

## Official Administrator and Executive Expense Report

**Name** Penny Rae  
**Title** Chief Information Officer  
**Location** Calgary

Expenses submitted during the month of April 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-15	P-Card	Meetings				89	89			
Apr-15	Expense Claim	Meetings		21		15	36			
Apr-15	Direct Billing	Meetings	1,247				1,247			
<b>Total</b>			\$ 1,247	\$ 21	\$ -	\$ 104	\$ 1,372	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,372

Maximum daily single meal expense claimed in the month \$ 21  
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. Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report



P-Card  
details Online @  
Cardholder Statement 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

RAE, PENELOPE	CHIEF INFORMATION OFFICER	Billing Reporting Period:	20/04/2015
Cardholder's Name	Cardholder's Position/Title		
INFORMATION TECHNOLOGY	QUARRY PARK	Total Statement Amount:	\$68.65
Cardholder's Dept	Cardholder's Site/Location		
PENNY.RAE@ALBERTAHEALTHSERVICES.CA		Last 5 digits of the P-Card	[REDACTED]
Cardholder's e-mail address			

Statement of Transactions							
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight Description
17/04/2015	387366199	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	60.50	CAD	60.50	2.88	Taxi fr EIA to CN Tower on April 17
17/04/2015	387355200	THE CALGARY AIRPORT AU. AUTOMOBILE PARKING LOTS AND	28.35	CAD	28.35	1.38	On parking at the CIA on April 17 while in Edm

①  
②

<b>Signatures</b>		
<b>Cardholder Designate (If Applicable)</b> 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.		
<u>Wynne A. Rand</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title	
<u>Wynne A. Rand</u> Signature of Cardholder Designate	<u>April 22, 2015</u> Date of Signature	
<b>Cardholder</b>		
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 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.		
<u>RAE, PENELOPE</u> Name of Cardholder	<u>CHIEF INFORMATION OFFICER</u> Cardholder Position/Title	
<u>Pae</u> Signature of Cardholder	<u>April 22, 2015</u> Date of Signature	
<b>Approver Designate (If Applicable)</b>		
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.		
<u>Susan Best</u> Name of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position/Title	
<u>Susan Best</u> Signature of Approver Designate	<u>April 22/15</u> Date of Signature	
<b>Approver</b>		
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.		
<u>Deborah Rhodes</u> Name of Approver	<u>VP Corp. Services &amp; CFO</u> Approver Position/Title	
<u>Deborah Rhodes</u> Signature of Approver	<u>April 23/15</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attachments:</b> * 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 meet), why travel was necessary and detailed explanation of reason.	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only</b>		
Reference #:	Reviewed by:	Date:

AIRPORT TAXI SERVICE  
4608 101 ST.  
(780) 890-7070  
EDMONTON AB

Taxi on April 17 from Edm. International  
Airport to CN Tower to attend the following  
meetings: (1) CIO Town Hall (2) SPARC  
Key Messages discussion and (3) Alta. /  
NWT CIS Collaboration

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2015/04/17  
TIME 6626 07:29:22  
INVOICE # [REDACTED]  
RECEIPT NUMBER  
[REDACTED]

PURCHASE  
AMOUNT \$55.00  
TIP \$5.50  
TOTAL

**\$60.50** ✓

MasterCard  
A0000000041010  
A7A656ECEF2253FE  
0000008000-EB00  
B356C2C3E98B4F29

**RECEIPT**  
**GST NO. R122556194**

**APPROVED**

AUTH# [REDACTED] 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

GST 80788 7336 RT0001

EXIT No. A4  
IN: 04/17/15 04:49  
OUT: 04/17/15 19:01  
DURATION: 0 14: 12  
PAID: \$ 28.35  
(GST INCLUDED)  
MASTERCARD

THANK YOU FOR  
YOUR VISIT

Calgary International Airport Parkade

Parking at the Calgary International Airport on  
April 17th while attending the following meetings  
in Edmonton: (1) CIO Town Hall (2) SPARC  
Key Messages discussion and (3) Alta. /  
NWT CIS Collaboration



# TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

## SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

\* Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system  
 \* Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system  
 \* If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 4-Mar-15 To 17-Apr-15  
 Travel Period from: 4-Mar-15 To 17-Apr-15 (if applicable)  
 Out-of-Province Travel No

