

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 June 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)
Jun-16	P-Card	Meetings			580	268	849			
Jun-16	Direct Billing	Meetings	419				419			
Total			\$ 419	\$ -	\$ 580	\$ 268	\$ 1,268	\$ -	\$ -	\$ -

Total for the Month \$ 1,268

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 189
 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.

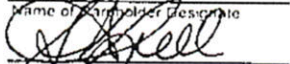
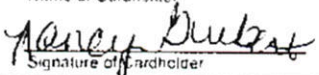
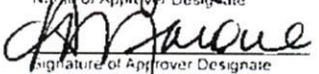
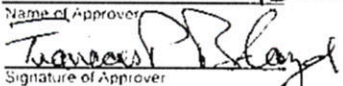
Instruction:

- 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

<u>GUEBERT, NANCY</u> Cardholder's Name	<u>CHIEF PROGRAM OFFICER</u> Cardholder's Position/Title	Billing Reporting Period	<u>20/05/2016</u>
<u>CANCER CONTROL ALBERTA</u> Cardholder's Dept	<u>TOM BAKER CANCER CENTRE</u> Cardholder's Site/Location	Total Statement Amount	<u>\$848.75</u>
<u>NANCY.GUEBERT@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #	<u> </u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
26/05/2016	430847647	PRESTIGE TRANSPORTATION LIMOUSINES AND TAXICABS	① 75.90	CAD	75.90	3.61	00	Taxi (From Westin Hotel to Renaissance Edmonton to attend Quality in AHS working session)
27/05/2016	430643149	WESTIN (WESTIN HOTELS) WESTIN HOTELS	② 368.28	CAD	368.28	00	00	Hotel Edmonton Migs (VIP Changing Landscape of Cancer COEC President Speakers Series 1.1 Finance (J Horyn))
27/05/2016	430847649	THE CALGARY AIRPORT AU TOMOBILE PARKING LOTS AND	③ 117.40	CAD	117.40	5.55	00	Parking at Calgary airport during 2 days of business meetings and 2 day working session in Edmonton)
28/05/2016	430847648	RENAISSANCE EDMONTON A RENAISSANCE HOTELS	④ 212.19	CAD	212.19	00	00	Accommodation (Quality in AHS working sessions)
31/05/2016	431216042	PRESTIGE TRANSPORTATION LIMOUSINES AND TAXICABS	⑤ 75.00	CAD	75.00	3.57	00	Taxi from Edmonton Airport to Sun Life Plaza Migs VIP Changing Landscape of Cancer COEC President Speakers Series

Signatures		
Cardholder Designate (if Applicable) By signing this statement <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 		
<u>SELENE SNEEK</u> <small>Name of Cardholder Designate</small>  <small>Signature of Cardholder Designate</small>	<u>EXECUTIVE ADMIN COORDINATOR</u> <small>Cardholder Designate Position/Title</small> <u>June 21/2016</u> <small>Date of Signature</small>	
Cardholder By signing this statement <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 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 		
<u>GUEBERT, NANCY</u> <small>Name of Cardholder</small>  <small>Signature of Cardholder</small>	<u>CHIEF PROGRAM OFFICER</u> <small>Cardholder Position/Title</small> <u>June 22, 2016</u> <small>Date of Signature</small>	
Approver Designate (if Applicable) By signing this statement <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 		
<u>Audrey Malone</u> <small>Name of Approver Designate</small>  <small>Signature of Approver Designate</small>	<u>Exec Admin Coord.</u> <small>Approver Designate Position/Title</small> <u>June 24/16</u> <small>Date of Signature</small>	
Approver By signing this statement <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 		
<u>Dr-Francois Belanger</u> <small>Name of Approver</small>  <small>Signature of Approver</small>	<u>A/VP Quality + CMO</u> <small>Approver Position/Title</small> <u>June 24/16</u> <small>Date of Signature</small>	
Submit approved statement with attachments to Accounts Payable:		
Attach: <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 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference # _____	Reviewed by _____	Date _____

#1 Taxi (from Westin Hotel Edmonton to Renaissance Edmonton - Quality in AITS Waking Group) *Peara*

#3 RECEIPT
GST NO. R122556194
Peara

#3 Parking @ YYC during 2 days of business mtgs & 2 day waking session in Edmonton (4 day total)

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id: 4502412509426
Item #: 0006
MasterCard PURCHASE
Op Id: 847895
Card #: [REDACTED]

TKT NO [REDACTED]
POF: C50
IN: 05/24/16 09:10
OUT: 05/27/16 13:29
PAID: \$ 117.40
DURATION: 3 04: 19
(GST INCLUDED)

