

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of May 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)
May-16	P-Card	Meetings		46	311	41	398			28
May-16	Expense Claim	Meetings		21		12	33			
May-16	Direct Billing	Meetings	274				274			
<b>Total</b>			\$ 274	\$ 67	\$ 311	\$ 53	\$ 705	\$ -	\$ -	\$ 28

**Total for the Month** \$ 733

Maximum daily single meal expense claimed in the month \$ 46 2 People  
 Maximum daily base hotel rate claimed in the month \$ 145  
 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>	<u>CHIEF INFORMATION OFFICER</u>	Billing Reporting Period	<u>20/05/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>INFORMATION TECHNOLOGY</u>	<u>QUARRY PARK</u>	Total Statement Amount	<u>\$426 17</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>PENNY RAE@ALBERTAHEALTHSERVICES.CA</u>		Last 5 digits of the P-Card #	<u>[REDACTED]</u>
Cardholder's e-mail address			

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/04/2016	426446828	CHECKER CABS LTD., LIMOUSINES AND TAXICABS	41 40	CAD	✓ 41 40	1 97		Taxi on April 19th from residence to Calgary International Airport
21/04/2016	426658402	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	310 64	CAD	✓ 310 64	14 79		Edmonton hotel the nights of April 19th and April 20th
28/04/2016	427448099	THE PARK KITCHEN & BAR, EATING PLACES, RESTAURANTS	45 84	CAD	45 84	2 18		Lunch with one of the winners of the United Way Wrap-Up Challenge #2 - Elizabeth Ellis
08/05/2016	428511793	Amazon.ca COMPUTER NETWORK/INFORMATION SERVICES	28 29	CAD	✓ 28 29	00	00	Purchase of Book: "The Digital Doctor: Hope, Hype and Harm at the Dawn of Medicine's Computer Age" for reading by direct reports

①  
②  
③  
④

Signatures		
<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> <small>Name of Cardholder Designate</small>	<u>Executive Assistant</u> <small>Cardholder Designate Position/Title</small>	
<u>[Signature]</u> <small>Signature of Cardholder Designate</small>	<u>May 24, 2016</u> <small>Date of Signature</small>	
<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> <small>Name of Cardholder</small>	<u>CHIEF INFORMATION OFFICER</u> <small>Cardholder Position/Title</small>	
<u>[Signature]</u> <small>Signature of Cardholder</small>	<u>May 25, 2016</u> <small>Date of Signature</small>	
<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> <small>Name of Approver Designate</small>	<u>Exec. Assistant</u> <small>Approver Designate Position/Title</small>	
<u>[Signature]</u> <small>Signature of Approver Designate</small>	<u>May 27/16</u> <small>Date of Signature</small>	
<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> <small>Name of Approver</small>	<u>VP Corp Services + CFO</u> <small>Approver Position/Title</small>	
<u>[Signature]</u> <small>Signature of Approver</small>	<u>May 27/16</u> <small>Date of Signature</small>	
<b>Submit approved statement with attachments 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</li> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</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 _____

**Taxi on April 19th from residence to  
 Calgary International Airport to attend  
 three days of meetings in Edmonton  
 namely: (1) IT Weekly Executive (2)  
 Agfa HealthCare Strategic Planning (3)  
 CFO Portfolio (4) Health Information  
 Executive Committee (5) Performance  
 Appraisals x 2 (6) IT Leadership meeting**

316 MERIDIAN ROAD SE  
 CALGARY, AB T2A 1X2

①

TERMINAL ID: 314-674-398  
 MERCHANT ID: 40327651  
 VEHICLE ID: 1263  
 DRIVER ID: 7116  
 GST ACCOUNT #: 843920158  
 TRIP NUMBER: 6997458  
 PASSENGERS: 1

04/19/2016  
 START: 05:36  
 END: 05:54  
 DISTANCE: 227.00  
 RATE: 1

FARE AMOUNT: \$ 34.29

TAX AMOUNT: \$ 1.71  
 TIP AMOUNT: \$ 5.40

**TOTAL : \$ 41.40** ✓

MASTER CARD SALE :

APPROVAL NUMBER :

\*\*\*PASSENGER COPY\*\*\*

THANK YOU  
 (403) 299-9999  
 WWW.THECHECKERGROUP.COM



THE PARK KITCHEN & BAR  
 1200 163 QUARRY PARK  
 BLVD  
 CALGARY AB

③

CARD [REDACTED]  
 CARD TYPE MASTERCARD  
 DATE 2016/04/28  
 TIME 0480 12:47:30  
 CLERK ID 384  
 RECEIPT NUMBER [REDACTED]

