

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of June 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)
Jun-16	P-Card	Meetings			212	115	327			
Jun-16	Expense Claim	Meetings		92		220	312			
Jun-16	Direct Billing	Meetings	609				609			
<b>Total</b>			<b>\$ 609</b>	<b>\$ 92</b>	<b>\$ 212</b>	<b>\$ 335</b>	<b>\$ 1,248</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Total for the Month** \$ 1,248

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 189  
 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>	<u>Billing Reporting Period</u>	<u>20/06/2016</u>
<u>Cardholder's Name</u>	<u>Cardholder's Position/Title</u>		
<u>INFORMATION TECHNOLOGY</u>	<u>QUARRY PARK</u>	<u>Total Statement Amount</u>	<u>\$326.74</u>
<u>Cardholder's Dept</u>	<u>Cardholder's Site/Location</u>		
<u>PENNY.RAE@ALBERTAHEALTHSERVICES.CA</u>		<u>Last 6 digits of the P-Card #</u>	<u>[REDACTED]</u>
<u>Cardholder's e-mail address</u>			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
27/05/2016	430847643	THE CALGARY AIRPORT AU. AUTOMOBILE PARKING LOTS AND	24.20	CAD	✓ 24.20	1.15	00	Parking at Calgary International Airport May 26-27 while attending mtgs in Edm <span style="float: right;">①</span>
28/05/2016	430847642	RENAISSANCE EDMONTON A. RENAISSANCE HOTELS	212.18	CAD	✓ 212.18	00	00	Edm Airport Hotel on May 26 while attending two day Quality in AHS Purposeful Design mtg <span style="float: right;">②</span>
13/06/2016	432599769	CO OP TAXI LINE LTD. LIMOUSINES AND TAXICABS	61.00	CAD	✓ 61.00	2.90		Taxi on June 13 from Commerce Place to Edm International Airport <span style="float: right;">③</span>
13/06/2016	432862008	THE CALGARY AIRPORT AU. AUTOMOBILE PARKING LOTS AND	29.38	CAD	✓ 29.38	1.40	00	Parking at Calgary International Airport on June 13 while attending mtgs in Edm <span style="float: right;">④</span>

*✓ pps*

<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>Dawn A Rand</u> Name of Cardholder Designate  <u>Dawn A Rand</u> Signature of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title  <u>June 22, 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>[Signature]</u> Signature of Cardholder	<u>CHIEF INFORMATION OFFICER</u> Cardholder Position/Title  <u>June 22, 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>[Signature]</u> Signature of Approver Designate	<u>Exec Assistant</u> Approver Designate Position/Title  <u>June 22, 2016</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>[Signature]</u> Signature of Approver	<u>VP Corp. Services &amp; CFO</u> Approver Position/Title  <u>June 23/16</u> Date of Signature	
<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 _____



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

1

CALGARY AIRPORT  
Economy Lot  
EXIT No. A15  
IN: 05/26/16 05:51  
OUT: 05/27/16 17:11  
DURATION: 1 11: 20  
PAID: \$ 24.20  
(GST INCLUDED)  
MASTERCARD

**Parking at the Calgary International Airport May 26-27 while attend the Quality in AHS - Purposeful Design meetings at the Renaissance Edmonton Airport Hotel**

THANK YOU FOR  
YOUR VISIT



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

Terminal 159/66233526  
Driver 1308  
16/06/13 16:24:12

3

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

EXIT No. A4  
IN: 06/13/16 05:53  
OUT: 06/13/16 19:02  
DURATION: 0 13: 09  
PAID: \$ 29.35  
(GST INCLUDED)

4

MASTERCARD

[Redacted]

MASTERCARD  
CHIP CARD  
A0000000041010  
0000008000

Ref # [Redacted]  
Auth # [Redacted]

FARE : \$ 55.00  
TIP : \$ 6.00

TOTAL : \$ 61.00

THANK YOU FOR  
YOUR VISIT



**Parking at the Calgary International Airport on June 13th while attending the following mtgs.: (1) Cancer Repository - AHS DRR (2) CIS / CMIO (3) Consumer Health Leaders Group Workshop**

