

## AHS Board and Executive Expense Report

**Name** Richard Dicerni  
**Title** AHS Board Member  
**Location** Edmonton

Expenses submitted during the month of October 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)
Oct-18	Expense Claim	Meetings	968	41		172	1,181			
Oct-18	Direct Bill	Meetings			426		426			
<b>Total</b>			<u>\$ 968</u>	<u>\$ 41</u>	<u>\$ 426</u>	<u>\$ 172</u>	<u>\$ 1,607</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

**Total for the Month**      \$      1,607

Maximum daily single meal expense claimed in the month      \$      21  
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

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	Richard Dicerni			Expense Period Month:	Oct-18
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attended Private Board Meeting on October 25, 2018 in Calgary.				

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
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	<b>\$41.50</b>
Travel Exp (B+C+E)	101	0005	71110300000	62212000	<b>\$1,139.86</b>
Other (D)	101	0005	71110300000	41090000	<b>\$0.00</b>
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$1,181.36</b>

<b>SECTION 3: AUTHORIZATION</b>			
I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.			
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 approval email att.</i>	Nov. 14/18	[REDACTED]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.	
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>	Nov. 19/18

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

For payment please submit to: *Deborah Rhodes Nov. 15/18*  
 14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

**Carry forward from Section 1**

<b>Name:</b>	Richard Dicerni	<b>Expense Period Month:</b>	Oct-18
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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				
24-Oct-2018	Taxi from hotel to Toronto Airport to attend Private Board Meeting on October 25, 2018 in Calgary.	Yes					\$65.00			
24-Oct-2018	Flight from Toronto to Calgary on October 24, 2018.	Yes					\$577.57			
24-Oct-2018	Taxi from YYC to hotel.	Yes	D-\$20.75	\$20.75			\$39.90			
25-Oct-2018	Dinner Per Diem.	Yes	D-\$20.75	\$20.75						
26-Oct-2018	Taxi from hotel to YYC.	Yes					\$37.50			
26-Oct-2018	Flight from Calgary to Ottawa.	Yes					\$390.73			
26-Oct-2018	Taxi from Ottawa airport to residence.	Yes					\$29.16			
<b>Total: (amount auto fills to page 1)</b>			\$41.50		\$0.00	\$0.00	\$1,139.86	\$0.00	0.00	

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ -
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BECK TAXI

# RECEIPT



Cab No. \_\_\_\_\_ G.S.T. \_\_\_\_\_

From \_\_\_\_\_

To Parkinson

Date 24 OCT Amount 65.00

Signature \_\_\_\_\_

**416.751.5555**

BECK TAXI **streets10**  
toronto's visual search engine

see reverse for your entry code to win.

ASSOCIATED CAB  
ALLIED LIMOUSIN  
307-41 AVENUE NE  
CALGARY AB T2E 2N4  
(403) 299-1111  
CAR#1823

316 MERIDIAN ROAD SE  
CALGARY, AB T2A 1X2

## SALE

MID [REDACTED]  
TID [REDACTED] REF#: [REDACTED]  
Batch #: [REDACTED] SEQ: [REDACTED]  
10/24/18 17:07:59  
APPR CODE: [REDACTED]  
AMERICAN EXPRESS  
\*\*\*\*\* [REDACTED]

AMOUNT \$36.90  
TIP \$3.00  
TOTAL \$39.90

00 - APPROVED - 000

AMERICAN EXPRESS  
AID [REDACTED]  
TVR [REDACTED]  
TSI [REDACTED]

THANK YOU  
CUSTOMER COPY

TERMINAL ID: 314-674-412  
MERCHANT ID: [REDACTED]  
VEHICLE ID: [REDACTED]  
DRIVER ID: [REDACTED]  
CST ACCOUNT ID: [REDACTED]  
TRIP NUMBER: [REDACTED]  
PASSENGERS: 1

10/26/2018  
START: 07:41  
DISTANCE: 197.00  
END: [REDACTED]  
RATE: [REDACTED]

TAXI AMOUNT: \$ 32.38  
TIP AMOUNT: \$ 1.62  
TIP AMOUNT: \$ 3.50

TOTAL : \$ 37.50

APPROVAL NUMBER : [REDACTED]

APPROVAL NUMBER : [REDACTED]

\*\*\*PASSENGER COPY\*\*\*

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



## BLUE LINE TAXI

(613) 238 - 1111

TERMINAL ID: 314-101-102  
MERCHANT ID: [REDACTED]  
VEHICLE ID: [REDACTED]  
DRIVER ID: [REDACTED]

TRIP NUMBER: [REDACTED]  
PASSENGERS: [REDACTED]  
10/26/2018  
START: 15:56  
END: [REDACTED]

