

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 October 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)
Oct-16	P-Card	Meetings			165	243	408			
Oct-16	Direct Billing	Meetings	481				481			
Total			\$ 481	\$ -	\$ 165	\$ 243	\$ 889	\$ -	\$ -	\$ -

Total for the Month \$ 889

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 148
 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

CANCER CONTROL ALBERTA

Cardholder's Dept

TOM BAKER CANCER CENTRE

Cardholder's Site/Location

NANCY.GUEBERT@ALBERTAHEALTHSERVICES.CA

Cardholder's e-mail address

 Billing Reporting Period: **20/10/2016**

 Total Statement Amount: **\$408.39**

 Last 6 digits of the P-Card #: **[REDACTED]**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
03/10/2016	[REDACTED]	METROCABS, LIMOUSINES AND TAXICABS	17.13	CAD	✓ 17.13	00	00	Taxi from Grande Prairie Airport to Podolan Hotel for attendance at GPraine Hospital Town Hall Meetings
04/10/2016	[REDACTED]	PODOLLAN INN AND SPA, LODGING HOTELS, MOTELS, RESORTS	165.03	CAD	✓ 165.03	00	00	Hotel for Grande Prairie Town Hall Meetings, NZone Community Oncology Dykt, ERC Steering Committee
04/10/2016	[REDACTED]	GOLDEN CABS GP LTD, LIMOUSINES AND TAXICABS	13.22	CAD	✓ 13.22	00	00	Taxi from Podollan Inn to Grande Prairie hospital to attend Town Hall Meetings
04/10/2016	[REDACTED]	CANADIAN CABG, LIMOUSINES AND TAXICABS	28.09	CAD	✓ 28.09	1.34	00	Taxi from Grande Prairie Hospital to GPraine Airport following GPraine Town Hall Meetings
06/10/2016	[REDACTED]	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	50.38	CAD	✓ 50.38	2.80	00	Parking at Calgary Airport Oct5-4 while in GPraine attending Town Hall Meetings
06/10/2016	[REDACTED]	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	29.35	CAD	✓ 29.35	1.40	00	Parking at Calgary Airport during travel to Medicine Hat and Lethbridge (respite Town Hall Meetings)
13/10/2016	[REDACTED]	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	29.35	CAD	✓ 29.35	1.40	00	Parking at Calgary Airport for attendance of Cancer SCN Core Committee meeting at Delta Airport Hotel
18/10/2016	[REDACTED]	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	75.90	CAD	✓ 75.90	3.69	00	Taxi from Edmonton Airport to Westin Hotel for Senior Leaders Meeting, 2:1 Donna/Nancy/Matt, TBCC Dyak, Unmet

Signatures

Cardholder Designate (if Applicable)
By signing this statement

- 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.

SELENE SMAIL
Name of Cardholder Designate

[Signature]
Signature of Cardholder Designate

EVER ADMIN COORD.
Cardholder Designate Position/Title

Oct. 24/2016
Date of Signature

Cardholder
By signing this statement

- 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.

GUEBERT, NANCY
Name of Cardholder

[Signature]
Signature of Cardholder

CHIEF PROGRAM OFFICER
Cardholder Position/Title

Oct 24, 2016
Date of Signature

Approver Designate (if Applicable)
By signing this statement

- 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.

RUTH HOLLAND-RICHARDSON
Name of Approver Designate

[Signature]
Signature of Approver Designate

Executive Assistant
Approver Designate Position/Title

2016 Oct. 26
Date of Signature

Approver
By signing this statement

- 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.

DR. F. BELANGER
Name of Approver

[Signature]
Signature of Approver

INTERIM VP QUALITY & CMO
Approver Position/Title

October 2016
Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- 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: _____

Taxi: Graine Airport to
Podolan Inn - Graine Town
Hall Mtgs.

#1

PCARD - Grande Prairie
METROCABS
10516 99 AVE
GRANDE PRAIRIE AB T8V 0S5
TEL: 780-533-4000

TERM # [REDACTED]
RECORD # [REDACTED]
HOST INVOICE # [REDACTED]
HOST SEQ # [REDACTED]

CARD [REDACTED]
CREDIT/MASTERCARD D
2016/10/03 18:47:36

PURCHASE
AMOUNT \$14.90
TIP \$2.23
TOTAL ✓ \$17.13

AUTH# [REDACTED]
HTS# [REDACTED]
00 TRANSACTION
APPROVED 000
THANK YOU

MasterCard
AID: [REDACTED]
TC: [REDACTED]
TVR: [REDACTED]
TSI: [REDACTED]

CUSTOMER COPY
Grande Prairie
Airport to Hotel.

