

## AHS Board and Executive Expense Report

**Name:** Paul George Haggis  
**Title:** AHS Board Member  
**Location:** Calgary  
 Expenses posted during the month of February 2025

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)
	P-Card	Meetings					-			
Feb-25	Expense Claim	Meetings		154		429	583			
Feb-25	Direct Bill	Meetings			704	150	854			
<b>Total by category</b>			\$ -	\$ 154	\$ 704	\$ 579	\$ 1,437	\$ -	\$ -	\$ -

**Total  
posted for  
the Month** \$ 1,437

Maximum daily single meal expense posted in the month \$ 27  
 Maximum daily base hotel rate posted in the month \$ 219  
 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

## BOARD MEMBER EXPENSE CLAIM FORM

**SECTION 1: PAYEE INFORMATION**

Name:	Paul George Haggis	Expense Period Month:	Jan-25
Address:		City:	
Province:		Postal Code:	
		Country:	Canada
Reason for Expense	Chaired the Audit, Risk and Finance Committee Meeting and attended the Board Meeting on January 27, 2025 in Edmonton. Held meetings with staff on January 28, 2025 in Edmonton.		

**SECTION 2: FINANCE CODING & TOTAL CLAIM**

Description	Corp/BU/Or g	Location (If applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
					\$154.00
					\$429.00
					\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$583.00</b>

**SECTION 3: AUTHORIZATION - Note: Electronic or digital signatures are not accepted**

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 me or on my 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.

Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Paul Haggis	Approval kept on file	31-Jan-2025	

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
Andre Tremblay	Official Administrator
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
Approval kept on file	Feb. 10 / 25

Health 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 of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

For payment please submit to:

14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention:

Approval kept on file

February 03, 2025

Michael Lam, Interim VP Corporate Services & CFO Date

Created: November 01, 2013

Rev 15 eff December 08, 2023

<b>Carry forward from Section 1</b>										
Name:	Paul George Haggis						Expense Period Month:	Jan-25		
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)										
<b>SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM</b>										
The Board Members follow the <a href="#">Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy</a>										
Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates ( <a href="#">Appendix C for USA</a> , <a href="#">Appendix D for International</a> ).										
Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)( A )				Accommodation ( B )	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) ( C )	Other (Itemize) ( D )	Mileage km ( E )
			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
26-Jan-2025	Mileage from Canmore to Edmonton and return to Canmore.	Yes								780
26-Jan-2025	Dinner per diem.	Yes	D-\$27.00	\$27.00						
27-Jan-2025	Breakfast and dinner per diems.	Yes	BD-\$40.00	\$40.00						
28-Jan-2025	Daily per diems.	Yes	BLD-\$57.00	\$57.00						
29-Jan-2025	Breakfast and lunch per diems.	Yes	BL-\$30.00	\$30.00						
<b>Total: (amount auto fills to page 1)</b>				\$154.00		\$0.00	\$0.00	\$0.00	\$0.00	780.00
<b>BOARD MEMBER Mileage Rate</b>							0.55	<b>Total Mileage</b>	\$ 429.00	

## 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.
- 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: **YES**

<b>Name :</b>	Paul George Haggis	<b>Reporting Period for the Month of :</b>	Feb-25
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
29-Jan-2025	Direct Billing	Hotel	Chair the Finance, Audit & Risk Committee and attend the Board Meeting on January 27, 2025. Meet with staff on January 28, 2025 in the Edmonton office	Fairmont Hotel McDonald	\$703.77
29-Jan-2025	Direct Billing	Other	Parking at hotel - Chair the Finance, Audit & Risk Committee and attend the Board Meeting on January 27, 2025. Meet with staff on January 28, 2025 in the Edmonton office	Fairmont Hotel McDonald	\$150.00
	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	
<b>Total Paid in the Month</b>					\$ 853.77



10065 100 Street NW  
Edmonton, AB, T5J 0N6  
Tel: 780-424-5181  
Fax: 780-429-6481  
G.S.T. Registration # 846543619

Alberta Health Services  
P.O.Box 1600  
Edmonton AB T5J 2N9  
Canada


Guest Name : Paul Haggis  
Group Name :

Room :  
Folio # :  
Cashier # :  
Reference # :  
A/R # :  
Invoice # :

Arrival : 01-26-25  
Departure : 01-29-25  
Page # : 1 of 2

Date	Description	Additional Information	Charges	Credits
01-26-25	Package Charge		219.00	
01-26-25	Room - Destination Marketing Fee		6.57	
01-26-25	Room - GST		11.28	
01-26-25	Room - AB Tourism Levy		9.02	
01-27-25	Package Charge		219.00	
01-27-25	Room - Destination Marketing Fee		6.57	
01-27-25	Room - GST		11.28	
01-27-25	Room - AB Tourism Levy		9.02	
01-28-25	Package Charge		219.00	
01-28-25	Room - Destination Marketing Fee		6.57	
01-28-25	Room - GST		11.28	
01-28-25	Room - AB Tourism Levy		9.02	
02-18-25	Room - GST	gst exempt	-33.84	

GST Summary		Total Charges	703.77	
Room	0.00	Total Credits		0.00
F&B	0.00			
Other	0.00			
Total	0	Balance		703.77

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I agree that my liability for this bill is not waived,  
and I agree to be held personally liable in the  
event that the indicated person, company or  
association fails to pay for any part of or the full  
amount of these charges. Overdue balance  
subject to a surcharge at the rate of 1.5% per  
month after one month. (18.00% per annum.) I  
have accepted delivery of The Globe and Mail.  
Had I refused, I would have been eligible for a  
\$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my  
account. (At participating hotels.)

Je me porte personnellement responsable du  
règlement total de cette note au cas où la  
compagnie, l'association ou son représentant  
désigné en refuserait le paiement. Les comptes  
en souffrance sont sujets à un intérêt de 1,5%  
par mois après un mois. (18,00% par année)  
J'ai accepté la livraison du journal The Globe  
and Mail. Si j'avais refusé, j'aurais pu obtenir un  
crédit à mon compte de 1.00\$ par jour (du lundi  
au vendredi) et de 2.00\$ le samedi. (Dans les  
hôtels participants.)

Thank you for choosing to stay at Fairmont Hotel Macdonald



10065 100 Street NW  
Edmonton, AB, T5J 0N6  
Tel: 780-424-5181  
Fax: 780-429-6481  
G.S.T. Registration # 846543619

Alberta Health Services  
P.O.Box 1600  
Edmonton AB T5J 2N9  
Canada

Room  
Folio #  
Cashier #  
Reference #  
A/R #:  
Invoice #




Guest Name : Paul Haggis  
Group Name :

Arrival : 01-26-25  
Departure : 01-29-25  
Page # : 1 of 1

Date	Description	Additional Information	Charges	Credits
01-29-25	Parking - Valet Service	valet 3 nights	150.00	
01-29-25	Parking - GST		7.50	
02-18-25	GST Exempt	Gst Exempt	-7.50	

GST Summary		Total Charges	150.00	
Room	0.00	Total Credits		0.00
F&B	0.00			
Other	7.50			
Total	7.5	Balance		150.00

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