TAXI AMOUNT: \$ [REDACTED]

TIP AMOUNT: \$29.16 \$ [REDACTED]

TOTAL : \$ 29.16

APPROVAL NUMBER : [REDACTED]

APPROVAL NUMBER : [REDACTED]

\*\*\*PASSENGER COPY\*\*\*

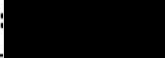
CUSTOMER SERVICE 1-800-443-2828  
INQUIRY@TAXI11AB.COM  
TAXI11AB



# 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:** 

**Name:** Mr Richard Dicerni  
**E-mail:**   
**Payment:** 

**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
AC151	Toronto Pearson (YYZ)	Calgary (YYC)	7M8	Economy Flex (V)	Confirmed
	Wed 24-Oct 2018 18:25 - TERMINAL T1	Wed 24-Oct 2018 20:35			

Seat number(s) requested: 12E

## Passenger Information

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

## Purchase Summary

**Passenger: 1 Ticket number** 

**Date of issue**

15-Oct 2018

<b>Fare Amount in Canadian dollars:</b>	479.00
<i>(including <a href="#">navigational &amp; other charges</a>)</i>	
<b>Taxes, Fees &amp; Charges</b>	
Air Travellers Security Charge (CA)	7.12
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001) (RC)	66.45
Airport Improvement Fee - Canada (SQ)	25.00
<b>Total Fare in Canadian dollars:</b>	<b>577.57</b>

Ticket particularities:  
 AC ONLY/NONREF/CHGE FEE  
 -BG:AC  
 \*Fare calculation:  
 24OCT18YTO AC YYC Q23.00R456.00CAD479.00 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.

<b>Baggage Information for: Richard Dicerni</b>	
Air Canada baggage rules apply. For flight(s): AC151	1st bag: Complimentary 2nd bag: 50.00 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

# 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
AC394	Calgary (YYC)	Ottawa (YOW)	319	Economy Flex (T)	Confirmed
	Fri 26-Oct 2018 09:40	Fri 26-Oct 2018 15:18			

Seat number(s) requested: 15C

**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**

28-Sept 2018

<b>Fare Amount in Canadian dollars:</b>	335.00
<i>(including <u>navigational &amp; other charges</u>)</i>	
<b>Taxes, Fees &amp; Charges</b>	
Air Travellers Security Charge (CA)	7.12
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) (XG)	18.61
Airport Improvement Fee - Canada (SQ)	30.00
<b>Total Fare in Canadian dollars:</b>	<b>390.73</b>

Ticket particularities:  
 AC ONLY/NONREF/CHGE FEE  
 -BG:AC

\*Fare calculation:  
 26OCT18YYC AC YOW Q23.00R312.00CAD335.00 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)

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\* 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



## 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> Richard Dicerni	<b>Reporting Period for the Month of :</b> Oct-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
24-Oct-18	Direct Billing	Hotel	Two nights accommodation to attend Private Board Meeting on October 25, 2018 in Calgary.	Vision Travel	\$426.34
	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	\$
<b>Total Paid in the Month</b>					<b>\$ 426.34</b>

# WESTIN®

HOTELS & RESORTS

Westin Calgary  
 320 - 4th Ave SW  
 Calgary, AB T2P 2S6  
 Tel: [REDACTED]  
 Fax: [REDACTED]

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 10-30-2018

INVOICE

Tax ID - 815462536RT0001

Date	Description	Charge	Credit	Balance
26-OCT-18	[REDACTED] Folio ***Dicerni, Richard [REDACTED] Voucher/PO # [REDACTED] Ext Confirmation# [REDACTED]			
24-OCT-18	Room Charge	199.00		
24-OCT-18	Good And Services Tax	10.25		
24-OCT-18	Destination Marketing	5.97		
24-OCT-18	Tourism Levy	8.20		
25-OCT-18	Room Charge	199.00		
25-OCT-18	Good And Services Tax	10.25		
25-OCT-18	Destination Marketing	5.97		
25-OCT-18	Tourism Levy	8.20		
		446.84		446.84
30-OCT-18	[REDACTED] Adjustment ADJ - GST Exempt		-20.50	-20.50

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 [REDACTED]  
Invoice Number [REDACTED]  
Invoice Date 10-30-2018

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INVOICE

Tax ID - 815462536RT0001

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Date	Description	Charge	Credit	Balance
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GST Summary

Room		20.50		
Food & Beverage		0.00		
Telephone		0.00		
Other Revenue		0.00		
		-----		
Total		20.50		

Vendor Number 815462536RT0001

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Current	Over 30	Over 60	Over 90	Balance
426.34				426.34

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