AID: A0000000041010

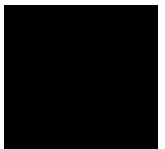
APPROVED

MASTERCARD
[REDACTED]

AMOUNT CAD\$66.00
TIP CAD\$9.90
=====

YOU HAVE 10 MIN. TO EXIT

TOTAL CAD\$75.90



Book on line at EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2016/05/26 Time: 08:59:57
Response: AUTH [REDACTED]

CUSTOMER COPY

#5 Taxi YYC to Sunlife Plaza for VIP Changing Landscapes & President Speaks Series *Peara #5*

CHARGE TO: 5569 0900 0262 2416 ACCOUNT NO. [REDACTED] *Peara #5*

05/20
NANCY GUEBERT
AB HEALTH SERVICES

YELLOW CAB (780) 462-3456
PRESTIGE CABS (780) 462-4444
ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
	<i>Walt 889</i>	
TIME	DAY	MO. YR.
<i>12:45</i>	<i>11/24</i>	<i>2016</i>

FROM: *Air port*
TO: *Edmonton*
PRINT NAME:
CUSTOMER'S SIGNATURE: *X Nancy Guebert*

FARE	<i>66-</i>
INTL	<i>9.90</i>
GRATUITY	<i>9-</i>
TOTAL	<i>75-</i>

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

CUSTOMER COPY

#2 Hotel Accommodations Edmonton
 Mtgs: VIP Changing Landscape of
 Cancer, COEC, President Speakers
 & 1:1 Mtgs)

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Nancy Guebert
 [Redacted]

Page Number : 1 Invoice Nbr : [Redacted]
 Guest Number : [Redacted]
 Folio ID : A
 Arrive Date : 24-MAY-16 13:27
 Depart Date : 26-MAY-16 08:22
 No. Of Guest : 1
 Room Number : [Redacted]
 Club Account : [Redacted]

Tax Invoice

Tax ID : 815461330RT0001
 The Westin Edmonton 26-MAY-16 08:30 SANDBER3

Date	Reference	Description	Charges (CAD)	Credits (CAD)
24-MAY-16	[Redacted]	Room Charge	164.00	
24-MAY-16	[Redacted]	GST	8.45	
24-MAY-16	[Redacted]	Destination Marketing Fee	4.92	
24-MAY-16	[Redacted]	Tourism Levy	6.76	
25-MAY-16	[Redacted]	Room Charge	164.00	
25-MAY-16	[Redacted]	GST	8.45	
25-MAY-16	[Redacted]	Destination Marketing Fee	4.92	
25-MAY-16	[Redacted]	Tourism Levy	6.76	
26-MAY-16	[Redacted]	Mastercard [Redacted]		-368.26
		** Total	368.26	-368.26
		*** Balance	0.00	

BETTER BALANCE - The soothing scent of White Tea revitalizes and uplifts from the moment you step through our doors. Enhance any environment by taking our signature scent home with you. Learn more at westin.com/store

Continued on the next page

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Nancy Guebert
 [Redacted]

Page Number : 2 Invoice Nbr : [Redacted]
 Guest Number : [Redacted]
 Folio ID : A
 Arrive Date : 24-MAY-16 13:27
 Depart Date : 26-MAY-16 08:22
 No. Of Guest : 1
 Room Number : [Redacted]
 Club Account : [Redacted]

As a Starwood Preferred Guest you have earned at least 984 Starpoints for this visit [Redacted]

Tell us about your stay. www.westin.com/reviews

EXPENSE SUMMARY REPORT

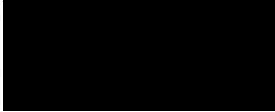
Currency: CAD

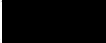

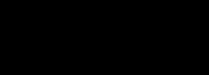
Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
05-24-2016	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
05-25-2016	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
05-26-2016	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-368.26
	-----	-----	-----	-----	-----	-----	-----	-----
Total	328.00	16.90	13.52	0.00	0.00	9.84	368.26	-368.26

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Nancy Guebert



Page Number : 3 Invoice Nbr : 
 Guest Number : 
 Folio ID : A
 Arrive Date : 24-MAY-16 13:27
 Depart Date : 26-MAY-16 12:00
 No. Of Guest : 1
 Room Number : 
 Club Account :

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
05-24-2016	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
05-25-2016	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
	-----	-----	-----	-----	-----	-----	-----	-----
Total	328.00	16.90	13.52	0.00	0.00	9.84	368.26	0.00

