

AHS Board and Executive Expense Report

Name Natalia Reiman
Title AHS Board Member

Location Calgary

Expenses approved during the month of November 2022

			Travel (1)										
ммм-үү	Source Document	Purpose	Airfaı	·e	Meals	Accommoda	ation	Oth Tra		Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Nov-22	P-Card Expense Claim Direct Billing	Meetings Meetings Meetings			12				467	- 478 -			
Total			\$	- 9	12	\$	-	\$	467	\$ 478	\$ -	\$ -	\$ -

Total for

the Month \$ 478

Maximum daily single meal expense claimed in the month \$ 12

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.



AHS - AP Processing -	nternal Use Only
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes,	indicate line & amt

BOARD MEMBER EVDENSE OF AIM FORM

EXPENSE CLAIM FORM												
SECTION	I 1: PAYE	E INFORM	ATION									
Name:	Natalia R	eiman					Expense Month:	e Period	Oct-22			
Address:				City:								
Province:	AB			Postal Code:	Cou			ountry: Canada				
Reason for Expense Attended Board Meeting in Edmonton on October 21, 2022.												
SECTION 2: FINANCE CODING & TOTAL CLAIM												
<u>Description</u>		Corp/BU/O rg	<u>Location</u> (If applicable)		unctional htre/Prima	COLUMN TO THE PARTY OF THE PART		Expense/ Secondary Acct		<u>Total</u> his column will auto fill)		
Meals (A)		101	0005	711	103000	00	6221	2000	\$11.60			
Travel Exp (B+C+E) 10		101	0005	711	103000	00	6221	62212000		\$466.62		
Other (D) 101			0005	711	103000	00	41090000			\$0.00		
	TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE \$478.22											
SECTION 3: AUTHORIZATION												
with such pol I attest the e my behalf fro	licy to the bes xpenses enclo om Alberta He	st of my unders osed in this clair ealth Services o	tanding and belief.	purposes for Alberta n.	a Health Se	rvices Board and th	at this cla	im has no	t been prev	aimed are in compliance iously claimed by me or on provided below.		
Claimant (Print Name) Signature: I, by signing this form, atter					that I am compliant to all the above statements			nts Date		Phone#		
Natalia Re			25			Nov. 02	, 2022					
I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.												
Approved by (Print Name) Position Title/Program Group												
Gregory Turnbull Board Chair												
Signature:	I, by signing this	form, attest that I	am compliant with all the abo	ve statements					November 03, 2022			
Health a			is form is collected by Al on and Protection of Pri November 0	vacy (FOIP) Act, resp	The state of the s	100000000000000000000000000000000000000		THE PERSON NAMED IN COLUMN TWO		ons 33(c) and 34(2) of the orogram.		

Colleen Purdy, VP Corporate Services & CFO Date

Carry forward from Section 1													
Name:	ame: Natalia Reiman								Expens Month:	e Period	Oct-22		
Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below													
Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)													
ECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM													
The Board Members follow the Policy Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).													
			Meal (Allowance OR Receipt)(A)								Ī		
<u>Date</u>	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)		Allowa Within C		With Receipt <u>or</u> Allowance Outside Canada		Accom- modation (B)	dation	(Flight, Ca Fuel, Park	portation Car Rental, rking, Taxi)	Other (Itemize)	Mileage km	
			Meal Type	Allow- ance	Meal Type	Amount	701		(C)		(5)		
20-Oct-2022	Mileage from residence to hotel to attend Board Meeting on October 21, 2022 and return and lunch per diem.	Yes	L-\$11.60	\$11.60								924	
		7											
	Total: (amount auto fills to	page 1)		\$11.60		\$0.00	\$	0.00	\$	60.00	\$0.00	924.00	
		ВОА	RD MEN	/BER	Mileage	Rate		0.5	505	Total I	Mileage	\$ 466.62	