

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 August 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)
Aug-16	P-Card	Meetings			184	225	409			
Aug-16	Direct Billing	Meetings	434				434			
Total			\$ 434	\$ -	\$ 184	\$ 225	\$ 843	\$ -	\$ -	\$ -

Total for the Month \$ 843

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 164
 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

GUEBERT, NANCY Cardholder's Name	CHIEF PROGRAM OFFICER Cardholder's Position/Title	Billing Reporting Period	20/08/2016
CANCER CONTROL ALBERTA Cardholder's Dept.	TOM BAKER CANCER CENTRE Cardholder's Site/Location	Total Statement Amount	409.12
NANCY.GUEBERT@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #	[REDACTED]

Statement of Transactions							
Transaction Date	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
15/07/2016	YELLOW CAB LIMOUSINES AND TAXICABS	① 15.64	CAD	15.64	74		Taxi from CCI to SunLife mtg. Oncologists & Clinics at KEC
09/08/2016	PRESTIGE TRANSPORTATIO LIMOUSINES AND TAXICABS	② 74.75	CAD	74.75	3.97		00 Transport from YEG to SunLife mtgs 1:1 Matt/Nancy.CCA Research Vision PAC Planning
09/08/2016	WESTIN (WESTIN HOTELS), WESTIN HOTELS	④ 184.13	CAD	184.13	8.77		00 Accommodations in Edm for Aug 9/10 mtgs 1:1 Matt/Nancy.CCA Research Vision PAC Planning.COEC.ERC Transition
10/08/2016	PRESTIGE TRANSPORTATIO LIMOUSINES AND TAXICABS	③ 75.90	CAD	75.90	3.67		00 Transport from 7th St Plaza mtgs to YEG. COEC.CCA Research Vision.ERC Transition
10/08/2016	THE CALGARY AIRPORT AU AUTOMOBILE PARKING LOTS AND	⑤ 58.70	CAD	58.70	2.84		00 Parking at YYC Airport during meetings in Edmonton Aug 9/10

Signatures		
<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>SEVENE SWELL</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Exec Admin Coordinator</u> Cardholder Designate Position/Title</p> <p><u>Aug. 16/2016</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 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. 		
<p><u>GUBBERT, NANCY</u> Name of Cardholder</p> <p><u>Nancy L Gubbert</u> Signature of Cardholder</p>	<p><u>CHIEF PROGRAM OFFICER</u> Cardholder Position/Title</p> <p><u>Aug. 17/2016</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>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ 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>Acting VP + CMO</u> Approver Position/Title</p> <p><u>Aug 25, 2016</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<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>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference # _____	Reviewed by _____	Date _____

Taxi to CCI from Sunlife to attend mtg
w/ Oncologists
regarding
clinics
@ KFC

Pcard
mtgs at
CCI

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6N-1C2
780-462-3456

#1

Term Id: 45024124782146
Item #: 1293
MasterCard
PURCHASE
Op Id: [REDACTED]
Card #: [REDACTED]

AID: [REDACTED]

APPROVED

AMOUNT CAD\$13.60
TIP CAD\$2.04
=====

TOTAL CAD\$15.64

Ref. #: C
Auth. #: [REDACTED]
Resp. Code: [REDACTED]
TUR: [REDACTED]
TSI: [REDACTED]

BOOK ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST
GST 100403070

Date: 2016/07/15 Time: 09:23:08
Response: AUTH [REDACTED]

CUSTOMER COPY

Transportation from 7th Street
Plaza to YEG: COEC, CCA
Research & Vision, ERC
Transition

Pcard #3

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

Term Id: 4502412509426
Item #: 0133
MasterCard
PURCHASE
Op Id: [REDACTED]
Card #: [REDACTED]

AID: [REDACTED]

APPROVED

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

TOTAL CAD\$75.90

Ref. #: C
Auth. #: [REDACTED]
Resp. Code: [REDACTED]
TUR: [REDACTED]
TSI: [REDACTED]

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

Date: 2016/08/10 Time: 18:10:03
Response: AUTH [REDACTED]

CUSTOMER COPY

Transportation from YEG to Sunlife mtgs:
1:1 Matt/Nancy, CCA Research Overview,
CPAC Planning

Pcard

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

#2

Term Id: 4502412509426
Item #: 0129
MasterCard
PURCHASE
Op Id: [REDACTED]
Card #: [REDACTED]

AID: [REDACTED]

APPROVED

AMOUNT CAD\$65.00
TIP CAD\$9.75
=====

TOTAL CAD\$74.75

Ref. #: C
Auth. #: [REDACTED]
Resp. Code: [REDACTED]
TUR: [REDACTED]
TSI: [REDACTED]

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

Date: 2016/08/09 Time: 09:27:08
Response: AUTH [REDACTED]

CUSTOMER COPY

Parking at YEC Airport during mtgs
in Edmonton
Aug 9th 10.