#4 Hotel Accommodations attend
Atts Quality Working Session

#4

R
RENAISSANCE®
HOTELS

pcard

*Atts. Quality
Portfolio
Mtg.*

GUEST FOLIO

210 GUEBERT/NANCY 189.00 05/27/16 07:55
Room Name Rate Depart Time
Type 05/26/16 16:02
39
Room Clerk Payment RWD#:

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
05/26	ROOM	210, 1		189.00
05/26	DMF	210, 1		5.67
05/26	GST	210, 1		9.73
05/26	TRSM LEV	210, 1		7.79
05/27	CCARD-MC		212.19	

PAYMENT RECEIVED BY: MASTERCARD

.00

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK!
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

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 : May 21, 2016 - June 20, 2016
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
30-May-2016	Direct Billing	Airline Ticket	To attend Edmonton meetings July 13-15th (COEC, ERC Transition, Host Discussion with Terry Fox Canadian Comprehensive Cancer Centre Network, Oncologist Clinics at KEC)	Marlin Travel	344.48
02-Jun-16	Direct Billing	Airline Ticket	Changes to flight (previous invoice number ████████) Trip shortened by one day to attend Edmton mtgs June 20th and 21st (Senior Leaders Mtg, Provincial Practices Updates, 1:1 CCA Leads, Monthly Finance, DYAD Provincial Tumour Teams and CMORE, Quality and CMO)	Marlin Travel	75.00
					-
Total Paid in the Month					\$ 419.48

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

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

Invoice Number: [REDACTED]
Date: May 30, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MS NANCY GUEBERT
AC [REDACTED]

Wednesday, July 13, 2016

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 13Jul16

Flight: 8130 G CLASS
07:00 AM Equipment: D8 (300 SERIES)
07:53 AM

Mile(s) Flown: 163

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

Friday, July 15, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 15Jul16

Flight: 8149 G CLASS
01:20 PM Equipment: DH4
02:10 PM

Mile(s) Flown: 163

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

Cost:

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

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

Invoice Number: [REDACTED]
Date: May 30, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

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.

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

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

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

INVOICE

For

MS NANCY GUEBERT
AC [REDACTED]

Monday, June 20, 2016

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 20Jun16

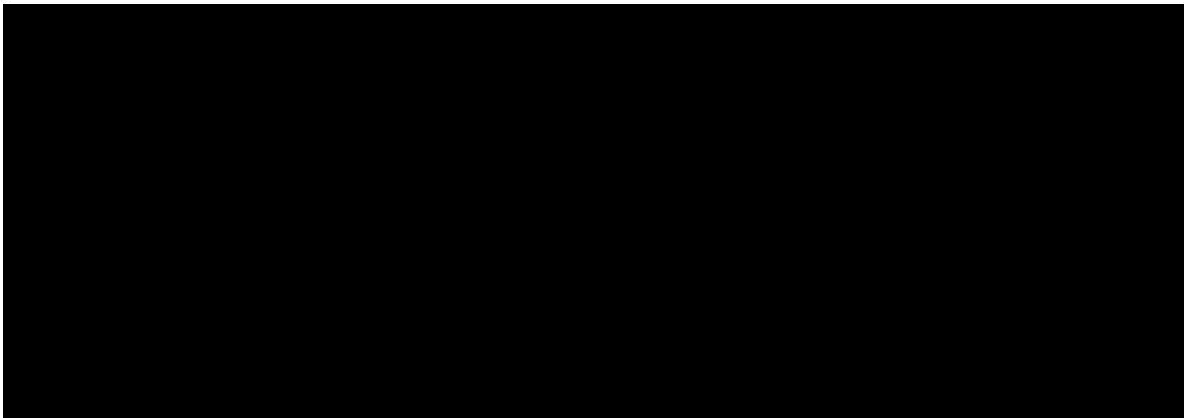
Flight: 8134 **G CLASS**
08:05 AM **Equipment:** DH4
08:55 AM

Mile(s) Flown: 163

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



Hotel



Tuesday, June 21, 2016

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

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

INVOICE

Tuesday, June 21, 2016

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 21Jun16

AIR CANADA E

AIR CANADA CONFIRMATION [REDACTED]

TICKET NUMBER [REDACTED]

SEAT [REDACTED]

Flight: 8169 G CLASS

04:50 PM Equipment: DH4

05:40 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED] 75.00

Total:

Grand Total:	75.00
Less Credit Card Payments:	75.00
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	339.83
Total Charges Previous Invoices:	339.83
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.