

AHS Board and Executive Expense Report

Name: Paul George Haggis Title: AHS Board Member

Location: Calgary

Expenses posted during the month of December 2024

					Travel (1)					
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-24 Dec-24	P-Card Expense Claim Direct Bill	Meetings Meetings Meetings	1,024	158		87	- 245 1,024			
		Total by category	\$ 1,024	\$ 158	\$ -	\$ 87	\$ 1,269	\$ -	\$ -	\$ -

Total posted for

the Month \$ 1,269

Maximum daily single meal expense posted in the month \$ 27
Maximum daily base hotel rate posted 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 membership dues, small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report



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

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION										
Name:	Paul Geo	rge Haggis		Expense Month:				e Period	Oct-24	
Address:					City:	City:		ůs S		
Province:	AB			Postal Code:			Country:		Canada	
Reason for Expense Attended Board Meetings in Edmonton on October 28 and 31, 2024.										
SECTION	l 2: FINA	NCE CODI	NG & TOTAL CL	AIM				- 22		
Descr	ription_	Corp/BU/Or g	Location (If applicable)	<u>Functional</u> <u>Centre/Primary</u>			Expense/ Secondary Acct		<u>Total</u> (Note: This column will auto fill)	
										\$158.00
									\$86.80	
										\$0.00
				TOTAL AMOUN	T PAYABLE E	BY ACCOU	NTS PA	YABLE		\$244.80
CECTION	I 2. ALITL	IODIZATIO	M. Notes Fleets	onio or digital	oien oturoo	are not a	nt-			
to the second se			N - Note: Electr							
				rta's Travel, Meal and	Hospitality Expe	enses Policy, a	nd confirm	expense	s being clair	med are in compliance with
		my understandi			11kb C		a alete eleter	Lan and		ar area area area area area area area a
	774		n are for valid business by other Organization.	purposes for Alberta	nealth Services i	soard and that	t this claim	nas not	been previo	usly claimed by me or on my
I attest that e	expenses subi	mitted in this cl	aim have been incurred					porting a	nalysis is pr	ovided below.
Claimant (P	Print Name)				that I am compliant to all the above statements			Date		Phone#
Paul Hagg	gis		Approval file	kept on	Nov			Nov 26,	6, 2024	
I attest that I	have read an	d understand t		rta s Travei, iviear and	Hospitality Expe	enses Policy, a	nd confirm	expense	s being clair	med are in compliance with
such policy to	the best of r	my understandi	ing and belief.							
I attest the ex	xpenses enclo	sed in this clair	m are for valid business	purposes for Alberta	Health Services E	Board and that	t this claim	has not	been previo	usly claimed by the claimant
or on their be	ehalf from All	oerta Health Se	rvices or any other Orga	nization.						
I attest that e	expenses subr	mitted in this cl	aim have been incurred	by using a cost effect	tive method, oth	erwise rationa	ale and sup	porting a	nalysis is pr	ovided below.
Approved b	y (Print Nam	ne)			Position Title/	Program Gr	oup			
Angela Fong Board Chair										
Signature: I, by signing this form, attest that I am compliant with all the above statements Date										
	Approval kept on December 05, 2024									
File Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom										
Approval kept on ormation and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.										
November 26, 2024										
Michael Lam, Interim VP Corporate Services & CFO Date For payment please submit to:										
14 th F	loor, Nor	th Tower,	Seventh Street P	laza, 10030 - 1	07 St, Edm	onton AB	T5J 3E	4, Atte	ention:	

Carry forward from Section 1					
Name:	Paul George Hangis	Expense Period Month:	Oct-24		

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 Government of Alberta (GOA) Travel, Meal and Hospitality

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 (A	llowanc	e OR Red	ceipt)(A)				
<u>Date</u>	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method	Allowance Within Canada		With Receipt <u>or</u> Allowance Outside Canada		Accom- modation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi)	Other (Itemize) (D)	Mileage km (E)
	point, actual of experiencery	used?	Meal Type	Allow- ance	Meal Type	Amount	(5)	(C)	(0)	
27-Oct-2024	Transportation - transit ticket to YYZ (no receipt).	Yes						\$5.80		
27-Oct-2024	Transportation from YEG to hotel.	Yes						\$71.00		
27-Oct-2024	Lunch and dinner per diems.	Yes	LD-\$44.00	\$44.00						
28-Oct-2024	Transportation from hotel to SSP.	Yes			*			\$10.00		
28-Oct-2024	Daily per diems.	Yes	BLD-\$57.00	\$57.00						
29-Oct-2024	Breakfast and lunch per diems.	Yes	BL-\$30.00	\$30.00						
31-Oct-2024	Dinner per diems.	Yes	D-\$27.00	\$27.00						
	Total: (amount auto fills to		\$158.00		\$0.00	\$0.00	\$86.80	\$0.00	0.00	
		200,000			SOROW.	70.0 V	45.00	FF	Contract Con	

