

AHS Board and Executive Expense Report

Name Penny Rae
Title Chief Information Officer
Location Calgary

Expenses submitted during the month of March 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) |
|--------------|-----------------|----------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| Mar-16 | P-Card | Meetings | | | 153 | 152 | 305 | | | |
| Mar-16 | Expense Claim | Meetings | | 92 | | 293 | 385 | | | |
| Mar-16 | Direct Billing | Meetings | 459 | | | | 459 | | | |
| Total | | | \$ 459 | \$ 92 | \$ 153 | \$ 445 | \$ 1,149 | \$ - | \$ - | \$ - |

Total for the Month \$ 1,149

Maximum daily single meal expense claimed in the month \$ 139
 Maximum daily base hotel rate claimed in the month \$ 21
 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>20/03/2016</u> |
| <u>INFORMATION TECHNOLOGY</u> Cardholder's Dept | <u>QUARRY PARK</u> Cardholder's Site/Location | Total Statement Amount: <u>\$305.25</u> |
| <u>PENNY.RAE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address | Last 6 digits of the P-Card #: XXXXXXXXXX | |

Statement of Transactions

| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
|------------------|-----------|---|-----------------------|----------|--------------|------|---------|--|
| 07/03/2016 | 421590899 | CO OP TAXI LINE LTD, LIMOUSINES AND TAXICABS | 54.00 | CAD | ✓ 54.00 | 2.57 | | Taxi on March 7 from SSP to EIA |
| 07/03/2016 | 421708457 | YELLOW CAB, LIMOUSINES AND TAXICABS | 60.50 | CAD | ✓ 60.50 | 2.88 | | Taxi on March 7 from EIA to SSP |
| 07/03/2016 | 421850802 | THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND | 29.35 | CAD | ✓ 29.35 | 1.40 | 00 | Parking at CIA on March 7 while attending mtg in Edm. |
| 17/03/2016 | 422836540 | RADISSON HOTEL RED DEE, RADISSON | 152.90 | CAD | ✓ 152.90 | .00 | | Hotel in Red Deer the night of March 16th |
| 17/03/2016 | 422836541 | AHS PARKING, AUTOMOBILE PARKING LOTS AND GARAGES | 8.50 | CAD | ✓ 8.50 | .40 | | Parking at RDRH on March 17th while attending Corporate Services Leadership Team Retreat |

①
②
③
④
⑤

✓
PB

Actual
RUN DATE: 03/22/2016
**Proprietary and Confidential
Powered by BMO Spend & Payment Solutions**
PAGE NO: 1

| 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>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>March 22, 2016</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>March 24, 2016</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>Mar. 24/16</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>VP Corp. Services & CFO</u> Approver Position/Title | |
| <u>[Signature]</u> Signature of Approver | <u>Mar. 29/2016</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: <ul style="list-style-type: none"> • 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: _____ |

Taxi on March 7th from the Edmonton International Airport to Seventh Street Plaza to attend all day IT Managers & CIO Meeting

Co-op Taxi Line
(780) 425-2525
www.co-optaxi.com

Terminal 108/66234939
Driver 1320
16/03/07 15:51:55

MASTERCARD

Card #: [REDACTED] (1)
MasterC [REDACTED]
CHIP CARD

A0000000041010
0000008000

Ref [REDACTED]
Auth [REDACTED]

| | | PURCHASE |
|-------|------|----------|
| FARE | : \$ | 48.00 |
| TIP | : \$ | 6.00 |
| ----- | | |
| TOTAL | : \$ | 54.00 ✓ |

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6H-1C2
780-462-3456

Term Id: 45024124782113
Item #: 0542
MasterCard
PURCHASE
Op Id: 213106
Card #: [REDACTED]

AID: A0000000041010

APPROVED

| | |
|--------|------------|
| AMOUNT | CAD\$55.00 |
| TIP | CAD\$5.50 |
| ===== | |
| TOTAL | CAD\$60.50 |

Ref. [REDACTED] ✓
Auth. [REDACTED]
Resp. Code: 00
TUR: 4000008000
TSI: E800

BOOK ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2016/03/07 Time: 08:28:35
Response: AUTH [REDACTED]

CUSTOMER COPY

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain this
copy for your records

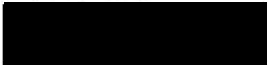
Customer Copy

Thank you for choosing
Co-op taxi

Taxi on March 7th from Seventh Street Plaza to Edmonton International Airport after attending all day IT Managers & CIO Meeting

