

AHS Board and Executive Expense Report

Name Robb Foote
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 | | 21 | | 721 | 742 | | | |
| Oct-18 | Direct Bill | Meetings | | | 504 | | 504 | | | |
| Total | | | \$ - | \$ 21 | \$ 504 | \$ 721 | \$ 1,246 | \$ - | \$ - | \$ - |

Total for the Month \$ 1,246

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 165
 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]

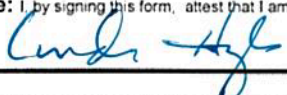
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| AHS - AP Processing - Internal Use Only |
| Voucher # |
| Naming Convention: |
| T4A/NR Applicable? - If yes, indicate line & amt |

BOARD MEMBER EXPENSE CLAIM FORM

| | | | |
|-------------------------------------|---|-----------------------|---------------|
| SECTION 1: PAYEE INFORMATION | | | |
| Name: | Robb Foote | Expense Period Month: | Sept-Oct 2018 |
| Address: | [REDACTED] | City: | [REDACTED] |
| Province: | [REDACTED] | Postal Code: | [REDACTED] |
| | | Country: | [REDACTED] |
| Reason for Expense | Attended Private and Public Board Meetings on September 27, 2018 in Edmonton; Private Board Meeting on October 25, 2018 and tour of South Health Campus on October 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 | \$20.75 ✓ |
| Travel Exp (B+C+E) | 101 | 0005 | 71110300000 | 62212000 | \$720.94 ✓ |
| Other (D) | 101 | 0005 | 71110300000 | 41090000 | \$0.00 |
| TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE | | | | | \$741.69 ✓ |

| | | | |
|--|--|-------------------|------------|
| SECTION 3: AUTHORIZATION | | | |
| 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# |
| Robb Foote |  | November 28, 2018 | [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 |
|  | Dec 5 / 18 |

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

Deborah Rhodes Nov-30/18
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: | Robb Foote | Expense Period Month: | Sept-Oct 2018 |
|-------|------------|-----------------------|---------------|

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 | | | | |
| 26-Sep-2018 | Mileage from residence to SSP and return to attend Private and Public Board Meetings on September 27, 2018 in Edmonton. | Yes | | | | | | | 394 | |
| 24-Oct-2018 | Mileage from residence to Delta Calgary South Hotel in Calgary and return to attend Private Board Meeting on October 25, 2018. | Yes | D-\$20.75 | \$20.75 | ✓ | | | | 1000 | |
| 26-Oct-2018 | Mileage from Southport Tower to South Health Campus to attend tour. | Yes | | | | | | | 33.6 | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Total: (amount auto fills to page 1) | | | \$20.75 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 1,427.60 | |

| | | | |
|----------------------------------|-------|----------------------|-----------|
| BOARD MEMBER Mileage Rate | 0.505 | Total Mileage | \$ 720.94 |
|----------------------------------|-------|----------------------|-----------|

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 : Robb Foote | Reporting Period for the Month of : September/October 2018 |
|--------------------------|---|

| DD-MMM-YYYY | Payment Method | Category | Description/Purpose of the Expense | Name of Vendor | Amount Paid |
|--------------------------------|----------------|----------------------------|--|----------------|------------------|
| 26-Sep-18 | Direct Billing | Hotel | One night accommodation to attend Private/Public Board Meetings on September 27, 2018 in Edmonton. | Vision Travel | \$176.75 |
| 24-Oct-18 | Direct Billing | Hotel | Two nights accommodation to attend Private Board Meeting on October 25th and tour of South Health Campus on October 26, 2018 in Calgary. | Vision Travel | \$327.08 |
| | 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 | | | | | \$ 503.83 |



AB Health Services
14th Floor North Tower
10030-107Street
Edmonton AB 5J 3E4
Canada

Room No. : [REDACTED]
Arrival : 09-26-18
Departure : 09-27-18
Folio No. : [REDACTED]

Guest Name: Foote, Robb
AHS Contact: Jennifer Hamstra

Invoice No. [REDACTED]
AR No. [REDACTED]
Conf. No. [REDACTED]

INVOICE

| Date | Description | Charges | Credits |
|-------------|---------------------------|----------------------|----------------|
| 09-26-18 | Room Revenue | 165.00 | |
| 09-26-18 | Destination Marketing Fee | 4.95 | |
| 09-26-18 | Tourism Levy | 6.80 | |
| | | Total Charges | 176.75 |
| | | Total Credits | 0.00 |
| | | Balance | 176.75 |



135 Southland Drive S.E Calgary, Alberta, T2J 5X5
 Telephone: 403-278-5050 Fax: 403-225-5834

Alberta Health Services
 Alberta Health Services

Room: [Redacted]
 Folio: [Redacted]
 Cashier: [Redacted]
 Arrival: 10-24-18
 Departure: 10-26-18

Foote, Robb

A/R Invoice: [Redacted]
 A/R Account: [Redacted]

| Date | Description | Additional Information | Charges | Credits |
|----------|--------------------|------------------------|---------|---------|
| 10-24-18 | Room Charge | 101.0005.71110300000 | 154.00 | |
| 10-24-18 | DMF | | 4.02 | |
| 10-24-18 | Tourism Levy | | 5.52 | |
| 10-24-18 | Rooms - GST | | 7.90 | |
| 10-25-18 | Room Charge | | 154.00 | |
| 10-25-18 | DMF | | 4.02 | |
| 10-25-18 | Tourism Levy | | 5.52 | |
| 10-25-18 | Rooms - GST | | 7.90 | |
| 11-09-18 | GST Exempt- 120903 | | -15.80 | |

| GST Summary | |
|------------------|--------------|
| Registration No: | 895126332 |
| Room | 15.80 |
| F&B | 0.00 |
| Other | 19.08 |
| Total | 34.88 |

| | | |
|-------------|--------|------|
| Total | 327.08 | 0.00 |
| Balance Due | 327.08 | CDN |

Guest Signature: _____

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.