APPROVED - THANK YOU  
(01-027)

IMPORTANT: Retain this  
copy for your records

Customer Copy

Thank you for choosing  
Co-op taxi

**Taxi on June 13 from Commerce Place to Edm. International Airport after attending the following mtgs.: (1) Cancer Repository - AHS DRR (2) CIS / CMIO (3) Consumer Health Leaders Group Workshop**

2

	<b>RAE/PENNY</b>	<b>189.00</b>	<b>05/27/16</b>	<b>07:20</b>		
Room	Name	Rate	Depart	Time	A	
			<b>05/26/16</b>	<b>07:54</b>		
type			Arrive	Time		
Room Clerk	Address	Payment				<b>RWD#:</b>

DATE	REFERENCE		CHARGES	CREDITS	BALANCE DUE
05/26	ROOM	218, 1	189.00		
05/26	DMF	218, 1	5.67		
05/26	GST	218, 1	9.73		
05/26	TRSM LEV	218, 1	7.79		

212.19 ✓

**WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK!  
 SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM**

**Edmonton Airport Hotel the night of May 26th  
 while attending two day Quality in AHS -  
 Purposeful Design meetings**

**The hotel exceeds AHS' guidelines for  
 hotels by \$12.19. By staying at the same  
 hotel where the meetings were being  
 held no additional transportation costs  
 were incurred.**

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
RAE, PENELOPE JANE	Chief Information Officer	Calgary	312.25								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/24/2016	Attendance at all day IT Security Meeting in Red Deer		Mileage-Other	151.5			Attendance at all day IT Security meeting in Red Deer	1			300
5/24/2016	Parking at Red Deer Regional Hospital while attending all day IT Security Meeting	AB - Other Zones	Parking - Lot or Parkade	8.5			Parking at the Red Deer Regional Hospital on May 24th while attending all day IT Security meeting	1			
5/26/2016	Attendance at all day Quality in AHS - Purposeful Design meeting	AB - Other Zones	Meals Per Diem	29.95			Attendance at all day Quality in AHS - Purposeful Design meeting	2			
5/27/2016	Taxi from Renaissance Edmonton Airport Hotel to downtown Edm. to catch carpool ride back to Calgary	AB - Other Zones	Taxi	60			Taxi from the Renaissance Edmonton Airport Hotel to Downtown Edmonton to catch a carpool ride back to Calgary	1			
5/27/2016	Attendance in Edmonton at Day 2 of Quality in AHS - Purposeful Design meeting	AB - Other Zones	Meals Per Diem	20.75			Attendance in Edmonton at Day 2 of Quality in AHS - Purposeful Design meeting	2			
6/13/2016	Attendance in Edmonton on June 13 for Consumer Health Leaders Group Workshop	AB - Other Zones	Meals Per Diem	41.55			Attendance in Edmonton on June 13th at Consumer Health Leaders Group Workshop and other meetings	2			
Approver(s) for the claim		Approval Status		Approval Date							
RHODES, DEBORAH		Approve		6-Jul-16							

**RECEIPT**  
Red Deer  
Regional Hospital

PARKING RECEIPT

**Parking at the Red Deer Regional Hospital  
on May 24th while attending all day IT  
Security Meeting**

License Plate Number



Expiration Date/Time

**09:03 AM**  
**MAY 25, 2016**

Purchase Date/Time: 09:03a, May 24, 2016

Total Due: \$8.50      Rate: \$8.50 - 24 Hours  
Total Paid: \$8.50      Payment Type: Card

City: Red Deer  
Mach Name: CE-RDRH-019

Auth #

www.ahs.ca  
DO NOT PLACE ON DASH

PARKING RECEIPT

**YELLOW CAB**

780.462.3456

GST# \_\_\_\_\_

Date: 27-5-16      Amount: 6.00 ~~\$60.00~~

Driver: \_\_\_\_\_      Car#: \_\_\_\_\_

From: Airport

To: Hotel Palliser

10135-31 Avenue, Edmonton, AB T6N 1C2



**Taxi on May 27th from the Renaissance  
Edmonton Airport Hotel to downtown  
Edmonton to catch a carpool ride back to  
Calgary**