RECEIPT
GST NO. R122556194

EXIT No. A4
IN: 03/07/16 05:56
OUT: 03/07/16 18:17
DURATION: 0 12: 21
PAID: \$ 29.35
(GST INCLUDED)
MASTERCARD



THANK YOU FOR
YOUR VISIT



**Parking at the Calgary International
Airport on March 7th while attending
all day IT Managers & CIO meeting in
Edmonton**

✓
3

5

**Parking at the Red Deer Regional Hospital
on March 17th while attending all day
Corporate Services Leadership Team
Retreat**

RECEIPT
Red Deer
Regional Hospital

License Plate Number



Expiration Date/Time

07:33 AM
MAR 18, 2016

Purchase Date/Time: 07:33am Mar 17, 2016
Total Due: \$8.50 Rate: \$8.50 - 24 Hours
Total Paid: \$8.50 Payment Type: Card
Ticket # [Redacted]
S/N #: 520015331427
Setting: Red Deer
Mach Name: CE-RDRH-023

[Redacted] MasterCard

A [Redacted]

www.ahs.ca
DO NOT PLACE ON DASH

NG RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING R

✓



4

Penelope Rae
Canada

Room No. : [REDACTED]
Arrival : 03-16-16
Departure : 03-17-16
Page No. : 1 of 1
Folio No. : [REDACTED]
Conf. No. : [REDACTED]
Cashier No. : [REDACTED]

INFORMATION INVOICE

Membership No. :
A/R Number :
Group Code :
Company Name : Alberta Health Services

03-17-16 07:18:28 AM EST

| Date | Text | Charges | Credits |
|----------------|--------------------------|---------------|---------------|
| 03-16-16 | Room | 139.00 | |
| 03-16-16 | GST Tax 5% | 6.95 | |
| 03-16-16 | Tourism Levy 4% | 5.56 | |
| 03-16-16 | DMF 1% | 1.39 | |
| 03-17-16 | Mastercard [REDACTED] | | 152.90 |
| Total | | 152.90 | 152.90 |
| Balance | | | 0.00 |

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.
Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature _____

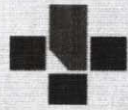
**Hotel in Red Deer the night of March 16th
after attending Camrose PCN Visit and
prior to all day Corporate Services
Leadership Team Retreat in Red Deer on
March 17th**

Radisson Hotel Red Deer
6500 67 Street
Red Deer, AB T4P 1A2
Telephone: (403) 342-6567 Fax: (403) 343-3600
GST #R121526081

AHS Public Disclosure Expense Claims

| Claimant Name | Claimant Title | Claimant Location | Expense Claim Total |
|--------------------|---------------------------|-------------------|---------------------|
| RAE, PENELOPE JANE | Chief Information Officer | Calgary | 385.16 |

| Expense Date | Business reason | Expense Location | Expense Type | Amount | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
|----------------------------------|--|------------------------|----------------|----------------------|---|---|---|-----------|----------------|------------------|---------------|
| 2/22/2016 | Attendance in Leduc at Senior Leaders Meeting | | Meals Per Diem | 29.95 | | | Attendance in Leduc at Senior Leaders meeting. B/Fast & Dinner | 1 | | | |
| 3/7/2016 | Attendance in Edmonton at IT Managers and CIO Meeting | | Meals Per Diem | 29.95 | | | Attendance in Edmonton at IT Managers and CIO Meeting. B/Fast & Dinner | 1 | | | |
| 3/16/2016 | Travel back from Camrose to overnight in Red Deer prior to March 17th Corporate Services Leadership Team Retreat in Red Deer | | Mileage | 71.21 | Camrose (4512 - 53rd Street) | Red Deer Radisson Hotel (6500 - 67th Street) | Travel back from Camrose to overnight in Red Deer prior to March 17th Corporate Services Leadership Team Retreat in Red Deer | 1 | | | 141 |
| 3/16/2016 | Camrose PCN Visit with GoA | | Mileage | 146.45 | Calgary Residence ██████████ ██████████ ██████████ | Camrose (4512 - 53rd Street) | Camrose PCN Visit with GoA | 1 | | | 290 |
| 3/16/2016 | Attendance in Camrose for Camrose PCN Visit and then overnight in Red Deer prior to Corporate Services Leadership Team Retreat in Red Deer | | Meals Per Diem | 32.35 | | | Attendance in Camrose for Camrose PCN Visit followed by an overnight in Red Deer prior to Corporate Services Leadership Team Retreat Lunch/Dinner | 1 | | | |
| 3/17/2016 | Travel back to Calgary from Red Deer after attending Corporate Services Leadership Team Retreat | | Mileage | 75.25 | Red Deer Regional Hospital (3942 - 50A Avenue) | Calgary ██████████ ██████████ ██████████ | Travel back to Calgary from Red Deer after attending Corporate Services Leadership Team Retreat | 1 | | | 149 |
| Approver(s) for the claim | | Approval Status | | Approval Date | | | | | | | |
| RHODES, DEBORAH | | Approve | | 28-Mar-16 | | | | | | | |



