

AHS Board and Executive Expense Report

Name Robert Hawes
Title Chief Program Officer Finance
Location Calgary

Expenses submitted during the month of April 2016

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)
Apr-16	Expense Claim	Meetings		44		50	94			
Apr-16	Direct Billing	Meetings	180		311	71	562			
Total			\$ 180	\$ 44	\$ 311	\$ 121	\$ 656	\$ -	\$ -	\$ -

Total for the Month \$ 656

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.

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.


AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim
HAWES, ROBERT	Chief Program Officer, Finance	Calgary	93.95

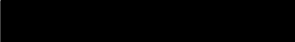
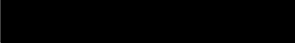
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/14/2016	FC&ARC, Face to Face Covenant Finance, Retirement of Direct Report Meetings		Meals Per Diem	43.95			To attend meeting in person in Edmonton 14-Apr-16- Lunch/Dinner 15-Apr-2016- Lunch	2			
4/15/2016	FC&ARC, Face to Face Covenant Finance & Retirement of Retirement of Direct Report Meetings	AB - Other	Taxi-Service Recipient	50.00			To attend meetings in person in Edmonton.	1			
Approver(s) for the claim		Approval Status		Approval Date							
RHODES, DEBORAH		Approve		28-Apr-16							

Co-op Taxi Line
(780)425-2525
www.co-optaxi.com

Terminal 204/66233499
Driver 2045
16/04/15 16:09:27

VISA
Card : 
VISA CREDIT
CHIP CARD

A0000000031010
0080008000

Ref # 
Auth # 

		PURCHASE
FARE	: \$	48.00
TIP	: \$	2.00

TOTAL	: \$	50.00

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain this
copy for your records

Customer Copy

Thank you for choosing
Co-op taxi

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 : Robert Hawes	Reporting Period for the Month of : Apr-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
13-Apr-2016	Direct Billing	Other Transportation	Travelled on Red Arrow one-way to attend FC & ARC, Face to Face with Covenant Finance and Retirement of Direct Report Meetings	Other	70.48
13-Apr-2016	Direct Billing	Hotel	Accommodation for night at Matrix - need to be reimbursed for \$7.47 GST	Marlin Travel	155.32
14-Apr-2016	Direct Billing	Hotel	Accommodation for night at Matrix	Marlin Travel	155.32
15-Apr-2016	Direct Billing	Airline Ticket	West Jet flight Edmonton to Calgary	Marlin Travel	180.12
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 561.24

Lori Paulino

From: Red Arrow Reservations <itinerary@redarrow.ca>
Sent: April 08, 2016 11:53 AM
To: Barbara Lazarenko
Subject: Invoice

Invoice

Date: 2016-04-08



Bill To:

You can reach us at:

ALBERTA HEALTH SERVICES - MARLIN TRAVEL
9929 - 108 STREET
EDMONTON, ABT6K 1G8

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
[REDACTED]	2016-04-08	[REDACTED]	-	-	2016-04-13	2016-04-13	-	Website User

Travellers:

Hawes/Robert

Product	Details	Duration	Price Basis	Qty	Each	Billed
CALEDM 18:30 YYC Assigned to: 04A	Departs Calgary (CGYNORTH / CALGARY NORTH) 2016-04-13 at 18:45 Arrives Edmonton (EDMTO / Edmonton Ticket Office) 2016-04-13 at 22:15	3 hrs 30 mins	Adult	1	70.48	70.48

Payments Received:

Date	From	Reference	Amount
2016-04-08	ALBERTA HEALTH SERVICES - MARLIN TRAVEL	MasterCard [REDACTED]	70.48 CAD

Base Price: 70.48 CAD
Discounts: 0.00 CAD
Service Charges: 0.00 CAD
Invoice Total: 70.48 CAD
Received: 70.48 CAD
Balance: 0.00 CAD

TERMS: DUE UPON RECEIPT

GST# BN139981476

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.

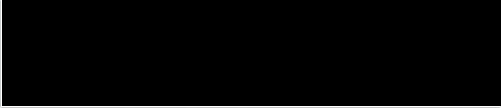
Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958.

