

AHS Board and Executive Expense Report

Name: Michael Lam

Title: Chief Program Officer, Financial Operations

Location: Calgary

Expenses approved during the month of August 2023

					Travel (1)						
Approved Source MMM-YY Document	Purpose	Airfare	Me	eals	Accommodatio		Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
P-Card Meeti Aug-23 Expense Claim Meeti Aug-23 Direct Bill Meeti	ngs			93	33	5	482	- 575 336			
Total		\$ -	\$	93	\$ 33	5 \$	482	\$ 910	\$ -	\$ -	\$ -

Total for

the Month \$ 910

Maximum daily single meal expense claimed in the month \$ 24
Maximum daily base hotel rate claimed in the month \$ 161
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

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant	Expense Claim	1								
		Location	Total									
LAM, MICHAEL CHI CHUNG	-Chief Program Officer Financial Operations	Calgary	\$ 574.77									
Expense Date	Business reason	Expense	Expense Type	Amou	ınt	From	To Location	Justification	# of	# of Attendees	Attendee	Trip
		Location				Location			days		Name(s)	Distance
8/4/2023	Red Deer Finance staff engagement event - round trip		Mileage-Other	\$ 1	165.64	Calgary home	Red Deer Michener		1			328
							Bend - round trip					
8/15/2023	Edmonton meetings - contracted health service provider meetings - round trip		Mileage-Other	\$ 3	316.13	Calgary home	Edmonton SSP - round trip		3			626
8/15/2023	Edmonton meetings - contracted health service provider meetings	AB - Other Zones	Meals Per Diem	\$	93.00				3			
Approver(s) for the claim	Approval Status	Approval Date						•	-		-	•
PURDY, COLLEEN ANNE	Approve	23-Aug-23										



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.
- Refer to Quick Reference Guide for: Providing a Standard Business Reason(s)
- 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 :	Michael Lam		Reporting Period for the Month	th of :	Aug-23	

Invoice Date DD-MMM-YYYY	DD-MMM-YYYY Payment Method Category Edi		Business Reason	Name of Vendor	Amount Paid	
15-Aug-23			Edmonton meetings - contracted health service provider meetings August 15-17, 2023	Matrix Hotel	\$335.50	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List		
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List		
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List		
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List		
Total Paid in th	Ţ				\$ 335.50	



AB Health Services Accounts Payable P.O. Box 1600

Suite 300, 10030 - 107 Street NW

Edmonton AB T5J 2N9

Canada

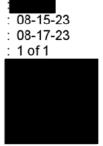
Company Name

Company Name : Group Name :

Guest Name : Lam, Michael Mr

COPY OF INVOICE

Room No.
Arrival
Departure
Page No.
Folio No.
Invoice No.
AR No.
Conf. No.
Cashier No.
Custom Ref.



Date	Description		Charges	Credits
08-15-23	Room Revenue		161.10	
08-15-23	Destination Marketing Fee		4.83	
08-15-23	Tourism Levy		6.64	
08-16-23	Room Revenue		152.10	
08-16-23	Destination Marketing Fee		4.56	
08-16-23	Tourism Levy		6.27	
		Total Charges	335.50	
		Total Credits		0.00
		Balance		335.50

I agree that I am personally liable for payment of this account, and if this person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association.