

AHS Board and Executive Expense Report

Name Penny Rae
Title Chief Information Officer
Location Calgary

Expenses submitted during the month of November 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)
Nov-16	P-Card	Meetings			156	186	342			
Nov-16	Expense Claim	Meetings					-	340		
Nov-16	Direct Billing	Meetings	343				343			
Total			\$ 343	\$ -	\$ 156	\$ 186	\$ 685	\$ 340	\$ -	\$ -

Total for the Month \$ 1,025

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 139
 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>20/11/2016</u>
<u>INFORMATION TECHNOLOGY</u> Cardholder's Dept	<u>QUARRY PARK</u> Cardholder's Site/Location	Total Statement Amount	<u>\$341.82</u>
<u>PENNYRAE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 5 digits of the P-Card # XXXXXXXXXX		

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/10/2016	[REDACTED]	CHECKER CABS LTD. LIMOUSINES AND TAXICABS	36.11	CAD	36.11	1.72		Taxi on Oct 19 from residence to CIA to attend Senior Leaders Mtg in Edm
21/10/2016	[REDACTED]	RENAISSANCE EDMONTON A. RENAISSANCE HOTELS	156.00	CAD	156.00	00		Hotel on Oct 19 after attending Senior Leaders mtg and short list mtg for SPO CIS
01/11/2016	[REDACTED]	CO OP TAXI LINE LTD. LIMOUSINES AND TAXICABS	59.80	CAD	59.80	2.85		Taxi from IBM Bldg. to EIA after new direct report orientation and other mtgs
01/11/2016	[REDACTED]	GREATER EDMONTON TAXI. LIMOUSINES AND TAXICABS	60.50	CAD	60.50	2.88		Taxi on Nov 1 from EIA to CN Tower
01/11/2016	[REDACTED]	THE CALGARY AIRPORT AU. AUTOMOBILE PARKING LOTS AND	29.35	CAD	29.35	1.40		Parking at the CIA on Nov 1 while attending mtgs in Edm

①
②
③
④
⑤

✓
PAB

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>Down A Rand</u> Name of Cardholder Designate <u>Down A Rand</u> Signature of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title <u>Nov. 23/16</u> Date of Signature	
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> Name of Cardholder <u>Rae</u> Signature of Cardholder	<u>CHIEF INFORMATION OFFICER</u> Cardholder Position/Title <u>Nov. 23/16</u> Date of Signature	
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> Name of Approver Designate <u>Susan Best</u> Signature of Approver Designate	<u>Exec Admin Coord.</u> Approver Designate Position/Title <u>Nov. 24, 2016</u> Date of Signature	
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> Name of Approver <u>Deborah Rhodes</u> Signature of Approver	<u>VPCorp Services & CFO</u> Approver Position/Title <u>Nov. 28/16</u> Date of Signature	
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 19th from residence to
Calgary International Airport to attend
all day Senior Leaders Meeting in Edm.**

TERMINAL ID: [REDACTED]
MERCHANT ID: [REDACTED]
VEHICLE ID : [REDACTED]
DRIVER ID : [REDACTED]
GST ACCOUNT #: 851721779
TRIP NUMBER: [REDACTED]
PASSENGERS: 1

(1)

10-19-2016
START: 05:34
DISTANCE: 189.00
END: 05:54
RATE: 1

FARE AMOUNT: \$ 29.90

TAX AMOUNT: \$ 1.50
TIP AMOUNT: \$ 4.71

TOTAL : \$ 36.11 ✓

MASTER CARD SALE : [REDACTED]

APPROVAL NUMBER : [REDACTED]

PASSENGER COPY

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



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

Terminal [REDACTED]
Driver [REDACTED]
16/11/01 15:07:23

MASTERCARD
Card : [REDACTED]
MasterCard
CHIP CARD

(3)

Ref # [REDACTED]
Auth # [REDACTED]

FARE : \$ 53.80
TIP : \$ 6.00

TOTAL : \$ 59.80 ✓

**Taxi on November 1st from IBM Building to Edm.
International Airport after the following mtgs.:**
(1) IT Executive (2) Role of Governance Committee
(3) Update mtg with Dr. Hayward (4) Orientation
with new direct report, David vanHeerden

APPROVED - THAN
[REDACTED]

IMPORTANT: Retain this
copy for your records

Customer Copy

Thank you for choosing
Co-op taxi

Room	RAE/PENELOPE/MRS	139.00	10/20/16	06:29	ACCT#
	<small>Name</small>	<small>Rate</small>	<small>Depart</small>	<small>Time</small>	
Type			10/19/16	08:08	
			<small>Arrive</small>	<small>Time</small>	
Room Clerk	Address	Payment			RWD#:

