maximum daily base hotel rate claimed in the month \$ 165 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 | | | | | | | | | |
|--|---|----------------------|------------------------|-----------------------------|-----------|------------------|--|---------------|---|-------------------|---------------------|------------------|
| LAM, MICHAEL CHI-CHUNG | Chief Program Officer, Financial Operations | Calgary | \$ 384.95 | | | | | | | | | |
| Expense Date | Business reason | | Expense Location | Expense Type | Amount | From Location | To Location | Justification | | # of Attendees | Attendee Name(s) | Trip Distance |
| 10/15/2019 | Meetings in Red Deer & Edmonton - incl ConnectCare, E&Y review, exec - claim r regular commute of 20 kms each way | · · | | Mileage-Local- Home Zone | \$ 297.95 | Calgary | Red Deer Michener Bend and Edmonton SSP | | 1 | | | 590 |
| 10/15/2019 | Meetings in Red Deer & Edmonton - including ConnectCare, E&Y review, exec | | AB - Local | Meals Per Diem | \$ 37.00 | | | | 1 | | | |
| 10/16/2019 Meetings in Red Deer & Edmonton - including ConnectCare, E&Y review, exec | | AB - Local | Meals Per Diem | \$ 37.00 | | | | 1 | | | | |
| 10/17/2019 | Meetings in Red Deer & Edmonton - incl ConnectCare, E&Y review, exec | uding | AB - Local | Meals Per Diem | \$ 13.00 | | | | 1 | | | |
| Approver(s) for the | Approver(s) for the claim Approval Status | | 5 | Approval Date | | • | • | • | | • | • | • |
| RHODES, DEBORAH Approve | | | 24-Oct-19 | 1 | | | | | | | | |



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 whe | ether you have expenses to report in this section | on for this reporting period: | YES | |
|----------------------------------|---|-------------------------------|--------------------|--|
| Name : | Michael Lam | Reporting Period for the | e Month of: Oct-19 | |

| DD-MMM-YYYY | Payment Method | Category | Description/Purpose of the Expense | Name of Vendor | Amount Paid |
|-------------------|----------------|----------------------------|--|----------------|-------------|
| 17-Oct-2019 | Direct Billing | | Accommodations in Edmonton for 2 nights - Meetings in Red Deer & Edmonton - including Connect Care, E&Y Review, Executive etc. | Marlin Travel | 353.50 |
| | 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 | | | | \$ 353.50 |



AB Health Services Accounts Payable P.O. Box 1600 Suite 300, 10030 - 107 Street NW Edmonton AB T5J 2N9 Canada

Room No. Arrival Departure Date

: 10-15-19 : 10-17-19

Lam, Michael Company Name: Group Name:

Conf. No. P.O. No.

Folio No.



INFORMATION INVOICE

| Date | Description | | |
|------------------|---------------------------|----------------------|-----------|
| | | Charge | s Credits |
| 10-15-19 | Room Revenue | 165.00 | n |
| 10-15-19 | Destination Marketing Fee | | |
| 10-15-19 | Tourism Levy | 4.99 | = |
| 10-16-19 | Room Revenue | 6.80 | 0 |
| 10-16-19 | - · - · · · · | 165.00 |) |
| | Destination Marketing Fee | 4.95 | 5 |
| 10-16-19 ———— | Tourism Levy | 6.80 |) |
| | | Total Charges 353.50 |) |
| | | _ | |
| | | Total Credits | 0.00 |
| | | Balance | 353.50 |

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