

AHS Board and Executive Expense Report

Name Dr. Rob Hayward

Title Senior Medical Director & Chief Medical Information Officer (CMIO)

Location Edmonton

Expenses submitted during the month of June 2019

					Travel (1)					
ммм-үү	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jun-19	Direct Billing	Meetings	241				241			
Total			\$ 241	\$ -	- \$ -	\$ -	\$ 241	\$ -	\$ -	\$ -

Total for

the Month \$ 241

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



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:

 Name: Rob Hayward Reporting Period for the Month of:

 Jun-19

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
21-06-2019			Attend Calgary Zone Foundation Meeting - Edmonton to Calgary Jun 21,		
21-06-2019	Direct Billing	Airline Ticket	2019, return on Jun 21, 2019	Vision Travel	\$240.85
	Direct Billing	Airline Ticket		Vision Travel	
	Direct Billing	Airline Ticket		Vision Travel	
	Direct Billing	Airline Ticket		Vision Travel	
	Direct Billing	Airline Ticket		Vision Travel	
Total Paid in th	ne Month				\$ 240.85

From: tripinfo@visiontravel.ca

To:

Subject: Invoice and Itinerary for HAYWARD/ROBERT MR - 21June19 - Vision Travel Locator:

Monday, June 17, 2019 1:42:11 PM Date:

Caution - This email came from an external address and may contain unsafe content. Ensure you trust this sender before opening attachments or clicking any links in this message.

Vision Travel DT Ontario-West Inc

, , Canada,

www.visiontravel.ca

GST Reg: 723782728 RT 0001

Invoice/Itinerary

Invoice:

Agency Ref.: Sales Person: Issued: 17 June 2019

Customer Number: Customer Ref.:

Passenger(s): HAYWARD/ROBERT MR

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

Disclaimer: It is your responsibility to carefully review this itinerary immediately upon receipt and

notify us if there are any discrepancies.

AIR - Fric	lay, June 2	1 2019			Add To Calendar			
Air Canada Flight AC8133 Economy Class								
Depart	Edmonto	n, Alberta	<u>Weather</u>	Arrive	Calgary, Alberta <u>Weather</u>			
Edmonton International Airport			onal Airport	Calgary International Airport				
08:40 AM Friday, June 21 2019			une 21 2019		09:33 AM Friday, June 21 2019			
Duration:	Duration: 0 hour(s) and 53 minute(s) No			Non-stop				
Status:	Status:		Confirmed					
Operated I	Operated By:		NADA EXPRESS -	JAZZ				
Online Check In:		Available 24 hours prior - click here						
E Upgrade:		For Eligible Flight - Aeroplan Members click here						
Remarks:		AIR CAI	NADA LOCATOR					
		AIR CAI	NADA TICKET					
		SEAT 8	C					
			PLEASE CHECK IN WITH AIR CANADA EXPRESS - JAZZ					



AIR - Friday, June 21 2019

Air Canada Flight AC8150 Economy Class

DepartCalgary, AlbertaWeatherArriveEdmonton, AlbertaWeatherCalgary International AirportEdmonton International Airport03:35 PM Friday, June 21 201904:25 PM Friday, June 21 2019

Add To Calendar

03:35 PM Friday, June 21 2019 0
0 hour(s) and 50 minute(s) Non-stop

Status: Confirmed

Duration:

Operated By: AIR CANADA EXPRESS - JAZZ
Online Check In: Available 24 hours prior - click here

E Upgrade: For Eligible Flight - Aeroplan Members click here

Remarks: AIR CANADA LOCATOR

AIR CANADA TICKET

SEAT 9D

PLEASE CHECK IN WITH AIR CANADA EXPRESS - JAZZ

Invoice Details						
Transaction	Document / Booking Number	Base Fare	Other Tax	GST/HST	QST	Total
Invoice Number: Vendor AC AIR CANADA		240.85	0.00	0.00	0.00	240.85
				Billed to:		
	Totals:	240.85	0.00	0.00	0.00	240.85
		Total Credit Card Billing:				240.85
				Bala	ance Due:	0.00

Remarks

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.

24 HOUR EMERGENCY TRAVEL ASSISTANCE

OUTSIDE REGULAR BUSINESS HOURS - MONDAY TO FRIDAY

A SERVICE FEE MAY APPLY FOR CALLS TO THIS SERVICE

WITHIN NORTH AMERICA - CALL 1-888-700-6063

OUTSIDE NORTH AMERICA - CALL COLLECT 1-514-855-4263

EMAIL 24HRSERVICE-MNL AT VISIONTRAVEL.CA

PLEASE QUOTE ACCESS CODE 2EC0

RECOMMENDED CHECK-IN TIME IS AT LEAST 90 MINUTES PRIOR TO DEPARTURE. AFTER CHECK-IN YOU MUST BE AVAILABLE AT THE BOARDING GATE AT LEAST 60 MINUTES PRIOR TO DEPARTURE OR YOU MAY BE DENIED BOARDING. PLEASE ENSURE THAT YOU HAVE GOVERNMENT-ISSUED PHOTO I.D. GATE ASSIGNMENTS AND DEPARTURE ARRIVAL INFORMATION ARE SUBJECT TO CHANGE. PLEASE CHECK MONITORS AT THE AIRPORT.