

AHS Board and Executive Expense Report

Name Penny Rae
Title Chief Information Officer
Location Calgary

Expenses submitted during the month of October 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)
Oct-16	P-Card	Meetings				51	51			
Oct-16	Expense Claim	Meetings		56		154	210			
Oct-16	Direct Billing	Meetings	277				277			
Total			\$ 277	\$ 56	\$ -	\$ 205	\$ 538	\$ -	\$ -	\$ -

Total for the Month \$ 538

Maximum daily single meal expense claimed in the month \$ 24
 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>	<u>CHIEF INFORMATION OFFICER</u>	Billing Reporting Period	<u>20/10/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>INFORMATION TECHNOLOGY</u>	<u>QUARRY PARK</u>	Total Statement Amount	<u>\$51.44</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>PENNY.RAE@ALBERTAHEALTHSERVICES.CA</u>		Last 6 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
03/10/2016	[REDACTED]	CHECKER CABS LTD. LIMOUSINES AND TAXICABS	40.94	CAD	✓ 40.94	1.95		Taxi on Oct 3 from residence to Calgary International Airport ①
18/10/2016	[REDACTED]	CITY OF RED DEER, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	2.00	CAD	✓ 2.00	10		Parking at Central Block Red Deer for mtg with IT staff ②
18/10/2016	[REDACTED]	AHS RDRH PARKING LOTS, AUTOMOBILE PARKING LOTS AND GARAGES	8.50	CAD	✓ 8.50	40		Parking at RDRH on Oct 18 to attend Clinical Telehealth Team Building Day ③

✓
PBB

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>Dawn A Rand</u> <small>Name of Cardholder Designate</small> <u>Dawn A Rand</u> <small>Signature of Cardholder Designate</small>	<u>Executive Assistant</u> <small>Cardholder Designate Position/Title</small> <u>Oct. 24 2016</u> <small>Date of Signature</small>	
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> <small>Name of Cardholder</small> <u>Pae</u> <small>Signature of Cardholder</small>	<u>CHIEF INFORMATION OFFICER</u> <small>Cardholder Position/Title</small> <u>Oct. 24 2016</u> <small>Date of Signature</small>	
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> <small>Name of Approver Designate</small> <u>Susan Best</u> <small>Signature of Approver Designate</small>	<u>Exec Admin Coord.</u> <small>Approver Designate Position/Title</small> <u>Oct. 25/16</u> <small>Date of Signature</small>	
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> <small>Name of Approver</small> <u>Deborah Rhodes</u> <small>Signature of Approver</small>	<u>VPCorp Services + CFO</u> <small>Approver Position/Title</small> <u>Oct. 31/16</u> <small>Date of Signature</small>	
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: • 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 _____

316 MERIDIAN ROAD SE
CALGARY, AB T2A 1X2

**Taxi on October 3rd from residence to
Calgary International Airport to attend
all day IT Managers meeting in Edmonton**

TERMINAL ID: [REDACTED]
MERCHANT ID: [REDACTED]
VEHICLE ID: [REDACTED]
DRIVER ID: 0941
GSI ACCOUNT #: 817536519
TRIP NUMBER: 8998256
PASSENGERS: 1

(1)

10/03/2016
START: 05:34 END: 05:54
DISTANCE: 222.00 RATE: 1
FARE AMOUNT: \$ 33.90

TAX AMOUNT: \$ 1.70
TIP AMOUNT: \$ 5.34

TOTAL : \$ 40.94 ✓

MASTER CARD SALE : [REDACTED]

APPROVAL NUMBER : [REDACTED]

PASSENGER COPY

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



City of Red Deer
P6

Thank You
Display on Dashboard

(2)

TIME OF EXPIRY

10/18/2016

11:02

**Parking on October 18th at Centre Block,
Red Deer for meeting with staff**

Entry
10/18/2016 [REDACTED]

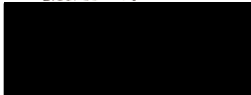
Fee Paid
\$ 2.00
Mastercard [REDACTED]

✓

RECEIPT

Red Deer
Regional Hospital

License Plate Number



Expiration Date/Time

11:59 PM
OCT 18, 2016

Purchase Date/Time: 10:53am Oct 18, 2016

Total Due: \$8.50 Rate: BUY METERED TIME

Total Paid: \$8.50 Payment Type: Card

Ticket #: [REDACTED]

S/N #: [REDACTED]

Setting: Red Deer

Mach Name: [REDACTED] ✓

[REDACTED] MasterCard

Auth #: [REDACTED]

