

AHS Board and Executive Expense Report

Name Penny Rae
Title Chief Information Officer
Location Calgary

Expenses submitted during the month of December 2015

Travel (1)

| MMM-YY | Source Document | Purpose | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
|--------------|-----------------|----------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| Dec-15 | P-Card | Meetings | | | | 90 | 90 | | | |
| Dec-15 | Expense Claim | Meetings | | 21 | | 185 | 206 | | | |
| Dec-15 | Direct Billing | Meetings | 266 | | | | 266 | | | |
| Total | | | \$ 266 | \$ 21 | \$ - | \$ 275 | \$ 562 | \$ - | \$ - | \$ - |

Total for the Month \$ 562

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.

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.



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 Cardholder's Name | CHIEF INFORMATION OFFICER Cardholder's Position/Title | Billing Reporting Period: 20/12/2015 |
| INFORMATION TECHNOLOGY Cardholder's Dept | QUARRY PARK Cardholder's Site/Location | Total Statement Amount: \$90.35 |
| PENNY.RAE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address | | Last 5 digits of the P-Card #: [REDACTED] |

| Statement of Transactions | | | | | | | | |
|---------------------------|-----------|---|-----------------------|----------|--------------|------|---------|--|
| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
| 30/11/2015 | 411578120 | AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS | 61.00 | CAD | ✓ 61.00 | 2.90 | | Taxi on Nov 30 from EIA to SUDP Project Phase 1 mtg. at the Matrix Hotel |
| 30/11/2015 | 411578121 | THE CALGARY AIRPORT AU. AUTOMOBILE PARKING LOTS AND | 29.35 | CAD | ✓ 29.35 | 1.40 | | Parking at the CIA on Nov 30 while attending SUDP mtg in Edm. |

1
2

✓
PBO

| Signatures | | |
|---|---|-------------|
| Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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>Dawn A. Rand</u> Name of Cardholder Designate | <u>Executive Assistant</u> Cardholder Designate Position/Title | |
| <u>Dawn A. Rand</u> Signature of Cardholder Designate | <u>Dec 15, 2015</u> Date of Signature | |
| Cardholder By signing this statement <ul style="list-style-type: none"> • 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 any 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>[Signature]</u> Signature of Cardholder | <u>Dec 15, 2015</u> Date of Signature | |
| Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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>[Signature]</u> Signature of Approver Designate | <u>Dec 15/15</u> Date of Signature | |
| Approver By signing this statement <ul style="list-style-type: none"> • 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>JP Corp Services & CFO</u> Approver Position/Title | |
| <u>[Signature]</u> Signature of Approver | <u>Dec 17/2015</u> Date of Signature | |
| Submit approved statement with attachments to Accounts Payable: | | |
| Attach: <ul style="list-style-type: none"> • 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 meal), why travel was necessary and detailed explanation of reason. | Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4 | |
| Accounts Payable only: | | |
| Reference #: _____ | Reviewed by: _____ | Date: _____ |

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

**Taxi on November 30th from Edmonton
International Airport to the Matrix Hotel
to attend all day SUDP Project Phase 1 -
Sharing Experiences and Results**

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2015/11/30
TIME 1836 08:26:51
INVOICE # [REDACTED]
RECEIPT NUMBER
[REDACTED]

(1)

PURCHASE
AMOUNT \$55.00
TIP \$6.00
TOTAL

\$61.00

✓

MasterCard
A0000000041010
A61948E4272F1A7F
0000008000-E800
50C70EE2B376658E

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

**Parking at the Calgary International
Airport on November 30th while attending
the all day SUDP Project Phase 1 -
Sharing Experiences and Results meeting
at the Matrix Hotel**

RE
GST NO. R122556194

EXIT No. A1
IN: 11/30/15 05:57
OUT: 11/30/15 19:22
DURATION: 0 13: 25
PAID: \$ 29.35
(GST INCLUDED)
MASTERCARD
[REDACTED]

(2)