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 : February 21st to March 20th, 2016 |
|-------------------------|--|

| DD-MMM-YYYY | Payment Method | Category | Description/Purpose of the Expense | Name of Vendor | Amount Paid |
|--------------------------------|----------------|----------------------------|---|----------------------------|------------------|
| 2-Mar-2016 | Direct Billing | Airline Ticket | Airfare Calgary/Edmonton return on March 7th to attend all day IT Managers and CIO Meeting (used credit from cancelled Westjet tickets from February 22nd to reduce the cost of these flights) | Marlin Travel | 104.91 |
| 15-Mar-2016 | Direct Billing | Airline Ticket | Airfare Calgary/Edmonton return March 22/23 to attend the following: (1) Weekly IT Executive meeting (2) 1 on 1's with B. VanSkiver and M. Scheffer (3) Healthcare Integration Exit meeting with OAG (4) Data Governance & Enterprise Information Mgmt. discussion (5) IM/IT Executive Committee meeting (6) Purposefully Designing Quality for AHS Next Steps meeting (7) Health Information Executive Committee meeting with Alberta Health | Marlin Travel | 354.30 |
| | 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 | - |
| Total Paid in the Month | | | | | \$ 459.21 |

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 on March 7th Calgary/Edmonton
return to attend all day IT Managers &
CIO meeting**

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

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

INVOICE

For

MRS PENELOPE RAE

AC [REDACTED]
WS [REDACTED]

Monday, March 7, 2016

✈ Air

WESTJET AIRLINES

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 **Arrival:** 07Mar16

WESTJET ENCO

WESTJET CONFIRMATION [REDACTED]

Flight: 3394 M CLASS

07:00 AM **Equipment:** DH4

08:01 AM

Mile(s) Flown: 163

✈ Air

WESTJET AIRLINES

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 **Arrival:** 07Mar16

WESTJET ENCO

WESTJET CONFIRMATION [REDACTED]

Flight: 3142 M CLASS

05:30 PM **Equipment:** DH4

06:27 PM

Mile(s) Flown: 163

Cost:

TKT- [REDACTED] EXCHANGED [REDACTED] 104.91

Total:

Grand Total: 104.91
Less Credit Card Payments: 104.91
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 0.00

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: March 15, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

Airfare Calgary/Edmonton return March
22-23 to attend the following: (1) Weekly
IT Executive mtg. (2) 1 on 1's with staff
(3) Healthcare Integration Exit mtg. with
OAG (4) Data Governance & Enterprise
Information Mgmt discussion (5) IM/IT
Executive Committee (6) Purposefully
Designing Quality for AHS Next Steps (7)
Health Information Executive Meeting

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

Tuesday, March 22, 2016

 Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 22Mar16
WESTJET ENCO

Flight: 3394 M CLASS
07:00 AM Equipment: DH4
08:01 AM

Mile(s) Flown: 163

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

Invoice Number: [REDACTED]
 Date: March 15, 2016
 Page: 2/2
 Our Reference: [REDACTED]

INVOICE

Wednesday, March 23, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 23Mar16
 AIR CANADA E

Flight: 8169 W CLASS
 05:00 PM **Equipment:** DH4
 05:54 PM

Mile(s) Flown: 163

| Cost: | | |
|----------------------|--|---------------|
| TKT [REDACTED] E-TKT | [REDACTED] | 118.34 |
| | Tax: | 49.48 |
| | Ticket Total: | 167.82 |
| TKT [REDACTED] E-TKT | [REDACTED] | 149.00 |
| | Tax: | 37.48 |
| | Ticket Total: | 186.48 |
| Total: | | |
| | Grand Total: | 354.30 |
| | Less Credit Card Payments: | 354.30 |
| | 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
 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.