PURCHASE  
 AMOUNT \$38.85  
 TIP \$6.99  
 TOTAL

**\$45.84** ✓

MasterCard  
 A0000000041010  
 6081D865596722E9  
 0000008000-E800  
 50EB7ABAC8D594B8

**APPROVED**

AUTH# [REDACTED] 01-027  
 THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
 COPY FOR YOUR RECORDS

**Lunch on April 28th with one of the  
 winners of the United Way Wrap-up  
 Challenge #2 - Elizabeth Ellis**

The Park Kitchen and Bar  
 #1200 163 Quarry Park Blvd. SE

The Park  
 1200 163 Quarry Park Blvd SE  
 Calgary, AB T2C 5E1

Phone #: 403-719-7200  
 GST #: R3273 3976 RT0001

Trans [REDACTED]  
 04/28/2016 12:37:47 PM #Cust:2

Quan	Description	Cost
1	Gingerale	\$3.00
1	Soup & Salad	\$11.50
1	Lobster Taco	\$17.00
1	Side Beet Salad	\$3.50
1	->GLUTEN FREE	\$2.00
Net Total:		\$37.00
GST		\$1.85

**TOTAL: \$38.85**

Join us for Brunch!  
 Saturday and Sunday  
 10:30 am - 2 pm



2

Penelope Rae



Room Number:



Arrival Date: 04-19-16

Departure Date: 04-21-16

Page No: 1 of 1

Guest Name:


Matrix Hotel April 19th and 20th in order to attend the following mtgs.: (1) IT Weekly Executive (2) All day Agfa HealthCare Strategic Planning (3) CFO Portfolio (4) Health Information Executive Committee (5) Performance Appraisals x 2 (6) all day IT Leadership

INVOICE

Folio No



04-21-16

Date	Description	Charges	Credits
04-19-16	Room Revenue	145.00	
04-19-16	Destination Marketing Fee - 3%	4.35	
04-19-16	Tourism Levy - 4%	5.97	
04-20-16	Room Revenue	145.00	
04-20-16	Destination Marketing Fee - 3%	4.35	
04-20-16	Tourism Levy - 4%	5.97	
04-21-16	Mastercard 		310.64
<b>Total</b>		<b>310.64</b>	<b>310.64</b> ✓
<b>Balance</b>		<b>0.00</b>	

Signature: \_\_\_\_\_

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001

## Dawn Rand

**From:** Amazon.ca <ship-confirm@amazon.ca>  
**Sent:** Saturday, May 07, 2016 9:56 PM  
**To:** Dawn Rand  
**Subject:** Your Amazon.ca order of "The Digital Doctor: Hope..." has shipped!

4

**Book from Amazon entitled "The Digital Doctor: Hope, Hype, and Harm at the Dawn of Medicine's Computer Age" for reading by direct reports and staff**



Orders | Your Account | Amazon.ca

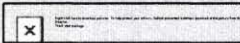
### Shipping Confirmation

Order: [REDACTED]

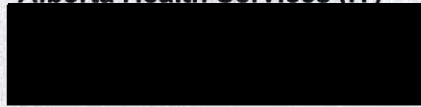
Hello Dawn Rand,

Thank you for shopping with us. We thought you'd like to know that your item has shipped, and that this completes your order. Your order is on its way, and can no longer be changed. If you need to return an item from this shipment or manage other orders, please visit [Your Orders](#) on Amazon.ca.

Your estimated delivery date is:  
**Friday, May 13**



Your order was sent to:  
**Penny Rae  
Alberta Health Services (IT)**



Your package is being shipped by Canada Post and the tracking number is 7316971179237849.

### Shipment Details



The Digital Doctor: Hope, Hype, and Harm at the Dawn of Medicine's Computer Age **CDN\$ 26.94**

Sold by Amazon.com.ca, Inc.



Item Subtotal:	CDN\$ 26.94
Shipping and handling:	CDN\$ 5.90
Free Shipping:	-CDN\$ 5.90
Tax Calculated (GST/HST):	CDN\$ 1.35
Tax Calculated (PST/QST):	CDN\$ 0.00

**Total: CDN\$ 28.29** ✓

Returns are easy. Visit our [Online Return Centre](#).

If you need further assistance with your order, please visit [Customer Service](#).

We hope to see you again soon!

**Amazon.ca**

Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message.



[Vos commandes](#) | [Votre compte](#) | [Amazon.ca](#)

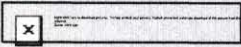
## Confirmation de l'envoi

Commande [REDACTED]

Bonjour Dawn Rand,

Merci de magasiner avec nous. Nous avons pensé que vous aimeriez savoir que votre article a été expédié. Votre commande est ainsi complète. Votre commande est en route et n'est plus modifiable. Si vous devez retourner un article dans cet envoi ou gérer d'autres commandes, veuillez visiter [Vos commandes](#) sur Amazon.ca.