Name: Penny Rae Position (Title): Chief Information Officer  
 Location: Dep: DOFA Level: (if applicable) Union: Business Phone:

Employee # (E-People):

## SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number Expenditure Organization Expenditure Type Project Task Number

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0005	71125000089	\$35.80						\$35.80		
2B												
2C												
2D												
				\$35.80								

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

NOTE: These fields do not automatically fill for Section C & D

\*\*User to enter Coding & \$ Amounts  
 TOTAL CLAIM \$35.80

## SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this 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.  
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Employee Signature: Date: 22-Apr-15

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level: Position #: Phone #:

Signature: Title: VP Corporate Services & CFO Date: April 23/15

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.  
 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.  
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): DOFA Level: Position #: Phone #: Ext:

Signature: Title: Date:

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.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T6J 3E4



## EXPENSE CLAIM DETAILS

Page 2A

Enter Finance Coding 101 0006 7112500069

Emp # (E-People)

If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip. **DO NOT** separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

## SECTION B: TRAVEL EXPENSES

NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter)  
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

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 on this page

Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if travel), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.America where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
4-Mar-15	Attended the following meetings in Edm (1) Corporate Services & HR Executive Committee and (2) CMO Measnet Affairs Operational Session (mail to 10880-104 St NW to Metro Hotel at end of day)	AB - Provinc	Meeting	Yes								\$15.00			
17-Apr-15	Attended the following meetings in Edm (1) CHO Town Hall (2) SPARC Day Key Messages and (3) Alta / NWT Cst Collaboration	AB - Provinc	Meeting	Yes	BL-\$20.80	\$20.80									
SUBTOTALS						\$20.80		✓				\$15.00	✓		Total Fees

## MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle

→ details of travel location to &amp; from must be included above under the purpose of travel column

Rates applicable \$0.605 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.605 km, \$0.47 km OR rate per Union Agreement  
(see Mileage details to the left)

Mileage \$

Travel \$ Subtotal \$35.60

Auto fills on page 1 - TOTAL TRAVEL \$ \$35.60

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

## Rationale is Required for expenses that are not Cost Effective

(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

When not carpooling, flying is a better option when considering productivity. I am able to work at the airport using either my Blackberry, iPad or laptop or just catching up on my reading (e-mails / documentation) prior to the flight, during the flight and in taxis to and from the airport.

Date \_\_\_\_\_ Amount 15.00  
GST included

From \_\_\_\_\_

To \_\_\_\_\_

To \_\_\_\_\_

Driver                      Car#                       
780-425-2525 780-425-8

[www.co-optaxi.com](http://www.co-optaxi.com)

Taxi in Edmonton on March 4th to the  
Matrix Hotel following the CMO  
Medical Affairs Operational Session at the  
Polish Hall (10960 - 104th Street N.W.)

## Executive Expenses Report Direct Billing Summary

### Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions.
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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 ☒ No ☐

Name: Penny Rae

Reporting Period for the Month of: February 21 to March 20, 2015

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-03-11	Direct Billing	Transportation	Cgy/Edm return to attend Analytics Oversight , SPARC Launch, CIS RFP, ISF Framework	Marlin Travel - Inv. [REDACTED]	\$382.96
2015-03-16	Direct Billing	Transportation	Cgy/Edm return to attend AB Health with Orion Health, and IMIT Strategy Develop. & Engagement	Marlin Travel - Inv. [REDACTED]	\$372.96
2015-03-20	Direct Billing	Transportation	Edm/Calgary areturn to attend CIS	Marlin Travel - Inv. [REDACTED]	\$128.48

			Stakeholder Session - FLIGHT CANCELLED DUE TO ILLNESS		
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$884.40

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Flights Calgary/Edm. return on March 11-12 to attend the following mtgs.: (1) CIS RFP discussion (2) Analytics Oversight (3) SPARC Launch (4) ISF Framework for Ambulatory EMR's

Invoice Number: [REDACTED]  
Date: March 10, 2015  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

For  
MRS PENNY J RAE  
AC [REDACTED]  
WS [REDACTED]

Wednesday, March 11, 2015

✈ Air

WESTJET AIRLINES  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 11Mar15  
WESTJET ENCO

Flight: 3395 Q CLASS  
07:00 AM Equipment: DH4  
08:03 AM

Mile(s) Flown: 163

Thursday, March 12, 2015

✈ Air

WESTJET AIRLINES  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 12Mar15

Flight: 348 Q CLASS  
06:15 PM Equipment: 73W  
07:04 PM

Mile(s) Flown: 163

Cost:

TKT [REDACTED] KT

284.00

Tax: 98.96

Ticket Total: 382.96

Total:

Grand Total: 382.96

Less Credit Card Payments: 382.96

Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00



To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: March 10, 2015  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA...TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT [WWW.MARLINTRAVEL.CA](http://WWW.MARLINTRAVEL.CA).



MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Flights Calgary/Edm. return on March 16  
to attend the following mtgs.: (1) AB  
Health / Orion Health; and (2) IMIT Strategy  
Development & Engagement Session as  
well as pre-meeting

Invoice Number: [REDACTED]  
Date: March 11, 2015  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

For  
MRS PENELOPE J RAE  
AC [REDACTED]  
WS [REDACTED]

Monday, March 16, 2015

✈ Air

WESTJET AIRLINES  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 16Mar15  
WESTJET ENCO

Flight: 3395 M CLASS  
07:00 AM Equipment: D114  
08:03 AM

Mile(s) Flown: 163

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 16Mar15  
AIR CANADA E  
AIR CANADA C [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3C

Flight: 8161 V CLASS  
06:30 PM Equipment: D8 (300 SERIES)  
07:26 PM

Mile(s) Flown: 163

Cost:

TK [REDACTED] E-TKT

AIR CANAD [REDACTED]

[REDACTED]	132.00
Tax:	49.48
Ticket Total:	181.48
[REDACTED]	154.00
Tax:	37.48
Ticket Total:	191.48

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: March 11, 2015  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

Total:

Grand Total:	372.96
Less Credit Card Payments:	372.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT... VISA.. TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
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MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

One way flight Edm. to Calgary on  
March 20th after attending CIS Stakeholder  
Session. Flight cancelled due to  
illness and delegate attended meeting.

Invoice Number: [REDACTED]  
Date: March 13, 2015  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

For  
MRS PENELOPE J RAE  
AC [REDACTED]

Friday, March 20, 2015

← Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 20Mar15  
AIR CANADA E

Flight: 8149 L CLASS  
03:00 PM Equipment: D8 (300 SERIES)  
03:56 PM

Mile(s) Flown: 163

Cost:  
TKT- [REDACTED] E-TKT

Total:

[REDACTED]	91.00
Tax:	37.48
Ticket Total:	128.48
Grand Total:	128.48
Less Credit Card Payments:	128.48
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA...TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: March 13, 2015  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
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CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
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## Executive Expenses Report Direct Billing Summary

### Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions.
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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 ☒ No ☐

Name: Penny Rae

Reporting Period for the Month of: March 21<sup>st</sup> to April 20, 2015

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-04-17	Direct Billing	Transportation	Cgy/Edm return on April 17 to attend CIO Town Hall, IT Video, SPARC Day Key Messages and NWT CIS Collaboration (credit from cancelled March 20 flight applied to cost of fare)	Marlin Travel - Inv [REDACTED]	\$362.96
	Direct Billing	Choose One			

	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$362.96

Flights Calgary/Edm. return on April 17  
to attend the following mtgs.: (1) CIO  
Town Hall (2) Video Session (3) SPARC  
Key Messages (4) Alberta/NWT CIS  
Collaboration

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: April 15, 2015  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

For  
MRS PENNY J RAE  
AC [REDACTED]  
WS [REDACTED]

Friday, April 17, 2015

✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 17Apr15  
AIR CANADA E

Flight: 8170 S CLASS  
06:00 AM Equipment: D8 (300 SERIES)  
06:51 AM

Mile(s) Flown: 163

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 17Apr15  
AIR CANADA E

Flight: 8157 S CLASS  
06:00 PM Equipment: DH4  
06:50 PM

Mile(s) Flown: 163

Cost:

T [REDACTED] -TKT

288.00

Tax: 74.96

Ticket Total: 362.96

Total:

Grand Total: 362.96

Less Credit Card Payments: 362.96

Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00



To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: April 15, 2015  
Page: [REDACTED]  
Our Reference: [REDACTED]

## INVOICE

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT [WWW.MARLINTRAVEL.CA](http://WWW.MARLINTRAVEL.CA).