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AHS Board and Executive Expense Report

Name	Robb Foote
Title	AHS Board Member
Location	Edmonton
Expenses sub	omitted during the month of July 2018

							Tr	avel (1)				1					
MMM-YY	Source Document	Purpose	Air	fare	М	eals	Accor	nmodation	Otl Tra		otal ravel		ofessional velopment (2)	e Ho	Working Sessions osting and ospitality (3)	0)ther (4)
Jul-18 Jul-18	Expense Claim Direct Bill	Meetings Meetings				25		447		289	314 447						
Total			\$	-	\$	25	\$	447	\$	289	\$ 761	\$	-	. \$	-	\$	
Total for the Month	\$ 761																
Maximum da	ily single meal expens ily base hotel rate clai y air travel in the mon		\$ \$ \$	25 199 -													

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 #

AHS - AP Processing - Internal Use Only

Voucher #

Naming Convention:

T4A/NR Applicable? - If yes, indicate line & amt

BOARD MEMBER EXPENSE CLAIM FORM

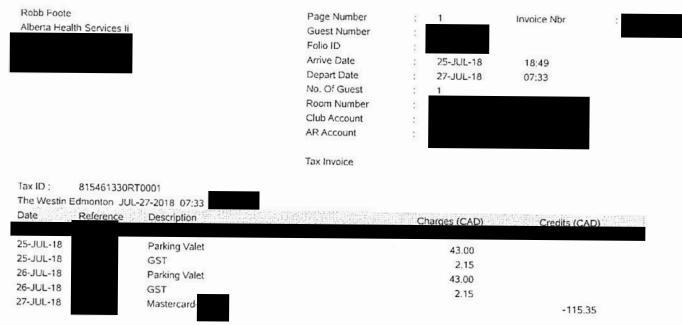
SECTION	1: PAY	EE INFORM	ATION					SOCK-			
Name:	Robb Fo						-	Expens	e Period		
	ROBBIC	ote						Month:		Jul-18	
Address:						City:					
Province:	AB			Postal Code:			Country	:	Canada		
Reason for	Expense	Meeting wi Public Boa	th Executives (Sea rd Meetings/Retre	an Chilton, Ror at on July 26 a	nda White nd 27, 20	and Mauro C 18 in Edmont	hies) on on.	July 25	, 2018; at	ttended Priv	ate and
SECTION	2: FINA	NCE CODI	NG & TOTAL CL	AIM							
Description Corp/BU/O		Location (If applicable)	<u>Functiona</u> <u>Centre/Prima</u>			Expense/ Secondary Acc		<u>Total</u> (Note: This column wil		ill auto fill)	
Meals (A)		101	0005	71	1103000	00	4500	0000		\$25.05	/
Travel Exp (B+C+E) 10		101	0005	71	1103000	00	6221	2000		\$289.27	\checkmark
Other (D) 10		101	0005	71	1103000	00	41090000			\$0.00	
			I	OTAL AMOUN	T PAYAB	LE BY ACCOU	JNTS PA	YABLE		\$314.32	Vat
				SECTION 3:	AUTHOR	IZATION					
my behalf from	m Alberta He xpenses subr rint Name)	ealth Services or	n are for valid business ; any other Organization im have been incurred Signature: 1 by :		ctive metho	d, otherwise ratio	nale and su	pporting a	inalysis is pr	ovided below. Phone#	
			Não più						23, 2010		
such policy to	the best of r	d understand th ny understandir	e Government of Alber og and belief.	ta's Travel, Meal an	d Hospitality	Expenses Policy,	and confirm	n expense	es being clair	med are in com	pliance with
l attest the exp claimant or on	penses enclo their behall	sed in this claim from Alberta H	are for valid business p ealth Services or any ot	ourposes for Alberta her Organization.	Health Sen	vices Board and th	at this clain	n has not l	been previo	usly claimed by	the
attest that ex	penses subr	nitted in this cla	im have been incurred l	by using a cost effec	tive method	l, otherwise ration	nale and sug	oporting a	nalysis is pro	ovided below.	
Approved by	y (Print Nam	e)			Position	Title/Program G	Group				
Linda Hugł					Board C	hair					
Signature: I,	by signing this	form, attest that I a	am compliant with all the abo	we statements					Date	12/18	
Health and Pe	ersonal inform	ation on this form Information an	d Protection of Privacy (F	der the authority of se OIP) Act, respective	ection 20(b) o ly, for the pu	rpo: Dela	Rhodes,		orate Ser	vices & CFO)
			1	For payment p	olease si	Position # ubmit to:	ţ	DOF	A Level:		
14 th Flo	oor, Nor	th Tower, S	eventh Street PI	aza, 10030 - 1	07 St, E	dmonton AB	T5J 3E	4, Atter	ntion: Je	nnifer Han	nstra

