

AHS Board and Executive Expense Report

Name Nancy Guebert
Title Chief Program Officer Cancer Control Alberta (Interim)
Location Calgary

Expenses submitted during the month of March 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)
Mar-16	P-Card	Meetings				114	114			
Mar-16	Expense Claim	Meetings				209	209			
Mar-16	Direct Billing	Meetings	345				345			
Total			\$ 345	\$ -	\$ -	\$ 323	\$ 668	\$ -	\$ -	\$ -

Total for the Month \$ 668

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.

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

QUEBERT, NANCY Cardholder's Name CANCER CONTROL ALBERTA Cardholder's Dept NANCY.GUEBERT@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address	CHIEF PROGRAM OFFICER Cardholder's Position/Title TOM BAKER CANCER CENTRE Cardholder's Site/Location	Billing Reporting Period: <u>20/03/2016</u> Total Statement Amount: <u>\$113.75</u> Last 6 digits of the P-Card #: XXXXXXXXXX
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Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	SST	Freight	Description
① 22/02/2016	420216441	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	29.35	CAD	29.35	1.40		
② 15/03/2016	422632834	AHS PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	8.50	CAD	8.50	40		00 Parking at YYC (Senior Leaders Meeting in Edmonton 2/22/2016)
③ 16/03/2016	422638549	PRESTIGE TRANSPORTATION, LIMOUSINES AND TAXICABS	75.90	CAD	75.90	3.61		00 Parking at Red Deer Hospital (Mark Trosser & Town Hs: 3/15/2016)
								00 Taxi Migs - Alberta Health Cancer Plan (S. Slayberg) 2030 TBCC DYAD, 21 (C. Chambers) . 11 M Parliament

<p>Signaturee</p> <p>Cardholder Designate (If Applicable) By signing this statement</p> <ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre <p><u>SELENE SNELL</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p> <p><u>EXEC ADMIN COORD</u> Cardholder Designate Position/Title</p> <p><u>March 22, 2016</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously charged by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. <p><u>GUEBERT, NANCY</u> Name of Cardholder</p> <p><u>Nancy Guebert</u> Signature of Cardholder</p> <p><u>CHIEF PROGRAM OFFICER</u> Cardholder Position/Title</p> <p><u>March 22, 2016</u> Date of Signature</p>	
<p>Approver Designate (If Applicable) By signing this statement</p> <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. <p><u>Audrey Malone</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p> <p><u>Exec Asst</u> Approver Designate Position/Title</p> <p><u>Mar-24/16</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. <p><u>Dr. Francois Belanger</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p> <p><u>A/VP Quality + CEO</u> Approver Position/Title</p> <p><u>March 22 2016</u> Date of Signature</p>	
<p>Submit approved statement with attachments to Accounts Payable:</p> <p>Attach:</p> <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for travel require detailed descriptions - include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. <p>Accounts Payable only:</p> <p>Reference #: _____ Reviewed by: _____ Date: _____</p>	
<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	

March 2016

Paid

The Calgary Airport Authority
2000 Airport road NE
GST R122556194

Receipt Number: [REDACTED]
Ticket-Nr.: [REDACTED]
In: 02/22/2016 5:51
Out: 02/22/2016 19:47
Duration: 13.56

Transient Parker \$ 29.35
Total: \$ 29.35
Validations: \$ 0.00
Balance Due: \$ 29.35
Credit Card \$ 29.35
Change: \$ 0.00

Paid

RECEIPT
Red Deer
Regional Hospital

License Plate Number

[REDACTED]

Expiration Date/Time

10:36 AM
MAR 16, 2016

Purchase Date/Time: 10:36am Mar 15, 2016
Total Due: \$8.50 Rate: \$8.50 - 24 Hours
Total Paid: \$8.50 Payment Type: Card
Ticket #: [REDACTED]
S/N #: 520015331430
Setting: Red Deer
Mach Name: CE-RDRH-021

[REDACTED] MasterCard

Auth #: [REDACTED]

www.ahs.ca
DO NOT PLACE ON DASH

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

Paid

PRESTIGE TRANSPORTATION
18135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id: 4502412509461
Item #: 1386
MasterCard
PURCHASE
Op Id: 847895
Card #: [REDACTED]

