

Official Administrator and Executive Expense Report

Name Robert Hawes
Title Chief Program Officer, Finance
Location Calgary
 Expenses submitted during the month of October 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Oct-15	Expense Claim	Meetings		65			65			
Oct-15	Direct Billing	Meetings			155	141	296			
Total			\$ -	\$ 65	\$ 155	\$ 141	\$ 361	\$ -	\$ -	\$ -

Total for the Month \$ 361

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 145
 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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
HAWES, ROBERT	Chief Program Officer, Finance	Calgary	64.70

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/29/2015	Meeting Face-to-Face Capital Care Group		Meals Per Diem	64.70			Lunch/Dinner for 29 & 30 Sept 2015	2			
Approver(s) for the claim		Approval Status		Approval Date							
RHODES, DEBORAH		Approve		5-Nov-15							

Executive Expenses Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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 :	Robert Hawes	Reporting Period for the Month of :	Oct-15
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
29-Sep-2015	Direct Billing	Hotel	Meeting Face-to-Face Capital Care Group	Other	155.32
29-Sep-2015	Direct Billing	Other Transportation	Meeting Face-to-Face Capital Care Group	Other	140.96
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 296.28

MATRIX
HOTEL

Acct: 1044
Contact: me a moose ;
Deborah Rhodes ;
Lori Paulino

AB Health
[REDACTED]

Room Number: [REDACTED]
Arrival Date: 09-29-15
Departure Date: 09-30-15
Page No: 1 of 1

Guest Name Hawes, Robert

INVOICE

Folio No [REDACTED]

10-02-15

Date	Description	Charges	Credits
09-29-15	Room Revenue	145.00	
09-29-15	Destination Marketing Fee - 3%	4.35	
09-29-15	Tourism Levy - 4%	5.97	
Total		155.32	0.00
Balance		155.32	

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001

Lori Paulino

From: Red Arrow Reservations <itinerary@redarrow.ca>
Sent: September 14, 2015 10:26 AM
To: Lori Paulino
Subject: Invoice



Invoice

Date: 2015-09-14

Bill To:

You can reach us at:

LORI PAULINO

10014 - 104th STREET
EDMONTON, ABT5J 0Z1
Phone: 780-425-0820

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
	2015-09-14		-	-	2015-09-29	2015-09-30	-	

Travellers:

HAWES/ROBERT

Product	Details	Duration	Price Basis	Qty	Each	Billed
CALEDM 08:00	Departs Calgary (CGYNORTH / CALGARY NORTH) 2015-09-29 at 08:15 Assigned to: 04A Arrives Edmonton (EDMTO / Edmonton Ticket Office) 2015-09-29 at 11:50	3 hrs 35 mins	Adult	1	70.48	0.00
ECEXP 18:30	Departs Edmonton (EDMTO / Edmonton Ticket Office) 2015-09-30 at 18:30 Assigned to: 07A Arrives Calgary (CGYNORTH / CALGARY NORTH) 2015-09-30 at 21:35	3 hrs 5 mins	Adult	1	70.48	0.00

Base Price:	140.96 CAD
Discounts:	140.96 CAD
Service Charges:	0.00 CAD
GST	0.00 CAD
Invoice Total:	0.00 CAD
Commission:	0.00 CAD
Received:	0.00 CAD
Balance:	0.00 CAD

TERMS: DUE UPON RECEIPT

GST# BN139981476

Holiday Blackout - December 15 2014 to January 5 2015. All changes to reservations including cancellations require at least 24 hours notice prior to departure.

If you wish to time change, date change, or cancel for a full refund - 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change.

Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958.

**Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to