Carry for	ward from Section 1									1
Name:	Robb Foote							Expense Period Month:	Jul-18	
Comp	letion of the "cost effective r					If you sel uired" see			her Expla	nation is
Rational	e is Required for expense								attached to	this form)
ECTION	4A: BOARD MEMBER - T	RAVEL EX	PENSE	CLAIN	1					
	d Members follow the Govern								dina atiwa d	
	meal allowances outside Ca ix C for USA, Appendix I	D for Interna		sy realr	ects to t	ne Nation	al Joint Co	buncii (NJC) travei	airective	or rates
			Meal (A	llowand	e OR Re	ceipt)(A)				
Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)		Allow Within C	Canada Allowan		eceipt <u>or</u> ce Outside nada	Accom- modation (B)	(Flight, Car Rental, Fuel, Parking, Taxi)	Other (Itemize)	<u>Mileage km</u> (E)
		used?	<u>Meal</u> <u>Type</u>	Allow- ance	<u>Meal</u> <u>Type</u>	<u>Amount</u>	191	(C)	(D)	
25-Jul-2018	Mileage from residence to SSP to attend meetings with Executive staff, Private & Public Board Meetings on July 26-27th and return.	Yes								394
25-Jul-2018	Parking and dinner (with receipt).	Yes			D	\$25.05	/	\$90.30		
	2									
							ці ці			
							,	/		
	Total: (amount auto fills to	page 1)		\$0.00		\$25.05 v	\$0.00	\$90.30 🗸	\$0.00	394.00
		BOA	RD MEN	BER	Mileage	Rate	C	0.505 Total I	Mileage	\$ 198.97

V

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada Tel: 780-426-3636 Fax: 780-428-1454

WESTIN® HOTELS & RESORTS



** Total *** Balance

Claiming only \$90.30

115.35

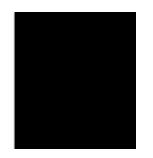
0.00

-115.35

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Continued on the next page

	Lobby L Westin Ec 10135 100 dmonton, 4 (780) 42 SI#3613364	dmonton) St NW AB T5J ON7 26-3636
СНК	25 JUL'18	TBL 25/1 19:34 PM
1 Share Bu 1 DIET PEPS		18.00 3.00
Subtotal GST Total		\$21.00 \$1.05 \$22.05
GRATUI	ΤΥ:	\$ 3.00
TOTAL:		\$ 25,05
ROOM #	:	
PRINT N	NAME:	The local factor of a disk of the second second
SIGNATU	JRE :	





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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 :	Robb Foote	Reporting Period for the Month of : Jul-18
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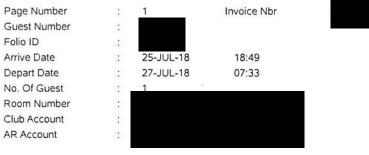
YES

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-Jul-18	Direct Billing	Hotel	Two nights accommodation to attend Private/Public Board Meetings/Retreat on July 26-27, 2018.	Vision Travel	\$446.84
	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 t	he Month				\$ 446.84

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada Tel: 780-426-3636 Fax: 780-428-1454

Robb Foote Alberta Health Services Ii

WESTIN® HOTELS & RESORTS



Copy Tax Invoice

Tax ID : 815461330RT0001

Date	Reference	Description	Charges (CAD)	Credits (CAD)
25-JUL-18		Room Charge	199.00	
25-JUL-18		GST	10.25	
25-JUL-18		Destination Marketing Fee	5.97	
25-JUL-18		Tourism Levy	8.20	
6-JUL-18		Room Charge	199.00	
6-JUL-18		GST	10.25	
6-JUL-18		Destination Marketing Fee	5.97	
6-JUL-18		Tourism Levy	8.20	
7-JUL-18		Direct Bill		-446.84

** Total 446.84 -446.84 *** Balance 0.00

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