

AHS Board and Executive Expense Report

Name Richard Dicerni
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of April 2018

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)
Apr-18	Expense Claim	Meetings	526	26		58	610			
Apr-18	Direct Bill	Meetings			223		223			
Total			\$ 526	\$ 26	\$ 223	\$ 58	\$ 833	\$ -	\$ -	\$ -

Total for the Month \$ 833

Maximum daily single meal expense claimed in the month \$ 26
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.

Employee # [REDACTED]

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Richard Dicerni			Expense Period Month:	Apr-18
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attended Private and Public Board Meetings on April 26, 2018 in Calgary.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$26.25 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$583.59 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$609.84 ✓

SECTION 3: AUTHORIZATION			
I attest that I have read and understand all applicable policies that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.			
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.			
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Richard Dicerni	<i>See attached email for approval.</i>	May 15, 2018	[REDACTED]

I attest that I have read and understand all applicable policies of that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.	
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.	
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.	
Approved by (Print Name)	Position Title/Program Group
Linda Hughes	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>Linda Hughes</i>	May 21/18

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Privacy (FOIP) Act, respectively, for the purpose of administering the program.

Deborah Rhodes
Deborah Rhodes, VP Corporate Services & CFO
Position #: [REDACTED] DOFA Level: [REDACTED]

For payment please submit to:
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

Carry forward from Section 1

Name:	Richard Dicerri	Expense Period Month:	Apr-18
--------------	-----------------	------------------------------	--------

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)	
			Allowance Within Canada		With Receipt or Allowance Outside Canada						
			Meal Type	Allowance	Meal Type	Amount					
25-Apr-2018	Taxi from residence to Ottawa Airport.	Yes					\$28.00	✓			
25-Apr-2018	Flight from Ottawa to Calgary to attend Private and Public Board Meetings on April 26, 2018.	Yes					\$525.59	✓			
25-Apr-2018	Taxi from Calgary Airport to hotel.	Yes			\$26.25	✓	\$30.00	✓			
Total: (amount auto fills to page 1)			\$0.00		\$26.25	✓	\$0.00	\$583.59	✓	\$0.00	0.00

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
----------------------------------	-------	----------------------	------



Job # _____

RECEIPT FOR CAB FARE

Amount 27.00 Date April 25 2018

From _____

To _____

Cab No. [REDACTED] Driver [Signature]

H.S.T. Included



Richard - Lobby

CHECK # [REDACTED] DATE 4/25/18
TABLE # [REDACTED] TIME 7:15 PM

-- DINING : ZZ ALICIA --

ITEMS ORDERED	AMOUNT
1 PR SLIDERS	15.00
1 LETTUCE WEDGE	9.00
1 WATER	0.00

SUBTOTAL 25.00
GST 1.25

TOTAL DUE 26.25

Thank you for visiting
The Keg Steakhouse & Bar
Calgary 4th Avenue
Restaurant # 204

Review your experience at
www.KegFeedback.com
and receive a CHANCE to
WIN a \$100 Gift Card!

* See www.kegfeedback.com
for complete contest rules:

***PLEASE SEE YOUR SERVER IN REGARDS TO
HOTEL BILLING***

GST# 122833890RT0001

YELLOW CAB

780.462.3456

call or text your address to book your cab

GST# _____

Date: April 25/18 Amount: 30.00

Driver: _____ Car#: _____

From: Airport

To: HOTEL WESTIN

10135-31 Avenue, Edmonton, AB T6N 1C2



Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.
Please bring your itinerary-receipt to the airport.

Main Contact Information

Booking reference: [REDACTED]

Name: Mr Richard Dicerni
E-mail: [REDACTED]
Payment: [REDACTED]

Customer Care
Air Canada Reservations
 1-888-247-2262

Air Canada Flight Information
 1-888-422-7533
[International Reservations](#)

Alert me of flight changes
[Flight notification](#)

Flight Itinerary

Flight	From	To	Aircraft	Cabin (Booking class)	Status
AC353	Ottawa (YOW)	Calgary (YYC)	E90	Economy Standard (Q)	Confirmed
	Wed 25-Apr 2018 16:05	Wed 25-Apr 2018 18:27			

Passenger Information

Passenger: 1 Mr Richard Dicerni
Ticket number: [REDACTED]
Frequent Flyer Pgm: Air Canada Aeroplan **Program number:** [REDACTED]

Purchase Summary

Passenger: 1 Ticket number [REDACTED]