Taxi: From Podolan Inn to Hospital
to attend Graine Town Hall Mtgs

#3

PCARD - Grande Prairie

GOLDEN CABS GP LTD
10001 101 AVE UNIT 205
GRANDE PRAIRIE AB T8V 0X9
TEL: 780-539-9949

Term Id: [REDACTED]
Invoice [REDACTED]
MCRD PURCHASE

CREDIT
App Label: MasterCard
AID [REDACTED]
TVR [REDACTED]
TSI [REDACTED]
Card #: [REDACTED]

APPROVED
THANK YOU

AMOUNT \$11.50
TIP \$1.72
TOTAL \$13.22 ✓

No signature required
Seq #: [REDACTED]
Auth #: [REDACTED]
IC [REDACTED]
TS [REDACTED]
Date: 2016/10/04 Time: 07:46:12

Turn Hotel
to Hospital

CUSTOMER COPY

GP
Hospital to
GP-airport

CANADIAN CABS
10516 - 99 AVENUE
GRANDE PRAIRIE AB T8V 0S5
780-533-4242

TERM ID: [REDACTED] BATCH: [REDACTED]
SHIFT: [REDACTED]

Sale

INVT: [REDACTED]
PCARD [REDACTED]
Application Label: MasterCard
AID [REDACTED]
TVR [REDACTED]
TSI [REDACTED]

Amount: \$ 24.40
Tip: \$ 3.66

Total: CAD\$ 28.06 ✓

APPROVED [REDACTED]

NO SIGNATURE REQUIRED

04-Oct-16 14:09:04

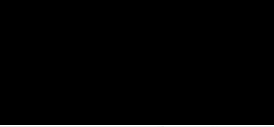
MERCHANT COPY
THANK YOU

Taxi: from Graine Hospital to
Airport for return flight.



PODOLLAN.COM

Nancy Guebert



#2) 1 Night Accommodations in Ukraine to attend Euro Oct 4th Town Hall Mtg. Taking guest comfort to new heights.

GST # 85892 2594 RT0001

10612 - 99TH Avenue, Grande Prairie AB T8V 5E8
T 780.830.2000 F 780.830.2902 TF 566.440.3080

Room	Folio	CheckIn	CheckOut	Balance
		03/10/2016	04/10/2016	0.00
Master Folio				

Date	Room	Description / Voucher	Charges	Credits	Balance
03/10/2016		Utility Charge	3.95	0.00	3.95
03/10/2016		GST - 5%	0.20	0.00	4.15
03/10/2016		Room Taxable Inn	147.60	0.00	151.75
03/10/2016		GST - 5%	7.38	0.00	159.13
03/10/2016		Tourism Levy - 4%	5.90	0.00	165.03
04/10/2016		Mastercard/Diner: [Redacted]	0.00	165.03	0.00
		Balance Due			0.00
Summary and Taxes					
		Taxable Sale 5% (GST)	151.55		
		Total Taxable Sales	151.55		
		Tax Total	13.48		

Paid

PH# ()
 Date/T 04/10/
 Transa [Redacted]
 Type: Master
 ACCOL# XXXXX
 Expir: XX/XX
 Amount 165.0
 Tip A
 Total

RS
04/10/2016 02:46 AM

Thank you for Choosing Podollan Inn, Spa and Rez
Grande Prairie
www.podollan.com

#5 Parking @ yyc Airport Oct 3-4
While in Ghairie for
Town Hall Mtgs.