RECEIPT
GST NO. R122556194

Pcard

TKT NO: [REDACTED]
POF: [REDACTED]
IN: 08/09/16 06:36
OUT: 08/10/16 20:33
PAID: \$ 58.70
DURATION: 1 13: 57
(GST INCLUDED)

MASTERCARD

YOU HAVE 10 MIN.
TO EXIT

#4 Accommodations in Edmonton for Aug 9/10mths:
 1:1 Matt/Nancy, CCA Research Vision, & PAC Planning,
 COEC, ERC Transition

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



Nancy Guebert
 [Redacted]
 Canada

Page Number : 1 Invoice Nbr : [Redacted]
 Guest Number : [Redacted]
 Folio ID : [Redacted]
 Arrive Date : 09-AUG-16 16:52
 Depart Date : 10-AUG-16 12:00
 No. Of Guest : 1
 Room Number : [Redacted]
 Club Account : [Redacted]

Information Invoice

Tax ID : 815461330RT0001
 The Westin Edmonton 10-AUG-16 03:20 9999

Date	Reference	Description	Charges (CAD)	Credits (CAD)
09-AUG-16	[Redacted]	Room Charge	164.00	
09-AUG-16	[Redacted]	GST	8.45	
09-AUG-16	[Redacted]	Destination Marketing Fee	4.92	
09-AUG-16	[Redacted]	Tourism Levy	6.76	
10-AUG-16	MC	Mastercard		-184.13
		** Total	184.13	-184.13
		*** Balance	-0.00	

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

REST EASY - Nothing recharges mind and body like sound sleep. Experience superior rest at home with the Westin Heavenly(R) Bed, a revitalizing retreat for the sleep of your dreams. 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]
 [Redacted]
 Canada

Page Number : 2 Invoice Nbr : [Redacted]
 Guest Number : [Redacted]
 Folio ID : A
 Arrive Date : 09-AUG-16 16:52
 Depart Date : 10-AUG-16 14:38
 No. Of Guest : 1
 Room Number : [Redacted]
 Club Account : [Redacted]

As a Starwood Preferred Guest you have earned at least [Redacted] 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
08-09-2016	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
08-10-2016	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-184.13
Total	164.00	8.45	6.76	0.00	0.00	4.92	184.13	-184.13

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 : July 21, 2016 to Aug 20, 2016
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
29-Jul-2016	Direct Billing	Airline Ticket	To attend Edmonton meetings Sept 13-15th - Community Oncology Dyad; Quality and CMO; COEC; CCA ED; CCOC Cancer Control Operations Committee	Marlin Travel	340.26
08-Aug-16	Direct Billing	Airline Ticket	To attend Edmonton meetings Aug 9-10th - CCA Leads 1:1; CCA Research Overview and Vision; Community Oncology DYAD; Quality and CMO; COEC; Radiation Safety Org Structure; ERC Transition	Marlin Travel	93.60
					-
Total Paid in the Month					\$ 433.86

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: July 29, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MS NANCY GUEBERT
AC [REDACTED]

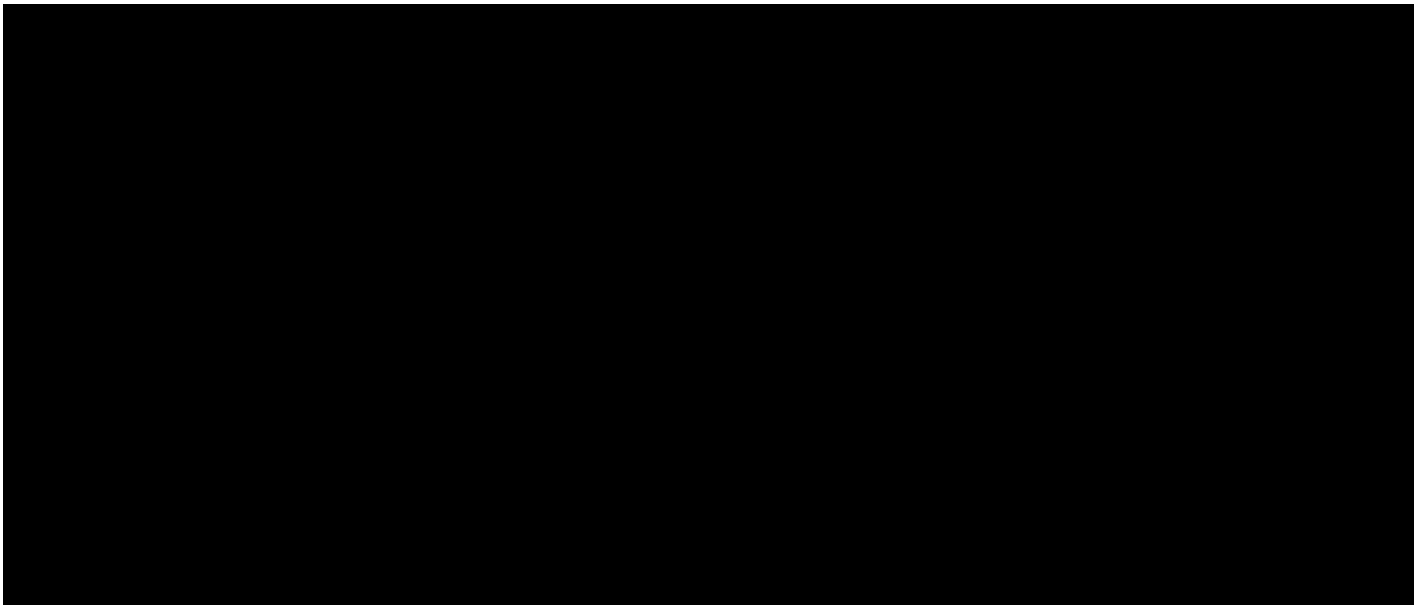
Tuesday, September 13, 2016

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 13Sep16
AIR CANADA E
TICKET NUMBER [REDACTED]
SEAT 9D

