

## AHS Board and Executive Expense Report

**Name** Robb Foote  
**Title** AHS Board Member  
**Location** Edmonton

Expenses submitted during the month of May 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)
May-18	Expense Claim	Meetings		30		199	229			
May-18	Direct Bill	Meetings			271		271			
<b>Total</b>			\$ -	\$ 30	\$ 271	\$ 199	\$ 500	\$ -	\$ -	\$ -

**Total for the Month**      \$        500

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.

## BOARD MEMBER EXPENSE CLAIM FORM

<b>SECTION 1: PAYEE INFORMATION</b>			
Name:	Robb Foote	Expense Period Month:	May-18
Address:	[REDACTED]	City:	[REDACTED]
Province:	[REDACTED]	Postal Code:	[REDACTED]
		Country:	Canada
Reason for Expense	Attended orientation meetings with T. Gilchrist, K. Todd and L. Prociuk on May 30th; and Private and Public Board Meetings on May 31, 2018 in Edmonton.		

<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	\$30.49 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$198.97 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					\$229.46 ✓ <i>RF</i>

<b>SECTION 3: AUTHORIZATION</b>			
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#
Robb Foote	<i>[Signature]</i>	June 27, 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>[Signature]</i>	July 11/18

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

June 27/18  
*Deborah Rhodes*  
Deborah Rhodes, VP Corporate Services & CFO

For payment please submit to:  
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>	Robb Foote	<b>Expense Period Month:</b>	May-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				
30-May-2018	Mileage from residence to SSP and return; attended orientation meetings on May 30th and Private/Public Board Meetings on May 31, 2018.	Yes	D-\$20.75	\$20.75	L	\$9.74				394
<b>Total: (amount auto fills to page 1)</b>			\$20.75			\$9.74	\$0.00	\$0.00	\$0.00	394.00

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ 198.97
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OLLY FRESCO'S  
10030 107 ST NW  
EDMONTON, AB, T5J 3E4

TYPE: PURCHASE

ACCOUNT: MASTERCARD

AMOUNT: \$ 9.74

TOTAL: \$ 9.74

CARD NUMBER:

DATE/TIME: 30/May/2018 12:27:15

REFERENCE NUMBER:

AUTHORIZATION:

MasterCard

01 APPROVED-THANK YOU 027

NO SIGNATURE TRANSACTION

\* IMPORTANT \*

Retain this copy for your records

\*\*\* CUSTOMER COPY \*\*\*

OLLY FRESCO'S  
10030 107 ST NW  
EDMONTON, AB, T5J 3E4

12:27:13 L 2018/05/30  
TABLE 100 CASHIER Customer 1  
CHECK# 998-0001

1 COKE 500	2.19
1 Container Fee	0.10
1 SALAD 6.99\$	6.99
SubTotal	9.28
GST	0.46

Total 9.74 ✓

Close In - MASTER

## 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> Robb Foote	<b>Reporting Period for the Month of :</b> May-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
30-May-18	Direct Billing	Hotel	One night accommodation and parking to attend Private and Public Board Meetings on May 31, 2018 in Edmonton.	Vision Travel	\$270.67
	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>\$ 270.67</b>

**THE Fairmont**  
**HOTEL MACDONALD**  
 10065 - 100 Street NW  
 Edmonton, AB, Canada T5J 0N6  
 T (780) 424-5181 F (780) 429-6481  
 G.S.T. Registration # 846543619

Room : [REDACTED]  
 Folio # : [REDACTED]  
 Cashier # : 4142  
 Page # : 1 of 1

**Alberta Health Services**

[REDACTED]  
 Foote, Robb

Arrival : 05-30-18  
 Departure : 05-31-18

Date	Description	Additional Information	Charges	Credits
05-30-18	Room Charge		199.00	
05-30-18	Room - DMF		5.97	
05-30-18	Room - AB Tourism Levy		8.20	
05-30-18	Room - GST		10.25	
05-30-18	Parking - Valet	[REDACTED]	45.00	
05-30-18	Parking - GST		2.25	
05-31-18	Mastercard	[REDACTED]		270.67
<b>Total</b>			<b>270.67</b>	<b>270.67</b>
<b>Balance Due</b>			<b>0.00</b>	

**GST Summary**

Room	10.25
F&B	0.00
Other	2.25
<b>Total</b>	<b>12.50</b>

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I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)  
 I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1.5% par mois après un mois. (18.00% par année)  
 J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1.00\$ par jour (du Lundi au Vendredi) et de 2.00\$ le Samedi. (Dans les hôtels participants.)

**Thank you for choosing to stay with Fairmont Hotels & Resorts**  
**Merci d'avoir choisi les Hôtels Fairmont,**