

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of September 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)   |
| Sep-16       | P-Card          | Meetings | 150           |               | 915           | 133           | 1,198           |                              |  |             |
| Sep-16       | Expense Claim   | Meetings |               | 113           |               |               | 113             |                              |  |             |
| Sep-16       | Direct Billing  | Meetings | 176           |               |               |               | 176             |                              |  |             |
| <b>Total</b> |                 |          | <b>\$ 326</b> | <b>\$ 113</b> | <b>\$ 915</b> | <b>\$ 133</b> | <b>\$ 1,487</b> | <b>\$ -</b>                  | <b>\$ -</b>                                  | <b>\$ -</b> |

**Total for the Month** \$ 1,487

Maximum daily single meal expense claimed in the month \$ 31  
 Maximum daily base hotel rate claimed in the month \$ 199  
 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

|                                    |                             |                               |            |
|------------------------------------|-----------------------------|-------------------------------|------------|
| RAE, PENELOPE                      | CHIEF INFORMATION OFFICER   | Billing Reporting Period:     | 20/09/2016 |
| Cardholder's Name                  | Cardholder's Position/Title | Total Statement Amount        | \$1,197.69 |
| INFORMATION TECHNOLOGY             | QUARRY PARK                 | Last 6 digits of the P-Card # | ██████████ |
| Cardholder's Dept                  | Cardholder's Site/Location  |                               |            |
| PENNY.RAE@ALBERTAHEALTHSERVICES.CA |                             |                               |            |
| Cardholder's e-mail address        |                             |                               |            |

**Statement of Transactions**

| Transaction Date | Trans ID   | Merchant Name & Description                            | Trans Original Amount | Currency | Trans Amount | GST   | Freight | Description   |
|------------------|------------|--|-----------------------|----------|--------------|-------|---------|---|
| 31/08/2016       | ██████████ | MATRIX HOTEL LODGING HOTELS<br>MOTELS RESORTS          | 465.96                | CAD      | ✓ 465.96     | 22.19 |         | Edm hotel Aug 28-31 for CIS RFP Stage 1 Demos             |
| 31/08/2016       | ██████████ | ASSOCIATED CAB/ALLIED, LIMOUSINES<br>AND TAXICABS      | 44.90                 | CAD      | ✓ 44.90      | 2.14  |         | Taxi on August 31 from Calgary Airport to residence       |
| 31/08/2016       | ██████████ | AIR CAN 0149565653482 AIR CANADA                       | 150.00                | CAD      | ✓ 150.00     | 00    |         | 00 Air Canada change fee for later flight back to Calgary |
| 08/09/2016       | ██████████ | LITTLE AMERICA HOTEL LODGING<br>HOTELS, MOTELS RESORTS | 335.56                | USD      | ✓ 448.78     | 00    | ✓       | 00 Salt Lake hotel Sept 6-8                               |
| 09/09/2016       | ██████████ | THE CALGARY AIRPORT AU<br>AUTOMOBILE PARKING LOTS AND  | 88.05                 | CAD      | ✓ 88.05      | 4.19  | 00      | Parking at Calgary airport Sept 6 to 8                    |

①  
②  
③  
④  
⑤

**Transactions without Receipts or supporting documentation**

| Transaction Date | Trans ID   | Merchant Name & Description                   | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description                                |
|------------------|------------|---|-----------------------|----------|--------------|-----|---------|--|
| 31/08/2016       | ██████████ | MATRIX HOTEL LODGING HOTELS<br>MOTELS RESORTS | -10.00                | CAD      | ✓ -10.00     | -48 |         | Correction of transaction charged in error |
| 31/08/2016       | ██████████ | MATRIX HOTEL LODGING HOTELS<br>MOTELS RESORTS | 10.00                 | CAD      | ✓ 10.00      | 48  |         | Charged in error by Edm hotel              |