RECEIPT
GST NO. R122556194

TKT NO: [REDACTED]
POF: [REDACTED]
IN: 10/03/16 14:53
OUT: 10/04/16 16:32
PAID: \$ 50.35
DURATION: 1 01: 39 ✓
(GST INCLUDED)

MASTERCARD
[REDACTED]

YOU HAVE 10 MIN.
TO EXIT

Pcard - trip to
Grande Prairie

flyYYC

YYC CALGARY INTERNATIONAL AIRPORT

#6 Parking @ yyc Airport
during travel for Mtg at
Healthbridge Town Halls

RECEIPT
GST NO. R122556194

Pcard Healthbridge
Med Unit
TKT NO: [REDACTED] Cancer
POF: [REDACTED] Cates
IN: 10/06/16 07:07
OUT: 10/06/16 17:29
PAID: \$ 29.35 ✓
DURATION: 0 10: 22
(GST INCLUDED)

MASTERCARD
[REDACTED]

YOU HAVE 10 MIN.
TO EXIT

flyYYC

YYC CALGARY INTERNATIONAL AIRPORT

#7 Parking @ yyc Airport to
attend Cancer SCN mtg @
Delta Airport Hotel

RECEIPT
GST NO. R122556194

TKT NO: [REDACTED]
POF: [REDACTED]
IN: 10/13/16 08:44
OUT: 10/13/16 16:33
PAID: \$ 29.35
DURATION: 0 07: 49
(GST INCLUDED)

MASTERCARD
[REDACTED]

YOU HAVE 10 MIN.
TO EXIT

Pcard - cancer
SCN

flyYYC

YYC CALGARY INTERNATIONAL AIRPORT

#8 Taxi: yyc Airport to Westin Hotel to Seniors Leaders Mtg;
2:1 Donna/Matt/Nancy, TBCC Dyad; Janet Needs.

PRESTIGE 780.463.5000
GOPRESTIGE.CA
GST 862184769

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

CARDHOLDER COPY

AUTH# [REDACTED]
THANK YOU

APPROVED

MasterCard
[REDACTED]

PURCHASE AMOUNT \$66.00
TIP \$9.90
TOTAL \$75.90 ✓

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/10/18
TIME 01:17:09:53:16
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PRESTIGE TRANSPORTATION
10135 31 AVE NW
EDMONTON AB

Pcard - Seniors Mtg

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 : Sept 21, 2016 to Oct 20, 2016
-----------------------------	--------------------------------------------------------------------------

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
22-Sep-16	Direct Billing	Airline Ticket	To attend CCA Town Hall Meetings in Lethbridge and Medicine Hat on Oct 6th	Marlin Travel	481.26
			Invoice Numbers [REDACTED]		
					-
Total Paid in the Month					\$ 481.26



Trip Statement

ALBERTA HEALTH SERVICES
 "SUITE 800, NORTH TOWER"
 10030-107 ST
 EDMONTON, AB T5J 3E4
 CANADA

Trip #: [REDACTED]
 Booking Date: 22 Sep 16
 Client: [REDACTED]
 Client Phone #: [REDACTED]
 Client Email: [REDACTED]
 Agent: MEA MOORE

File Locator: [REDACTED]

PASSENGERS: MS NANCY GUEBERT

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	436.30	0.00	\$0.00	44.96	0.00	481.26 CAD
Total:	436.30	0.00	0.00	44.96	0.00	481.26 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/22/2016	[REDACTED]	[REDACTED]	481.26 CAD
Total Payment:					481.26 CAD

Balance Due CAD Currency 0.00 CAD

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** **PLEASE REVIEW YOUR ITINERARY FOR ACCURACY**
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY
 ***** FOR AIR TRAVEL TO A FOREIGN COUNTRY PASSENGERS MUST ENSURE THAT THEY HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A PASSPORT OR VISA AS DIRECTED BY EMBASSIES AND CONSULATES. ALL PASSENGERS ARE ADVISED TO VIEW
[HTTP://WWW.AIRCANADA.COM/EN/TRAVELINFO/BEFORE/TRAVELDOC.HTML](http://www.aircanada.com/en/travelinfo/before/traveldoc.html) FOR IMPORTANT INFORMATION ON IDENTIFICATION REQUIRED FOR TRAVEL. *****PLEASE NOTE CHECKIN TIMES***** **DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 22 Sep 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: MEA MOORE

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
NANCY GUEBERT	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: NANCY GUEBERT		Booking Date: 22 Sep 16					
		File Locator/Ticket #: [REDACTED]					
Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	07211	CALGARY INTL		LETHBRIDGE	G		
		06 Oct 16 8:45AM		06 Oct 16 9:32AM			
AIR CANADA	07234	MEDICINE HAT		CALGARY INTL	G		
		06 Oct 16 4:10PM		06 Oct 16 5:13PM			