Votre date de livraison prévue est :  
**vendredi 13 mai**



Votre commande a été envoyée à :  
**Penny Rae**  
**Alberta Health Services (IT)**



Votre colis est expédié par Canada Post et le numéro de suivi est [REDACTED]. Selon le mode de livraison que vous avez choisi, il peut s'écouler jusqu'à 24 heures avant que votre numéro de suivi ne renvoie des informations.

## Détails de l'envoi



The Digital Doctor: Hope, Hype, and Harm at the Dawn of Medicine's Computer Age  
CDN\$ 26.94  
Vendu par Amazon.com.ca, Inc.



Sous-total de la commande (article(s)) : CDN\$ 26.94  
Expédition et manutention : CDN\$ 5.90

Free Shipping : -CDN\$ 5.90  
Estimation de la TPS/TVH : CDN\$ 1.35  
Estimation de la TVP/TVQ : CDN\$ 0.00  
Total : **CDN\$ 28.29**  
Payé par Mastercard : CDN\$ 28.29

---

Les retours sont faciles. Visitez notre [Service de retours en ligne](#).

Si vous avez besoin d'aide avec votre commande, veuillez visiter le [Service à la clientèle](#).

Nous espérons vous revoir bientôt!

**Amazon.ca**

---

Ce courriel a été envoyé depuis une adresse de notification seulement qui ne peut accepter de courriels entrants. Veuillez ne pas répondre à ce message.



### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
RAE, PENELOPE JANE	Chief Information Officer	Calgary	32.75

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/21/2016	Dinner after attending all day IT Leadership meeting in Edmonton on April 21		Meals Per Diem	20.75			Dinner after attending all day IT Leadership meeting in Edmonton on April 21	1			
5/11/2016	Parking while attending Alumni Panel - AHS Executive Education on May 11th, 2016	AB - Local	Parking - Lot or Parkade	12.00			Parking at the University of Calgary while attending the Alumni Panel for AHS Executive Education Program on May 11th, 2016	1			
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
RHODES, DEBORAH		Approve		27-May-16							

PLACE ON DASH FACE UP **P** PLACE ON DASH FACE UP **P** PLACE ON DASH FACE UP **P** PLACE ON DASH FACE UP **P**

Plate: [REDACTED]

Valid through:  
**WEDNESDAY 11 MAY 16**  
**7:01 PM**

AMOUNT PAID: \$12.00  
ENTRY TIME: 5/11/2016 4:02 PM  
RECEIPT NO: [REDACTED]

3A  
PLATE: [REDACTED]

VALID THROUGH:  
11MAY16  
7:01 PM

AMOUNT PAID:  
\$12.00  
ENTRY TIME:  
5/11/2016  
4:02 PM  
RECEIPT N [REDACTED]

08102864

GST# CA 108102864

## 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>	April 21st to May 20th, 2016
---------------	-----------	--	------------------------------

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
13-May-2016	Direct Billing	Airline Ticket	Airfare Calgary/Edmonton return May 26th to May 27th to attend the two day Quality in AHS - Purposeful Design sessions. (NOTE: on May 24th the return flight to Calgary was cancelled as a carpooling option was available. Credit on file of \$138.48.)	Marlin Travel	274.29
	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>\$ 274.29</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

Airfare Calgary/Edmonton return on  
May 26-27 to attend two day Quality in AHS  
- Purposeful Design Sessions

Invoice Number: [REDACTED]  
Date: May 13, 2016  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

(NOTE: On May 24th the return flight to  
Calgary was cancelled as a carpooling  
option was available. Credit on file of  
\$138.48.)

**For** [REDACTED]

MRS PENELOPE RAE

AC [REDACTED]  
WS [REDACTED]

Thursday, May 26, 2016

 Air

WESTJET AIRLINES  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 26May16  
WESTJET ENCO

Flight: 3394 G CLASS  
07:00 AM Equipment: DH4  
07:53 AM

Mile(s) Flown: 163

Friday, May 27, 2016

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 27May16  
AIR CANADA E

Flight: 8151 L CLASS  
03:40 PM Equipment: D8 (300 SERIES)  
04:35 PM

Mile(s) Flown: 163

**Cost:** [REDACTED]

TKT	[REDACTED]	E-TKT	[REDACTED]	86.33
			Tax:	49.48
			<b>Ticket Total:</b>	<b>135.81</b>
TKT	[REDACTED]	E-TKT	[REDACTED]	101.00
			Tax:	37.48
			<b>Ticket Total:</b>	<b>138.48</b>

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

Invoice Number: [REDACTED]  
Date: May 13, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	274.29
<b>Less Credit Card Payments:</b>	274.29
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	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.