⑥  
⑦

✓  
pff

|   |   |            |
|---|---|------------|
| <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>  | <u>Executive Assistant</u>  |            |
| Name of Cardholder Designate  | Cardholder Designate Position/Title   |            |
| <u>[Signature]</u>  | <u>Sept 22 / 16</u>   |            |
| Signature of Cardholder Designate   | 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>   | <u>CHIEF INFORMATION OFFICER</u>  |            |
| Name of Cardholder  | Cardholder Position/Title   |            |
| <u>[Signature]</u>  | <u>Sept 28 / 16</u>   |            |
| Signature of Cardholder   | 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>   | <u>Exec. Assistant</u>  |            |
| Name of Approver Designate  | Approver Designate Position/Title   |            |
| <u>[Signature]</u>  | <u>Sept. 28 / 16</u>  |            |
| Signature of Approver Designate   | 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>   | <u>VP Corp. Services + CFO</u>  |            |
| Name of Approver  | Approver Position/Title   |            |
| <u>[Signature]</u>  | <u>Sept. 28 / 16</u>  |            |
| Signature of Approver   | 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><br>Alberta Health Services<br>Accounts Payable<br>7th Street Plaza<br>10th Floor, North Tower, 10030-107 Street<br>Edmonton, AB T5J 3E4 |            |
| <b>Accounts Payable only:</b>   |   |            |
| Reference # _____   | Reviewed by _____   | Date _____ |



①

MRS Penelope Rae

Room Number: [REDACTED]  
 Arrival Date: 08-28-16  
 Departure Date: 08-31-16  
 Page No: 1 of 1

Guest Name:

**INFORMATION INVOICE**

Folio No: [REDACTED]

09-22-16

| Date           | Description                    | Charges       | Credits       |
|----------------|--------------------------------|---------------|---------------|
| 08-28-16       | Room Revenue                   | 145.00 -      |               |
| 08-28-16       | Destination Marketing Fee - 3% | 4.35          |               |
| 08-28-16       | Tourism Levy - 4%              | 5.97          |               |
| 08-29-16       | Room Revenue                   | 145.00 -      |               |
| 08-29-16       | Destination Marketing Fee - 3% | 4.35          |               |
| 08-29-16       | Tourism Levy - 4%              | 5.97          |               |
| 08-30-16       | Room Revenue                   | 145.00 -      |               |
| 08-30-16       | Destination Marketing Fee - 3% | 4.35          |               |
| 08-30-16       | Tourism Levy - 4%              | 5.97          |               |
| 08-31-16       | Mastercard [REDACTED] 02/19    |               | 465.96 ①      |
| 08-31-16       | Mastercard [REDACTED] 02/19    |               | 10.00 ②       |
| 08-31-16       | Mastercard [REDACTED] 02/19    |               | -10.00 ③      |
| <b>Total</b>   |                                | <b>465.96</b> | <b>465.96</b> |
| <b>Balance</b> |                                | <b>0.00</b>   |               |

**Edmonton hotel August 28th to 31st to attend  
 AHS Provincial CIS RFP Stage 1 Demos**

**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. #105631154 RT 0008

ASSOCIATED CAB  
ALLIED LIMOUSIN  
307-41 AVENUE NE  
CALGARY AB T2E 2N4  
(403) 299-1111

**Taxi on August 31st from Calgary  
International Airport to residence after  
attending AHS Provincial CIS RFP Stage  
1 demos (Aug 29-31)**

**SALE**

MID: [REDACTED]  
TID: [REDACTED] REF#: [REDACTED]  
Batch #: [REDACTED] SEQ: [REDACTED]  
08/31/16 20:45:18  
APPR CODE: [REDACTED]  
MASTERCARD  
[REDACTED] \*\*/\*\*

(2)

AMOUNT \$39.90  
TIP \$5.00  
TOTAL \$44.90 ✓

00 - APPROVED - 001

MasterCard  
AID: [REDACTED]  
TVR: [REDACTED]  
TSE: [REDACTED]

THANK YOU

CUSTOMER COPY

(3)