Date of issue
Fare Amount in Canadian dollars:
(including navigational & other charges)

17-Apr 2018
 435.00

Taxes, Fees & Charges

Air Travellers Security Charge (CA)	7.12
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001) (RC)	60.47
Airport Improvement Fee - Canada (SQ)	23.00

Total Fare in Canadian dollars:

525.59 ✓

Ticket particularities:

AC ONLY/NONREF/CHGFEE -BG:AC

*Fare calculation:

25APR18YOW AC YYC Q23.00R412.00CAD435.00 END ROE1.00

Canadian tax registration numbers:

XG Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)

RC Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)

XQ Canada Quebec Sales Tax (QST #1000-043-172 TQ1991)

Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable.
- Seat selection charges are per passenger and apply to each individual one-way flight segment in your itinerary. Flight segments are identified by a change in flight number, with each new flight number representing a flight segment. Taxes are not included.
- Please note that you may be moved from your selected seat without notice in the event of an involuntary schedule or airport change (e.g. flight disruption, cancellation), to accommodate a passenger with a disability, or for any other reason that requires Air Canada to move you prior to departure or during the flight. If you are moved from your seat for one of these reasons, you may request a refund for your seat charges. We invite you to read additional [terms and conditions](#) related to seat selection

Please read important information and notices regarding Air Canada's [general conditions of carriage](#).

Baggage Information

Please see below for details on the bags you plan on checking at the baggage counter.

Baggage Information for: Richard Dicherni	
Air Canada baggage rules apply. For flight(s): AC353	1st bag: 25.00 CAD + taxes* per direction 2nd bag: 35.00 CAD + taxes* per direction
Max. weight per bag: 23 KG (50 lb)	Max. linear dimensions: 158 CM (62 in)

* For travel within Canada or between Canada and the United States, a Canadian tax of \$3.00 CAD may apply to bags fees. For travel between Canada or the United States and Mexico, the Dominican Republic and Barbados, an applicable local sales tax of \$4.00 CAD may apply to bag fees. For all other itineraries to/from Mexico, the Dominican Republic and Barbados as well as itineraries to/from South America, an applicable local sales tax of \$21.00 CAD may apply to bag fees. All above tax amounts are based on the maximum applicable tax amounts per itinerary type. Actual amounts may vary and will be charged in the currency used in your departure airport. Tax amounts are subject to change without notice by local government.

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 : Richard Dicerni	Reporting Period for the Month of : Apr-18
-------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-Apr-18	Direct Billing	Hotel	One night accommodation to attend Private and Public Board Meetings on April 26, 2018 in Calgary.	Vision Travel	\$223.42
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
Total Paid in the Month					\$ 223.42

WESTIN®

HOTELS & RESORTS

Westin Calgary
320 - 4th Ave SW
Calgary, AB T2P 2S6
Tel: 403-266-1611
Fax: 403-233-7471

Alberta Health Services
10030 107th Street NW
14th Floor, North Tower
Edmonton, AB T5J 3E4
Canada
Attn: Jennifer Hamstra

Page Number 1
AR Account [REDACTED]
Invoice Number [REDACTED]
Invoice Date 05-01-2018

INVOICE

Tax ID - 815462536RT0001

Date	Description	Charge	Credit	Balance
27-APR-18	[REDACTED] Folio ***Dicerni, Richard [REDACTED]			
25-APR-18	Room Charge	199.00		
25-APR-18	Good And Services Tax	10.25		
25-APR-18	Destination Marketing	5.97		
25-APR-18	Tourism Levy	8.20		
		223.42		223.42

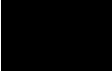
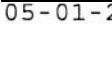
Continue

WESTIN®

HOTELS & RESORTS

Westin Calgary
320 - 4th Ave SW
Calgary, AB T2P 2S6
Tel: 403-266-1611
Fax: 403-233-7471

Alberta Health Services
10030 107th Street NW
14th Floor, North Tower
Edmonton, AB T5J 3E4
Canada
Attn: Jennifer Hamstra

Page Number 2
AR Account 
Invoice Number 
Invoice Date 05-01-2018

INVOICE

Tax ID - 815462536RT0001

Date	Description	Charge	Credit	Balance
------	-------------	--------	--------	---------

GST Summary

Room		10.25		
Food & Beverage		0.00		
Telephone		0.00		
Other Revenue		0.00		

Total		10.25		

Vendor Number 815462536RT0001

Current	Over 30	Over 60	Over 90	Balance
223.42				223.42