✓

REF. 82
THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

AHS Public Disclosure Expense Claims

| Claimant Name | Claimant Title | Claimant Location | Expense Claim Total |
|------------------|---------------------------|-------------------|---------------------|
| RAE, PENELOPE | Chief Information Officer | Calgary | 205.30 |

| Expense Date | Business reason | Expense Location | Expense Type | Amount | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
|--------------|--|------------------|--------------------------|--------|---------------|-------------|--|-----------|----------------|------------------|---------------|
| 11/19/2015 | Attended all day IT Leadership meeting in Red Deer | | Mileage | 156.55 | Calgary | Red Deer | Attended all day IT Leadership meeting in Red Deer | 1 | | | 310 |
| 11/30/2015 | Attendance in Edmonton at SUDP Project Phase 1 - Sharing Experiences and Results | | Meals Per Diem | 20.75 | | | Attendance in Edmonton at SUDP Project Phase 1 - Sharing Experiences and Results | 1 | | | |
| 12/3/2015 | Attendance at Apple Executive Event | AB - Local | Parking - Lot or Parkade | 28.00 | | | Attendance at Apple Executive Event | 1 | | | |

| Approver(s) for the claim | Approval Status | Approval Date |
|---------------------------|-----------------|---------------|
| RHODES, DEBORAH | Approve | 15-Dec-15 |

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THIS SIDE UP - ON DASH

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WELCOME TO LOT 209
WESTPARK INC.
PARKING PERMIT

THIS IS YOUR RECEIPT
GST #120996095RT0004
Meter# [REDACTED]
Trans# [REDACTED]
Purchase Time:
7:20AM Dec 3 2015
Price: \$28.00
Card: [REDACTED]
Auth: [REDACTED]
VALID UNTIL:

Dec 3 2015
9:20AMThu

PLACE TICKET FACE UP
ON DASH BOARD!
THANK YOU
WESTPARK 269-7275

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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.
- 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

| | |
|-------------------------|---|
| Name : Penny Rae | Reporting Period for the Month of : Dec-15 |
|-------------------------|---|

| DD-MMM-YYYY | Payment Method | Category | Description/Purpose of the Expense | Name of Vendor | Amount Paid |
|--------------------------------|----------------|----------------------------|--|----------------|------------------|
| 23-Nov-2015 | Direct Billing | Airline Ticket | Flights from Calgary/Edmonton return on Nov 30 in order to attend the all day SUDP project phase 1- sharing experiences and results at the Matrix Hotel. | Marlin Travel | 265.56 |
| | Direct Billing | Choose from Drop-down List | | Marlin Travel | - |
| | Direct Billing | Choose from Drop-down List | | Marlin Travel | - |
| | Direct Billing | Choose from Drop-down List | | Marlin Travel | - |
| | Direct Billing | Choose from Drop-down List | | Marlin Travel | - |
| Total Paid in the Month | | | | | \$ 265.56 |

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

**Airfare Calgary / Edmonton return on
 November 30th to attend the all day SUDP
 Project Phase 1 - Sharing Experiences
 and Results meeting at the Matrix Hotel**

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

Invoice Number: [REDACTED]
 Date: November 23, 2015
 Page: 1/2
 Our Reference: [REDACTED]

INVOICE

For

MRS PENELOPE RAE

AC [REDACTED]
 WS [REDACTED]

Monday, November 30, 2015

Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 30Nov15
 WESTJET ENCO

Flight: 3394 M CLASS
 07:00 AM **Equipment:** DH4
 08:04 AM

Mile(s) Flown: 163

Air

WESTJET AIRLINES
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 30Nov15

Flight: 348 M CLASS
 06:25 PM **Equipment:** 736
 07:16 PM

Mile(s) Flown: 163

Cost:

| | | |
|---------------------------------|----------------------|---------------|
| TKT- [REDACTED] E-TKT EXCHANGED | [REDACTED] | 216.08 |
| | Tax: | 49.48 |
| | Ticket Total: | 265.56 |

Total:

| | |
|--|--------|
| Grand Total: | 265.56 |
| Less Credit Card Payments: | 265.56 |
| Credit / Balance Due To This Invoice: | 0.00 |
| Total Balance Due: | 0.00 |