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

Mile(s) Flown: 163



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

Invoice Number: [REDACTED]
Date: July 29, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Thursday, September 15, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB Flight: 8153 G CLASS
To: CALGARY AB 06:00 PM Equipment: D8 (300 SERIES)
Stops: 0 Arrival: 15Sep16 06:56 PM Mile(s) Flown: 163
AIR CANADA E
TICKET NUMBER [REDACTED]
SEAT 9D

Cost:

AIR CANADA WEB [REDACTED]	265.30
Tax:	74.96
Ticket Total:	340.26

Total:

Grand Total:	340.26
Less Credit Card Payments:	340.26
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: August 8, 2016
Page: 1/3
Our Reference: [REDACTED]

INVOICE

For

MS NANCY GUEBERT
AC [REDACTED]

Tuesday, August 9, 2016

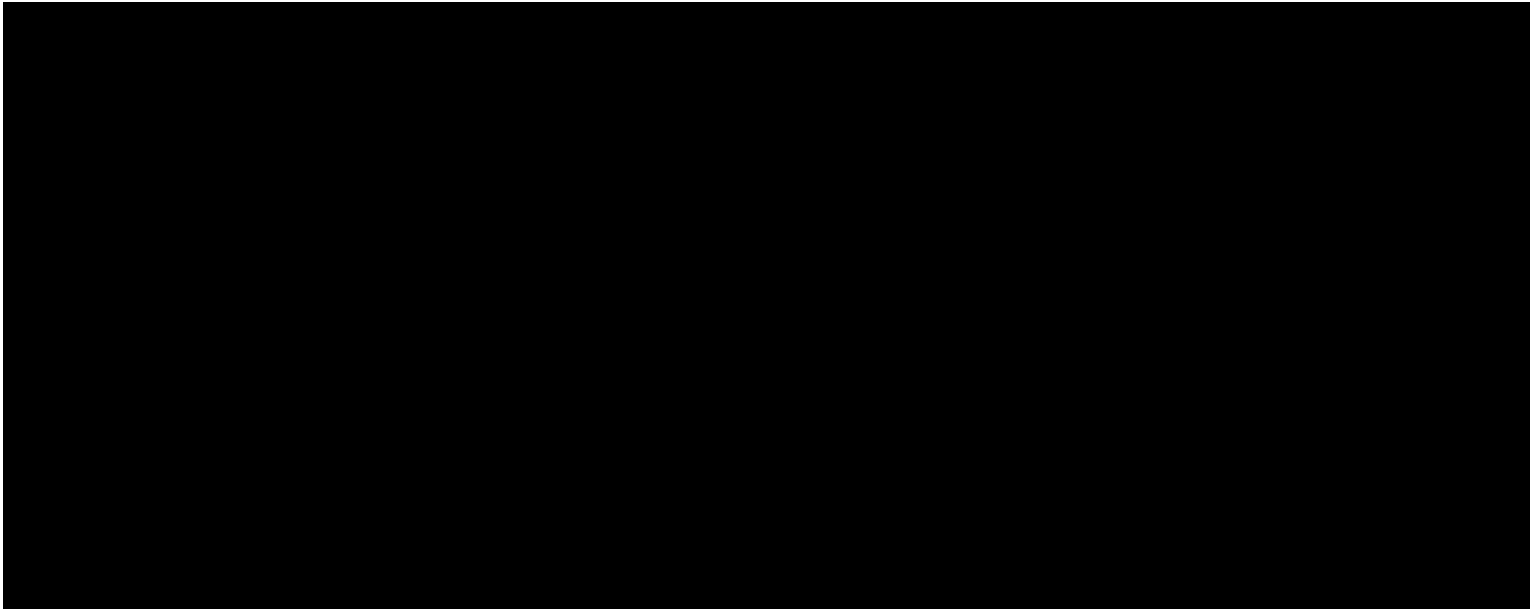
 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 09Aug16

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

Mile(s) Flown: 163

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



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

Invoice Number: [REDACTED]
Date: August 8, 2016
Page: 2/3
Our Reference: [REDACTED]

INVOICE

Wednesday, August 10, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 10Aug16
AIR CANADA E
AIR CANADA CON [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 9D

Flight: 8155 V CLASS
07:30 PM Equipment: DH4
08:21 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	18.60
AIR CANADA WEB [REDACTED]	[REDACTED]	75.00

Total:

Grand Total:	93.60
Less Credit Card Payments:	93.60
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	335.18
Total Charges Previous Invoices:	335.18
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.