Carry forward from Section 1

0.55

Total Mileage

BOARD MEMBER Mileage Rate





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

YES

- · 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.
- Refer to Quick Reference Guide for: Providing a Standard Business Reason(s)
- 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: Name: Paul George Haggis Reporting Period for the Month of: Dec-24

Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid	
11-Nov-2024	Direct Billing		Flight from Toronto to Edmonton to attend Board Meetings on October 28 and 31, 2024.	Vision Travel DT Ontario-West Inc	\$614.46	
11-Nov-2024	Direct Billing		Return flight from Edmonton to Toronto to attend Board Meetings on October 28 and 31, 2024.	Vision Travel DT Ontario-West Inc	\$409.46	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List		
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List		
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List		
Total Paid in the Month						



Your Direct Itinerary

DIRECT TRAVEL 9929-108TH STREET NW EDMONTON AB T5K 1G8 1-833-692-4120 ALBERTA HEALTH SERVICES 10030 107 STREET EDMONTON AB Z/T5H3E4

Agency reference:

Traveler name

Client reference

PAUL GEORGE HAGGIS

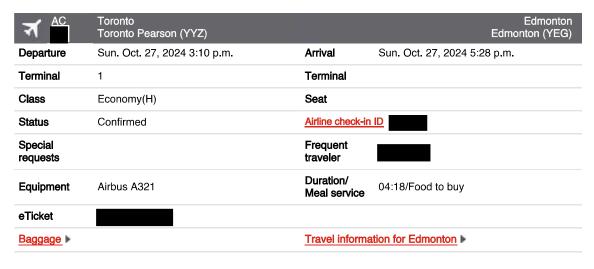
Thank you for choosing Direct Travel. Complete details for your trip are below. Please review this document and the trip details thoroughly. If a discrepancy exists, please contact us immediately upon receipt. Missing your flight without cancelling will result in the forfeiture of the value of your airline ticket.

Government issued photo I.D. is required for all travel and the name on your photo I.D. must match the name on your ticket.

Please <u>click here</u> upon receipt of your itinerary for valuable information that may be critical to the success of your travels. We strongly recommend you come back to this information regularly in advance of and during travel as documentation and health requirements could change without notice.











Invoice/Ticket information for PAUL GEORGE HAGGIS

Ticket:

Air Canada Invoice:

Base: CAD570.00 Other tax: CAD44.46 GST/HST tax: CAD0.00

QST tax: CAD0.00

> Amount: CAD614.46

16-Oct.-2024 CA XXXXXXXXXXXXX Payment: Issue date:

> Total invoiced amount: CAD614.46

CAD0.00 Balance due:

General remarks AIRFARES ARE NOT GUARANTEED UNTIL TICKETED
AIRLINES RECOMMEND CHECKING IN 2 HOURS PRIOR TO FLIGHT.

Agency registration TPS/GST-723782728 RT 0001



Your Direct Itinerary

DIRECT TRAVEL 9929-108TH STREET NW EDMONTON AB T5K 1G8 1-833-692-4120 ALBERTA HEALTH SERVICES 10030 107 STREET EDMONTON AB Z/T5H3E4

Agency reference:

Traveler name

Client reference

PAUL GEORGE HAGGIS

PAUL GEUNGE HAGGIS

Thank you for choosing Direct Travel. Complete details for your trip are below. Please review this document and the trip details thoroughly. If a discrepancy exists, please contact us immediately upon receipt. Missing your flight without cancelling will result in the forfeiture of the value of your airline ticket.

Government issued photo I.D. is required for all travel and the name on your photo I.D. must match the name on your ticket.

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TRAVEL INTELLIGENCE HUB Get the latest information & advisories



₹ AC	Edmonton Edmonton (YEG)		Toronto Toronto Pearson (YYZ)
Departure	Fri. Nov. 01, 2024 9:35 a.m.	Arrival	Fri. Nov. 01, 2024 3:27 p.m.
Terminal		Terminal	1
Class	Economy(S)	Seat	
Status	Confirmed	Airline check-in	ı ID
Special requests		Frequent traveler	
Equipment	Airbus A321	Duration/ Meal service	03:52/Food to buy
eTicket			
Baggage >		Travel informa	ation for Toronto





Invoice/Ticket information for PAUL GEORGE HAGGIS

Ticket: All Canada Invoice:

 Base:
 CAD365.00

 Other tax:
 CAD44.46

GST/HST tax: CAD0.00
QST tax: CAD0.00

Amount: CAD409.46

Payment: CA XXXXXXXXXXX Issue date: 16-Oct.-2024

Air Canada

Total invoiced amount: CAD409.46

Balance due: CAD0.00

General remarks
AIRFARES ARE NOT GUARANTEED UNTIL TICKETED
AIRLINES RECOMMEND CHECKING IN 2 HOURS PRIOR TO FLIGHT.

Agency registration TPS/GST-723782728 RT 0001