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 loss of or damage to unchecked baggage carried on board. For the full policy, please visit www.redarrow.ca or view the policy posted on our information boards at our Ticket Offices

Red Arrow reserves the right to check I.D. or perform carry-on baggage checks at any time



AB Health



Room Number: [Redacted]
Arrival Date: 04-13-16
Departure Date: 04-15-16
Page No: 1 of 1

Guest Name: Hawes, Robert

INFORMATION INVOICE

Folio No: [Redacted]

04-19-16

Date	Description	Charges	Credits
04-13-16	Room Revenue	145.00	
04-13-16	Destination Marketing Fee - 3%	4.35	
04-13-16	Tourism Levy - 4%	5.97	
04-13-16	Room GST - 5%	7.47	
04-14-16	Room Revenue	145.00	
04-14-16	Destination Marketing Fee - 3%	4.35	
04-14-16	Tourism Levy - 4%	5.97	
Total		318.11	0.00
Balance		318.11	

\$310.64

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

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: April 19, 2016
Page: 1/2
Our Reference: [REDACTED]

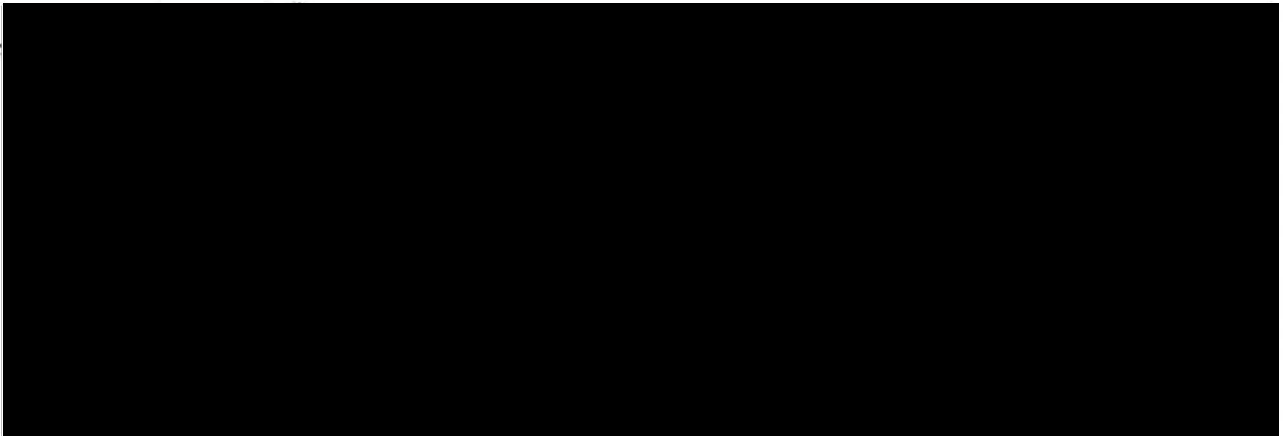
INVOICE

For [REDACTED]
ROBERT A HAWES

Wednesday, April 13, 2016

 Air

OTHER TRAVEL
From: CALGARY AB Flight: 101 ECONOMY CLASS
To: EDMONTON AB 06:45 PM
Stops: 0 Arrival: 10:15 PM 13Apr16



Friday, April 15, 2016

To: ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON AB
 CA T5J 3E4

Invoice Number: [REDACTED]
 Date: April 19, 2016
 Page: 2/2
 Our Reference: [REDACTED]

INVOICE

Friday, April 15, 2016

✈ Air

WESTJET AIRLINES
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 15Apr16
 WESTJET ENCO

Flight: 3142 L CLASS
 05:30 PM **Equipment:** DH4
 06:26 PM

Mile(s) Flown: 163

Cost:

[REDACTED]	E-TKT	[REDACTED]	130.64
		Tax:	49.48
		Ticket Total:	180.12
RED ARROW MOTORCOACH	[REDACTED]	[REDACTED]	70.48
Total:		Grand Total:	250.60
		Less Credit Card Payments:	250.60
		Credit / Balance Due To This Invoice:	0.00
		Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
 ACCEPTED:.....DECLINED:.....
 DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
 ...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
 PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
 TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
 CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
 GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
 1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
 1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
 OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.