**AIR CANADA  
AIRPORT FEE RECEIPT  
TICKET NO: [REDACTED]**

**PNR RECLOC:  
ISSUED BY :**

**COUPON 1 OF 1  
[REDACTED]  
YEG80**

NAME: RAE/PENELOPE MRS  
DATE OF ISSUE: 31AUG2016

|                     | AMOUNT | GST   | HST   | QST   | TOTAL  |
|---------------------|--------|-------|-------|-------|--------|
| SAME DAY CHANGE FEE | 150.00 | 00.00 | 00.00 | 00.00 | 150.00 |

|             |        |       |       |       |        |
|-------------|--------|-------|-------|-------|--------|
| GRAND TOTAL | 150.00 | 00.00 | 00.00 | 00.00 | 150.00 |
|-------------|--------|-------|-------|-------|--------|

 ✓

FORM OF PAYMENT: IN CANADIAN DOLLARS [REDACTED]  
GST/TPS HST/TVH NO. 100092287 RT000 QST/TVQ NO. 1000-043-172 RT000  
FEES ARE NON-REFUNDABLE

**Air Canada change fee on August 31st  
for later flight from Edmonton to  
Calgary**

# LITTLE AMERICA

*Hotel*

SALT LAKE CITY

④

09-08-16

**Penny Rae**

Room No. : ██████████  
 Arrival : 09-06-16  
 Departure : 09-08-16  
 Page No. : 1 of 1  
 Folio No. : ██████████  
 Conf. No. : ██████████  
 Cashier No. : ██████████  
 User ID : ██████████  
 Invoice No. :

**INVOICE**

Membership No. :  
 A/R Number : ██████████  
 Group Code : ██████████  
 Company Name : Health Catalyst

| Date           | Description           | Additional Information | Charges       | Credits         |
|----------------|-----------------------|------------------------|---------------|-----------------|
| 09-06-16       | Room Charge           |                        | 149.00        |                 |
| 09-06-16       | Taxes Room Tax        |                        | 8.57          |                 |
| 09-06-16       | Taxes State Sales Tax |                        | 10.21         |                 |
| 09-07-16       | Room Charge           |                        | 149.00        |                 |
| 09-07-16       | Taxes Room Tax        |                        | 8.57          |                 |
| 09-07-16       | Taxes State Sales Tax |                        | 10.21         |                 |
| 09-08-16       | Mastercard Payment    |                        |               | 335.56          |
| <b>Total</b>   |                       |                        | <b>335.56</b> | <b>335.56</b> ✓ |
| <b>Balance</b> |                       |                        |               | <b>0.00</b>     |

\$ 335.56 US = \$ 448.78 Cdn. ✓

I agree that my liability for this bill 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 of the full amount of these charges.

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

**Hotel in Salt Lake City September 6-8  
 while attending Healthcare Analytics  
 Summit 2016**

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

EXIT No. [REDACTED]  
IN: 09/06/16 11:48  
OUT: 09/08/16 22:49  
DURATION: 2 11: 01  
PAID: \$ 88.05  
(GST INCLUDED)  
MASTERCARD  
[REDACTED]

✓ **Hotel in Salt Lake City September 6-8  
while attending Healthcare Analytics  
Summit 2016**

REF. [REDACTED]  
THANK YOU FOR  
YOUR VISIT

⑤



## AHS Public Disclosure Expense Claims

| Claimant Name      | Claimant Title            | Claimant Location | Expense Claim Total |
|--------------------|---------------------------|-------------------|---------------------|
| RAE, PENELOPE JANE | Chief Information Officer | Calgary           | 112.70              |