DO NOT PLACE ON DASH

PARK

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

**Parking at Red Deer Regional Hospital
on October 18th to attend Clinical
Telehealth Team Building Day**

3

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
RAE, PENELOPE JANE	Chief Information Officer	Calgary	\$ 209.53								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/3/2016	All day IT Managers Meeting in Edmonton	AB - Other Zones	Meals Per Diem	\$ 10.50			Attendance at all day IT Managers meeting in Edmonton on October 3rd Bfast = \$10.50	1			
10/18/2016	Attendance at Clinical Telehealth Team Building Day on Oct 18th		Mileage-Other	\$ 154.03			Attendance at Clinical Telehealth Team Building Day in Red Deer on October 18th	1			305
10/19/2016	All day Provincial Senior Leaders Meeting	AB - Other Zones	Meals Per Diem	\$ 34.50			All day Provincial Senior Leaders meeting on October 19th Bfst = \$10.50 Dinner = \$24.00	1			
10/20/2016	All day IT Leadership Meeting in Red Deer	AB - Other Zones	Meals Per Diem	\$ 10.50			All day IT Leadership Meeting in Red Deer Bfast = \$10.50	1			
Approver(s) for the claim		Approval Status		Approval Date							
RHODES, DEBORAH		Approve		24-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

Name : Penny Rae	Reporting Period for the Month of : September 16th to October 20th, 2016
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
16-Sep-2016	Direct Billing	Airline Ticket	Airfare Calgary to Edmonton on October 3rd to attend all day IT Managers meeting. Carpooled with others for the return to Calgary	Marlin Travel	126.11
7-Oct-2016	Direct Billing	Airline Ticket	Airfare Calgary to Edmonton on October 19th to attend (1) all day Provincial Senior Leaders meeting (2) SPO CIS short list meeting	Marlin Travel	151.33
	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	-
Total Paid in the Month					\$ 277.44



Trip Statement

ALBERTA HEALTH SERVICES MARLIN TRAVEL GOVT CENTER 9929 - 108TH STREET EDMONTON AB T5K1G8	Trip #: [REDACTED] Booking Date: 16 Sep 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: CASANDRA WAGNER File Locator: [REDACTED]
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PASSENGERS: MRS PENELOPE RAE

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	76.63	0.00	\$0.00	49.48	0.00	126.11 CAD
Total:	76.63	0.00	0.00	49.48	0.00	126.11 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/15/2016	[REDACTED]	[REDACTED]	126.11 CAD
Total Payment:					126.11 CAD

Balance Due CAD Currency **0.00 CAD**

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** **PLEASE REVIEW YOUR ITINERARY FOR ACCURACY**
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 -----WESTJET AIRLINE RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

Airfare Calgary to Edmonton on October 3 to attend all day IT Managers meeting. Carpoled with others for return to Calgary

ALBERTA HEALTH SERVICES
MARLIN TRAVEL GOVT CENTER
9929 - 108TH STREET
EDMONTON AB
T5K1G8

Trip #: [REDACTED]
Booking Date: 16 Sep 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: CASANDRA WAGNER

File Locator: MQ0WPX

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
PENELOPE RAE	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: PENELOPE RAE
Booking Date: 15 Sep 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	03394	CALGARY INTL 03 Oct 16 7:00AM		EDMONTON INTL 03 Oct 16 7:51AM	X		



Trip Statement

ALBERTA HEALTH SERVICES
 MARLIN TRAVEL GOVT CENTER
 9929 - 108TH STREET
 EDMONTON AB
 T5K1G8

Trip #: [REDACTED]
 Booking Date: 07 Oct 16
 Client: [REDACTED]
 Client Phone #: [REDACTED]
 Client Email: [REDACTED]
 Agent: CASANDRA WAGNER

File Locator: [REDACTED]

PASSENGERS: MRS PENELOPE RAE

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	101.85	0.00	\$0.00	49.48	0.00	151.33 CAD
Total:	101.85	0.00	0.00	49.48	0.00	151.33 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/06/2016	[REDACTED]	[REDACTED]	151.33 CAD
Total Payment:					151.33 CAD

Balance Due CAD Currency 0.00 CAD

TRAVEL APPROVED BY DEBORAH.RHODES
 CORPORATE UNIT 101

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
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 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
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**Airfare Calgary to Edmonton on
 October 19th to attend (1) all day Prov.
 Senior Leaders mtg. and (2) SPO CIS
 Short List meeting**

GOVERNMENT CENTRE
 MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8
 Tél · 780 425 8611

ALBERTA HEALTH SERVICES
MARLIN TRAVEL GOVT CENTER
9929 - 108TH STREET
EDMONTON AB
T5K1G8

Trip #: [REDACTED]
Booking Date: 07 Oct 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: CASANDRA WAGNER

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
PENELOPE RAE	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: PENELOPE RAE
Booking Date: 06 Oct 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	03394	CALGARY INTL 19 Oct 16 7:00AM		EDMONTON INTL 19 Oct 16 7:51AM	M		