AT [REDACTED]
APPROVED
AMOUNT CAD\$66.00
TIP CAD\$9.90
=====

TOTAL CAD\$75.90
Ref. [REDACTED]
Auth. [REDACTED]
Resp. Code: 00
TUR: 4000000000
TSI: E800

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2016/03/16 Time: 10:07:36
Response: AUTH [REDACTED]

CUSTOMER COPY

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
GUEBERT, NANCY COLLEEN	Chief Program Officer, Cancer Control Alberta (Interim)	Calgary	209.07

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/11/2016	Attend Cancer Provincial Advisory Council Meetings		Mileage	20.20	Retrurn Trip from Home - [REDACTED]	Sheraton Cavalier NE Calgary		1			40
3/12/2016	Attend Cancer Provincial Advisory Council Meetings		Mileage	20.20	Retrurn Trip from Home - [REDACTED]	Sheraton Cavalier NE Calgary		1			40
3/15/2016	Mock Tracers and Town Hall with Cancer Centre staff and patients		Mileage	168.67	Retrurn Trip from Home - [REDACTED]	Red Deer Cancer Centre		1			334
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		21-Apr-16							

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 : Nancy Guebert	Reporting Period for the Month of : February 21, 2016 to March 21, 2016
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
3-Mar-2016	Direct Billing	Airline Ticket	Meetings in Edmonton April 18 - 20: 1:1 Mtgs, Calgary Cancer Project Planning(w/UofC), Cancer SCN Core Committee, CCA & ACF Monthly	Marlin Travel	344.48
					-
					-
Total Paid in the Month					\$ 344.48



MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: March 3, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS NANCY GUEBERT
AC [REDACTED]

Monday, April 18, 2016

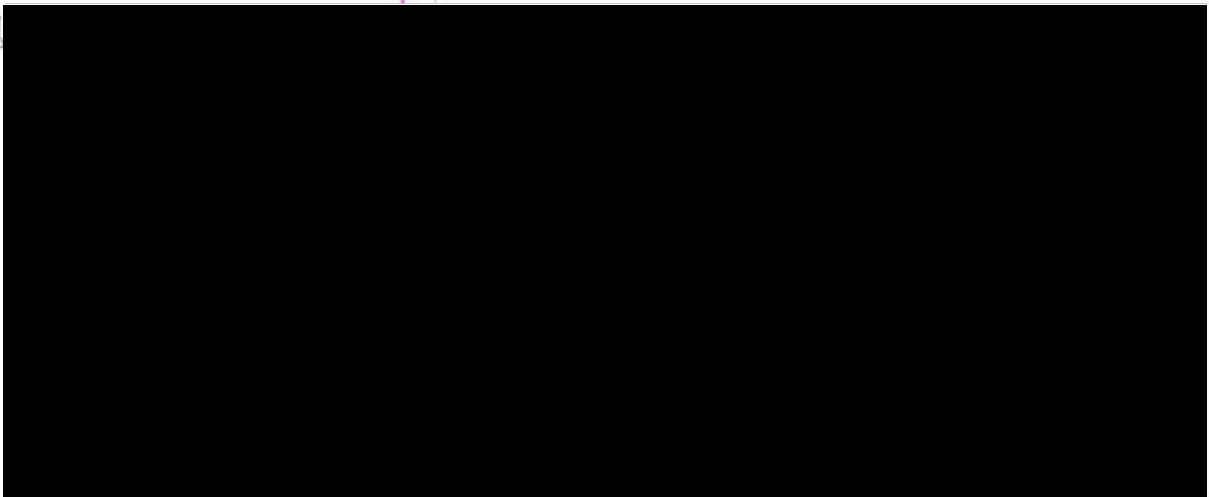
Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 18Apr16

Flight: 8138 G CLASS
08:30 AM Equipment: DH4
09:20 AM

Mile(s) Flown: 163

AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 9D



Wednesday, April 20, 2016

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

Invoice Number: [REDACTED]
Date: March 3, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Wednesday, April 20, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 20Apr16
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 9D

Flight: 8153 G CLASS
06:40 PM Equipment: D8 (300 SERIES)
07:35 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	269.52
	Tax:	74.96
	Ticket Total:	344.48

Total:

Grand Total:	344.48
Less Credit Card Payments:	344.48
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	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
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.