  

| Expense Date | Business reason  | Expense Location | Expense Type   | Amount | From Location | To Location | Justification  | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
|--------------|--|------------------|----------------|--------|---------------|-------------|--|-----------|----------------|------------------|---------------|
| 8/29/2016    | Attendance at Provincial CIS RFP Stage 1 Executive Session Demos                 | AB - Other Zones | Meals Per Diem | 24.00  |               |             | Attendance at AHS CIS RFP Stage 1 Executive Session Demos Sept 29-32<br>Dinner = \$24.00   | 1         |                |                  |               |
| 9/6/2016     | Travel to Salt Lake City for Healthcare Analytics Summit                         | AB - Other Zones | Meals Per Diem | 13.00  |               |             | Travel to Salt Lake City for Healthcare Analytics Summit 2016<br>Lunch = \$13.00   | 1         |                |                  |               |
| 9/7/2016     | Dinner while attending Healthcare Analytics Summit in Salt Lake City             | International    | Meals Per Diem | 31.00  |               |             | Dinner while attending Healthcare Analytics Summit 2016 in Salt Lake City<br>International Dinner = \$31.00  | 1         |                |                  |               |
| 9/8/2016     | Breakfast & Dinner while attending Healthcare Analytics Summit in Salt Lake City | International    | Meals Per Diem | 44.70  |               |             | Breakfast and dinner while attending Healthcare Analytics Summit 2016 in Salt Lake City<br>International Bfast = \$13.70<br>International Dinner = \$31.00 | 1         |                |                  |               |

  

| Approver(s) for the claim | Approval Status | Approval Date |
|---------------------------|-----------------|---------------|
| RHODES, DEBORAH           | Approve         | 12-Oct-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

|                         |  |
|-------------------------|--|
| <b>Name :</b> Penny Rae | <b>Reporting Period for the Month of :</b> August 21st to September 20th, 2016 |
|-------------------------|--|

| DD-MMM-YYYY                    | Payment Method | Category                   | Description/Purpose of the Expense  | Name of Vendor             | Amount Paid      |
|--------------------------------|----------------|----------------------------|---|----------------------------|------------------|
| 23-Aug-2016                    | Direct Billing | Airline Ticket             | Airfare Edmonton to Calgary on August 31st after attending AHS Provincial CIS RFP Stage 1 Executive Session Demos (August 29-31). Please note a 7:10 a.m. flight was booked in error rather than a 7:00 p.m. flight. A change fee was incurred. | Marlin Travel              | 176.48           |
|                                | Direct Billing | Choose from Drop-down List |   |                            |                  |
|                                | Direct Billing | Choose from Drop-down List |   |                            |                  |
|                                | Direct Billing | 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>\$ 176.48</b> |

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

**Airfare Edmonton to Calgary on August 31st after attending AHS Provincial CIS RFP Stage 1 Executive Session demos (August 29-31). A 7:10 a.m. flight was booked in error rather than a 7:00 p.m. flight. A change fee was incurred.**

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

**Invoice Number:** [REDACTED]  
**Date:** August 23, 2016  
**Page:** 1/2  
**Our Reference:** [REDACTED]

## INVOICE

**For**

MRS PENELOPE RAE

AC [REDACTED]  
 WS [REDACTED]

**Wednesday, August 31, 2016**

**✈ Air**

AIR CANADA  
**From:** EDMONTON INTL AB  
**To:** CALGARY AB  
**Stops:** 0 **Arrival:** 31Aug16  
 AIR CANADA E

**Flight:** 8133 **S CLASS**  
 07:10 AM **Equipment:** D8 (300 SERIES)  
 08:05 AM

**Mile(s) Flown:** 163

**Cost:**

|      |                  |                      |               |
|------|------------------|----------------------|---------------|
| TKT- | [REDACTED] E-TKT |                      | 139.00        |
|      |                  | <b>Tax:</b>          | 37.48         |
|      |                  | <b>Ticket Total:</b> | <b>176.48</b> |

**Total:**

|  |  |        |
|--|--|--------|
|  | <b>Grand Total:</b>                          | 176.48 |
|  | <b>Less Credit Card Payments:</b>            | 176.48 |
|  | <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.....

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

Invoice Number: [REDACTED]  
Date: August 23, 2016  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

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](http://WWW.MARLINTRAVEL.CA).