2

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
10/19	ROOM	139.00		
10/19	DMF	4.17		
10/19	GST	7.16		
10/19	TRSM LEV	5.73		
10/20	CCARD-MC		156.06	
PAYMENT RECEIVED BY: MASTERCARD				
				.00

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

**Edm. hotel the night of October 19th
 after attending (1) all day Senior Leaders
 mtg. and (2) Short List mtg - SPO CIS**

YELLOW CAB

780.462.3456

GST# _____

paid by master card (Plus Tip \$5.50) (10%)

④

Date: 01/01/16

Amount: \$55.7

\$100.50 ✓

Driver: [REDACTED]

Car#: 502

From: yycg

To: [REDACTED]

10135-31 Avenue, Edmonton, AB T6N 1C2



Taxi on November 1st from Edm. International Airport to CN Tower to attend the following mtgs.: (1) IT Executive (2) Role of Governance Committee (3) Update mtg with Dr. Hayward (4) Orientation with new direct report, David vanHeerden

**RECEIPT
GST NO. R122556194**

⑤

EXIT No. A5
IN: 11/01/16 05:47
OUT: 11/01/16 18:13
DURATION: 0 12: 26
PAID: \$ 29.35 ✓
(GST INCLUDED)
MASTERCARD
[REDACTED]

REF. [REDACTED]
THANK YOU FOR
YOUR VISIT

Parking at the Calgary International Airport on November 1st while attending the following mtgs.: (1) IT Executive (2) Role of Governance Committee (3) Update mtg with Dr. Hayward (4) Orientation with new direct report, David vanHeerden



AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
RAE, PENELOPE JANE	Chief Information Officer	Calgary	\$ 340.20

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/18/2016	Membership fees in the Association of Professional Engineers and Geoscientists of Alberta	AB - Local	Membership Dues	\$ 340.20			Annual membership dues in the Association of Professional Engineers and Geoscientists of Alberta (Sept 1/16 to August 31/17)	1			

Approver(s) for the claim	Approval Status	Approval Date
RHODES, DEBORAH	Approve	9-Dec-16

OFFICIAL RECEIPT

For Membership Dues

Retain for Income Tax Purposes

GST# 106728603

For: **Penny Rae**

Member No: [REDACTED]

Receipt No: [REDACTED]

Receipt Date: **October 18, 2016**

Amount: **\$324.00**

GST: **\$16.20**

Valid Dates: **September 01, 2016 to August 31, 2017**

Total: **\$340.20**



The Association of Professional
Engineers and Geoscientists of Alberta

Head Office | 1500 Scotia One | 10060 Jasper Avenue NW | Edmonton AB T5J 4A2
PH 780-426-3990 TOLL FREE 1-800-661-7020 FAX 780-426-1877 www.apega.ca email@apega.ca

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 : October 21st to November 20th, 2016
-------------------------	--

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Oct-2016	Direct Billing	Airline Ticket	Airfare Calgary to Edmonton on November 1st to attend the following: (1) IT Executive Meeting; (2) Role of Governance Committees (3) Update meeting with Dr. Rob Hayward (4) Orientation with new direct report, David van Heerden	Marlin Travel	342.96
	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					\$ 342.96



Trip Statement

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 27 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
AIR CANADA Ticket # [REDACTED]	268.00	0.00	\$0.00	74.96	0.00	342.96 CAD
Total:	268.00	0.00	0.00	74.96	0.00	342.96 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/26/2016	[REDACTED]	[REDACTED]	342.96 CAD
Total Payment:					342.96 CAD

Balance Due CAD Currency 0.00 CAD

TRAVEL APPROVED BY DEBORAH.RHODES
CORPORATE UNIT 101
REASON FOR TRAVEL ORIENTATION FOR NEW SR PROV DIRECTOR? CIS

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 -----
---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

Airfare Calgary to Edmonton on Nov. 1 to attend (1) IT Executive mtg.; (2) Role of Governance Committees; (3) Update mtg. with Dr. Hayward; (4) Orientation with new direct report, David van Heerden

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 27 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: 26 Oct 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08130	CALGARY INTL		EDMONTON INTL	S		
		01 Nov 16 6:45AM		01 Nov 16 7:39AM			
AIR CANADA	08169	EDMONTON INTL		CALGARY INTL	S		
		01 Nov 16 4:55PM		01 Nov 16 5:47PM			

GOVERNMENT CENTRE

MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8

Tel.: 780 425 8611