

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of August 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)
Aug-16	P-Card	Meetings				9	9		34	
Aug-16	Expense Claim	Meetings					-		20	
<b>Total</b>			\$ -	\$ -	\$ -	\$ 9	\$ 9	\$ -	\$ 54	\$ -

**Total for the Month** \$ 63

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>20/08/2016</u>
<u>INFORMATION TECHNOLOGY</u> Cardholder's Dept	<u>QUARRY PARK</u> Cardholder's Site/Location	Total Statement Amount	<u>\$42.49</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
22/07/2016	<span style="background-color: black; color: black;">XXXXXXXXXX</span>	AHS RDRH PARKING LOTS, AUTOMOBILE PARKING LOTS AND GARAGES	8.50	CAD	✓ 8.50	40		Parking on July 22 at Red Deer Regional Hospital
03/08/2016	<span style="background-color: black; color: black;">XXXXXXXXXX</span>	CALG CO-OP GROCERY #23, GROCERY STORES, SUPERMARKETS	33.99	CAD	✓ 33.99	1.62		Breakfast at August 4 Quality 2020 Designing the Future State meeting

①  
②

✓  
pb

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>Dawn A. Rand</u> <small>Name of Cardholder Designate</small>	<u>Executive Assistant</u> <small>Cardholder Designate Position/Title</small>	
<u><i>Dawn A. Rand</i></u> <small>Signature of Cardholder Designate</small>	<u>August 26, 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><i>Rae</i></u> <small>Signature of Cardholder</small>	<u>August 26, 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><i>S Best</i></u> <small>Signature of Approver Designate</small>	<u>Aug. 26, 2016</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>JP Corp. Services &amp; CFO</u> <small>Approver Position/Title</small>	
<u><i>Deborah Rhodes</i></u> <small>Signature of Approver</small>	<u>Aug. 29/2016</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 _____

**RECEIPT**  
**Red Deer**  
Regional Hospital

**Parking at the Red Deer Regional Hospital  
on July 22nd while attending an all day  
Security Meeting**

License Plate Number



Expiration Date/Time

**08:10 AM**  
**JUL 23, 2016**

(1)

Purchase Date/Time: 08:10am Jul 22, 2016

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

Ticket #: [REDACTED]

S/N #: [REDACTED]

Setting: Red Deer

Mach Name: [REDACTED]

✓

[REDACTED] MasterCard

Auth #: [REDACTED]

www.ahs.ca  
DO NOT PLACE ON DASH



QUARRY PARK COOP #23  
410, 163 QUARRY PARK BLVD SE  
T2C5E1  
(403) 203-4825 GST: 100730894

TROP PREMIUM O. J.	\$5.48
PLUS .08 CRF/EA	\$0.08
PLUS .25 DEP/EA	\$0.25
IOGO PROBIO YOGURT	\$8.69
STRAWBERRIES 1LB	\$3.99
STRWBRS MGRS	-\$1.49
ORGANIC RASPBERRIE	\$5.49
ORGANIC RASPBERRIE	\$5.49
BLUEBERRIES PACKAG	\$3.99
PEACHES LARGE B.C	4404
0.460 kg @ \$4.39/kg	\$2.02

2

9 BALANCE DUE \$33.99

TYPE: Purchase

ACCT: MASTERCARD \$ 33.99

CARD NUMBER: [REDACTED]  
DATE/TIME: 08/03/2016 15:40:27  
REFERENCE #: [REDACTED]  
TERM: [REDACTED]  
AUTHOR.# : [REDACTED]  
AID: [REDACTED]  
TVR: [REDACTED]  
TSI: [REDACTED]

**Breakfast for Quality 2020: Designing  
the Future State meeting on  
August 4 (14 attendees)**

MasterCard  
01 APPROVED - THANK YOU 027

IMPORTANT:  
retain this copy for your records

CUSTOMER COPY  
\*\*\*\*\*

MASTERCARD	\$33.99
Auth Code = [REDACTED]	
CHANGE	\$0.00
<b>TOTAL TAX</b>	<b>\$0.00</b>

YOUR SAVINGS TODAY

Special Promotions	1	1.49
TOTAL DISCOUNTS	1	1.49
TOTAL SAVINGS		1.49

Member Number #43

CASHIER NAME: USCAN 33

3AUG2016

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
RAE, PENELOPE JANE	Chief Information Officer	Calgary	19.79

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/4/2016	Coffee for Quality 2020: Designing the Future State meeting	AB - Local	Working Session	19.79			Coffee for Quality 2020: Designing the Future State meeting	1			

Approver(s) for the claim	Approval Status	Approval Date
RHODES, DEBORAH	Approve	29-Aug-16

# Tim Hortons

Restaurant #0228  
924 - 15th Ave. NW, Calgary, AB T2M 0K3  
(403)289-8353

1 Take 12 Dark Roast		\$18.85
Subtotal:		\$18.85
GST:	\$0.94 PST:	\$0.00
GrandTotal:		\$19.79
Visa:		\$0.00
Change Due:		

Take Out

100 Cashier

Thanks for stopping by!  
Tell us how we did at  
[www.telltinhortons.com](http://www.telltinhortons.com) 1-888-601-1616  
Thu Aug 4, 2016 08:44:09  
Receipt # : 5658562  
GST #884871955RT0001

VISA	
Card Entry:TAP_ICC	Sequence:000033
Trans Type:Purchase	\$19.79
Term #:	
Ref #:	
Application Label:	VISA CREDIT
AID #:	A0000000031010
TVR #:	0000000000
TSI #:	0000
Auth #	APPROVED

Guest Copy

REPRINT RECEIPT

**From:** [Dawn Rand](#)  
**To:** [Diana Perez](#)  
**Subject:** RE: Penny Rae's i-expense - Aug 2016  
**Date:** Thursday, September 01, 2016 9:39:56 AM

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Hi Diana,

The attendees were:

Lynette Lutes

James Silvius

Tracy Wasylak

Stafford Dean,

Nancy Guebert

Curtis Johnston

Barbara Brady Fryer

Sean Chilton

Debbie Pinter Laurel Taylor

Marliss Van Dijk

Linda Tymchuk

Michael Sidra

Kind regards,

Dawn

*Dawn A. Rand*

Executive Assistant to Penny Rae

Chief Information Officer

Alberta Health Services

109 Quarry Park Boulevard S.E.

Calgary, Alberta T2C 3E7