

## AHS Board and Executive Expense Report

**Name:** Paul George Haggis  
**Title:** AHS Board Member  
**Location:** Calgary  
 Expenses posted during the month of April 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)
	P-Card	Meetings					-			
Apr-24	Expense Claim	Meetings		105		902	1,007			
Apr-24	Direct Bill	Meetings			211	53	263			
<b>Total by category</b>			\$ -	\$ 105	\$ 211	\$ 955	\$ 1,270	\$ -	\$ -	\$ -

**Total posted for the Month**    \$    1,270

Maximum daily single meal expense posted in the month    \$    27  
 Maximum daily base hotel rate posted in the month        \$    199  
 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 George Haggis	Expense Period Month:	Mar-24
Address:		City:	
Province:	AB	Postal Code:	
		Country:	Canada
Reason for Expense	Attended Board Strategy Session on March 14, 2024 and Board Meeting on March 28, 2024 in Edmonton.		

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
					\$105.00
					\$902.00
					\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$1,007.00</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		April 17, 2024	

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
Dr. Lyle Oberg	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
	April 20, 2024

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 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:** [REDACTED]

[REDACTED] April 17, 2024  
Michael Lam, Interim VP Corporate Services & CFO Date

**Carry forward from Section 1**

<b>Name:</b>	Paul George Haggis	<b>Expense Period Month:</b>	Mar-24
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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)

**SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM**

The Board Members follow the [Government of Alberta \(GOA\) Travel, Meal and Hospitality Expenses 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](#)).

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				
13-Mar-2024	Mileage from residence to Edmonton and return.	Yes	D-\$27.00	\$27.00					820	
15-Mar-2024	Lunch per diem.	Yes	L-\$17.00	\$17.00						
27-Mar-2024	Mileage from residence to Edmonton and return.	Yes							820	
27-Mar-2024	Lunch and dinner per diems.	Yes	LD-\$44.00	\$44.00						
28-Mar-2024	Lunch per diem.	Yes	L-\$17.00	\$17.00						
<b>Total: (amount auto fills to page 1)</b>				\$105.00		\$0.00	\$0.00	\$0.00	\$0.00	1,640.00

<b>BOARD MEMBER Mileage Rate</b>	0.55	<b>Total Mileage</b>	\$ 902.00
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## 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> Apr-24
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
28-Mar-2024	<b>Direct Billing</b>	<b>Hotel</b>	1 night accommodation to attend Board Meeting in Edmonton on March 28, 2024.	<b>The Fairmont Hotel Macdonald</b>	\$210.67
28-Mar-2024	<b>Direct Billing</b>	<b>Other</b>	Parking at the Hotel MacDonald.	<b>The Fairmont Hotel Macdonald</b>	\$52.50
	<b>Direct Billing</b>	<b>Choose from Drop-down List</b>		<b>Choose from Drop-down List</b>	
	<b>Direct Billing</b>	<b>Choose from Drop-down List</b>		<b>Choose from Drop-down List</b>	
	<b>Direct Billing</b>	<b>Choose from Drop-down List</b>		<b>Choose from Drop-down List</b>	
<b>Total Paid in the Month</b>					\$ 263.17



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

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



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

Guest Name : Paul George Haggis  
 Group Name :

Arrival : 03-27-24  
 Departure : 03-28-24  
 Page # : 1 of 1

Date	Description	Additional Information	Charges	Credits
03-27-24	Package Charge		199.00	
03-27-24	Room - Destination Marketing Fee		5.97	
03-27-24	Room - GST		10.25	
03-27-24	Room - AB Tourism Levy		8.20	
03-27-24	Parking - Valet Service		50.00	
03-27-24	Parking - GST		2.50	
04-05-24	GST Exempt	gst exempt	-12.75	

GST Summary		Total Charges	263.17	
Room	10.25	Total Credits		0.00
F&B	0.00			
Other	2.50			
Total	12.75	Balance		263.17

Thank you for choosing Fairmont Hotel Macdonald  
 To provide feedback about your stay, please contact

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Pour information et réservations visitez notre web au [www.fairmont.com](http://www.fairmont.com) ou téléphoner au Hôtels Fairmont de: États-Unis ou Canada 1 800 441 1414

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