## 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> May 21st to June 20th, 2016
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
7-Jun-2016	Direct Billing	Airline Ticket	Airfare Calgary/Edmonton return on June 13th to attend the following meetings: (1) Cancer Repository - AHS DRR (2) CIS / CMIO Discussion (3) Consumer Health Leaders Group Workshop with GoA (credit from last month of \$138.38 was applied less the change fee)	Marlin Travel	304.48
9-Jun-2016	Direct Billing	Airline Ticket	Airfare Kelowna/Edmonton/Calgary on June 28th to attend a portion of the Joint Executive Team Retreat between GoA and AHS	Marlin Travel	304.98
	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>\$ 609.46</b>



MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: N61107  
Agent: MEA MOORE Tel: 780-425-8611

**Airfare Calgary/Edmonton return on  
June 13th to attend the following mtgs.:**  
**(1) Cancer Repository - AHS DRR (2)  
CIS / CMIO (3) Consumer Health Leaders  
Group Workshop with GoA**

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

Invoice Number: [REDACTED]  
Date: June 7, 2016  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

### For

MRS PENELOPE RAE

AC [REDACTED]  
WS [REDACTED]

**Monday, June 13, 2016**

### Air

AIR CANADA

**From:** CALGARY AB

**To:** EDMONTON INTL AB

**Stops:** 0 **Arrival:** 13Jun16

**Seat(s):** 05C

AIR CANADA E

**Flight:** 8130 G CLASS

07:00 AM **Equipment:** D8 (300 SERIES)

07:53 AM

**Mile(s) Flown:** 163

### Air

AIR CANADA

**From:** EDMONTON INTL AB

**To:** CALGARY AB

**Stops:** 0 **Arrival:** 13Jun16

**Seat(s):** 05C

AIR CANADA E

**Flight:** 8153 G CLASS

06:00 PM **Equipment:** D8 (300 SERIES)

06:55 PM

**Mile(s) Flown:** 163

### Cost:

TKT [REDACTED]	E-TKT EXCHANGED	[REDACTED]	267.00
		<b>Tax:</b>	37.48
		<b>Ticket Total:</b>	<b>304.48</b>

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

Invoice Number: [REDACTED]  
Date: June 7, 2016  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

**Total:**

<b>Grand Total:</b>	304.48
Less Credit Card Payments:	304.48
<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.

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: N61107  
Agent: BARBARA LAZARENKO Tel: 780-425-8611

**Airfare Kelowna/Edmonton/Calgary on  
June 28th to attend a portion of the Joint  
Executive Team Retreat between the  
GoA and AHS**

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

Invoice Number: [REDACTED]  
Date: June 9, 2016  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

**For**

MRS PENELOPE RAE

AC [REDACTED]  
WS [REDACTED]

**Tuesday, June 28, 2016**

 **Air**

WESTJET AIRLINES

**From:** KELOWNA BC

**To:** EDMONTON INTL AB

**Stops:** 0 **Arrival:** 28Jun16

**Flight:** 310 M CLASS

07:50 AM **Equipment:** 736

09:59 AM

**Mile(s) Flown:** 347

 **Air**

AIR CANADA

**From:** EDMONTON INTL AB

**To:** CALGARY AB

**Stops:** 0 **Arrival:** 28Jun16

AIR CANADA E

**Flight:** 8169 K CLASS

04:50 PM **Equipment:** DH4

05:40 PM

**Mile(s) Flown:** 163

**Cost:**

TKT-	[REDACTED]	E-TKT	[REDACTED]	161.02
			<b>Tax:</b>	34.48
			<b>Ticket Total:</b>	<b>195.50</b>
TKT-	[REDACTED]	E-TKT	[REDACTED]	72.00
			<b>Tax:</b>	37.48
			<b>Ticket Total:</b>	<b>109.48</b>

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

Invoice Number: [REDACTED]  
Date: June 9, 2016  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

**Total:**

<b>Grand Total:</b>	304.98
<b>Less Credit Card Payments:</b>	304.98
<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.