

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of January 2016

### 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)
Jan-16	P-Card	Meetings				54	54	105		
Jan-16	Direct Billing	Meetings	355				355			
<b>Total</b>			\$ 355	\$ -	\$ -	\$ 54	\$ 409	\$ 105	\$ -	\$ -

**Total for the Month** \$ 514

Maximum daily single meal expense claimed in the month \$ -  
 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

<u>RAE, PENELOPE</u> Cardholder's Name	<u>CHIEF INFORMATION OFFICER</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/01/2016</u>
<u>INFORMATION TECHNOLOGY</u> Cardholder's Dept	<u>QUARRY PARK</u> Cardholder's Site/Location	Total Statement Amount: <u>\$159.00</u>
<u>PENNY.RAE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
11/01/2016	415277547	COACH, ORGANIZATIONS, CHARITABLE AND SOCIAL SERVICE	105.00	CAD	✓ 105.00	5.00		Registration fee for COACH/ANHDX Conference in Calgary on Feb 3
18/01/2016	418050846	PETER S TAXI INDEPENDA, LIMOUSINES AND TAXICABS	54.00	CAD	✓ 54.00	2.57		Taxi on January 18 from Delta Centre Suite Hotel to EIA

①  
②

✓ P/B

<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
<u>Down A Rand</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title	
<u>Down A Rand</u> Signature of Cardholder Designate	<u>Jan 25, 2016</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>RAE, PENELOPE</u> Name of Cardholder	<u>CHIEF INFORMATION OFFICER</u> Cardholder Position/Title	
<u>[Signature]</u> Signature of Cardholder	<u>Jan 25, 2016</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Susan Best</u> Name of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position/Title	
<u>[Signature]</u> Signature of Approver Designate	<u>Jan 25/16</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Deborah Rhodes</u> Name of Approver	<u>VP Corp Serv, &amp; CFO</u> Approver Position/Title	
<u>Deborah Rhodes</u> Signature of Approver	<u>Jan 26/16</u> Date of Signature	
<b>Other documents to be attached to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:               <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> </ul> </li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<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: _____

ASSOCIATION CANADIENNE  
D'INFORMATIQUE DE LA SANTÉ



COACH: Canada's Health Informatics Association  
11th Floor 151 Yonge Street  
Toronto Ontario Canada  
M5C 2W7  
Phone: 647.775.8555  
Toll free: 1-888.253.8554  
Email: info@coachorg.com

# INVOICE

HST #: [REDACTED]

To:  
Penny Rae  
Alberta Health Services

Invoice No.: [REDACTED]  
Invoice Date: January 11, 2016  
Invoice Terms: Net 30 Days  
P.O. Number: N/A

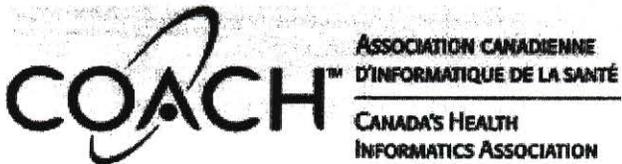
[REDACTED]  
penny.rae@ahs.ca

Description	Quantity	Unit Price	Amount
<b>Invoice Items</b>			
COACH-ANHIX 2016 Conference - Penny Rae	1	\$100.00	\$100.00
<b>Sub Total</b>			<b>\$100.00</b>
GST (5%)			\$5.00
<b>Total Amount</b>			<b>\$105.00</b>
<b>Transactions</b>			
Credit Card Ref: [REDACTED] Order Id: [REDACTED]			-\$105.00
Terms: Net 30		<b>Balance:</b>	<b>\$0.00</b>

**Make all cheques payable to:**

COACH: Canada's Health Informatics Association

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**Registration for COACH-ANHIX 2016  
 Conference in Calgary on February 3,  
 2016**

## Events

Registration was Successful

Confirmation# [REDACTED]

Event Selection		Price
<b>COACH-ANHIX 2016 Conference</b>	<b>Non-Member:</b>	<b>\$100.00</b>
	<b>Sub Total:</b>	<b>\$100.00</b>
	<b>HST:</b>	<b>\$5.00</b>
	<b>Total:</b>	<b>\$105.00</b>



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 11th Floor, 151 Yonge Street  
 Toronto, Ontario, Canada M5C 2W7

Phone: 647.775.8555 ☎ Toll free: 1.888.253.8554 ☎

Email: [info@coachorg.com](mailto:info@coachorg.com)

2

DO NOT WRITE ABOVE THIS LINE - NE RIEN ÉCRIRE AU-DESSUS DE CETTE LIGNE

**SALES DRAFT - FACTURE**

A04 329 652  
**PETER'S TAXI**  
 INDEPENDANT  
 EDMONTON AB

*Peter's Taxi*  
 [Redacted]  
 Edmonton

EXPIRY DATE  DATE D'EXPIRATION VERIFIÉE

CLERK-COMMIS

DEPT-RAYON **011816**  
 M D-J Y-J

AUTHORIZATION NUMBER / NO D'AUTORISATION

DESCRIPTION AMOUNT-MONTANT

TAXI	Sutton Place TO AIRPORT
------	-------------------------------

*Ras*

CARDHOLDER'S SIGNATURE - SIGNATURE DU TITULAIRE  
 CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT WITH CARD ISSUER.  
 LE TITULAIRE S'ENGAGE À REMBOURSER L'ÉMETTEUR DE LA CARTE DU MONTANT TOTAL FIGURANT SUR CETTE FACTURE, CONFORMÉMENT À LA CONVENTION RÉGISSANT L'UTILISATION DE LA CARTE.

VISA  
 MasterCard  
 DISCOVER

TOTAL \$ CAN **54.00**

PLEASE RETAIN THIS COPY AS RECORD OF YOUR TRANSACTION / CONSERVEZ CETTE COPIE COMME PREUVES DE VOTRE TRANSACTION

CUSTOMER COPY / COPIE DU CLIENT

Taxi on January 18th from the Delta Edmonton Centre Hotel to Edmonton International Airport after attending Executive Education Program Graduation and Launch of new participants into the Program

## 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

<b>Name :</b> Penny Rae	<b>Reporting Period for the Month of :</b> Jan-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
12-Jan-2016	Direct Billing	Airline Ticket	Flights from Calgary /Edmonton .Return to attend executive education program graduation and launch of new participants	Marlin Travel	355.04
	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	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 355.04</b>

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

**Air Fare from Calgary to Edmonton return  
on Monday, January 18th to attend the  
Executive Education Program Graduation  
and Launch of new Participants**

Invoice Number: [REDACTED]  
Date: January 12, 2016  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

**For**

MRS PENELOPE RAE

AC [REDACTED]  
WS [REDACTED]

**Monday, January 18, 2016**

 **Air**

WESTJET AIRLINES

**From:** CALGARY AB

**To:** EDMONTON INTL AB

**Stops:** 0 **Arrival:** 18Jan16

WESTJET ENCO

SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

**Flight:** 3394 M CLASS

07:00 AM **Equipment:** DH4

08:00 AM

**Mile(s) Flown:** 163

 **Air**

WESTJET AIRLINES

**From:** EDMONTON INTL AB

**To:** CALGARY AB

**Stops:** 0 **Arrival:** 18Jan16

WESTJET ENCO

SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

**Flight:** 3207 M CLASS

04:40 PM **Equipment:** DH4

05:41 PM

**Mile(s) Flown:** 163

**Cost:**

TKT- [REDACTED] E-TKT

[REDACTED] 256.08

**Tax:** 98.96

**Ticket Total:** 355.04