

AHS Board and Executive Expense Report

Name Robert Hawes
Title Chief Program Officer Finance
Location Calgary

Expenses submitted during the month of March 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)
Mar-18	Expense Claim	Meetings		85			85			
Mar-18	Direct Billing	Meetings			511	137	648			
Total			\$ -	\$ 85	\$ 511	\$ 137	\$ 733	\$ -	\$ -	\$ -

Total for the Month \$ 733

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 159
 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 Total
HAWES, ROBERT	Chief Program Officer, Finance	Calgary	\$ 85.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
2/26/2018	EDM Meetings LPIP, CCEC, CHT & FC	AB - Other Zones	Meals Per Diem	\$ 24.00			EDM Meetings LPIP, CCEC, CHT & FC Dinner \$24.00	1			
2/27/2018	EDM Meetings LPIP, CCEC, CHT & FC	AB - Other Zones	Meals Per Diem	\$ 24.00			EDM Meetings LPIP, CCEC, CHT & FC Dinner \$24.00	1			
2/28/2018	EDM Meetings LPIP, CCEC, CHT & FC	AB - Other Zones	Meals Per Diem	\$ 37.00			EDM Meetings LPIP, CCEC, CHT & FC Lunch \$13.00 Dinner \$24.00	1			

Approver(s) for the claim	Approval Status	Approval Date
RHODES, DEBORAH	Approve	26-Mar-18

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.

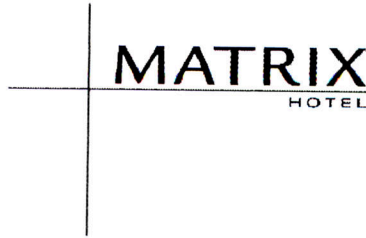
Direct Bill Report

- 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

R MAR 23/18

Name : Robert Hawes	Reporting Period for the Month of : Feb-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
26-Feb-2018	Direct Billing	Hotel	Trip to Edmonton for face-to-face LPIP, CHT, CCEC & FC meetings.	Marlin Travel	✓ 510.96
26-Feb-2018	Direct Billing	Other Transportation	Red Arrow Calgary to Edmonton, Return	Marlin Travel	✓ 137.52
					-
Total Paid in the Month					\$ 648.48



AB Health Services
Accounts Payable
P.O. Box 1600
Suite 300, 10030 - 107 Street NW
Edmonton AB T5J 2N9
Canada

Room No. [REDACTED]
 Arrival : 02-26-18
 Departure : 03-01-18
 Folio No. [REDACTED]

Guest Name: Hawes, Robert A
 Approving Manager: Deborah Rhodes
 [REDACTED]

Invoice No. : [REDACTED]
 AR No. : 1050
 Cost Centre : 101.0000.71115000025

INVOICE

Date	Description	Charges	Credits
02-26-18	Room Revenue	159.00	
02-26-18	Destination Marketing Fee	4.77	
02-26-18	Room GST	8.19	
02-26-18	Tourism Levy	6.55	
02-27-18	Room Revenue	159.00	
02-27-18	Destination Marketing Fee	4.77	
02-27-18	Room GST	8.19	
02-27-18	Tourism Levy	6.55	
02-28-18	Room Revenue	159.00	
02-28-18	Destination Marketing Fee	4.77	
02-28-18	Room GST	8.19	
02-28-18	Tourism Levy	6.55	
03-13-18	Adj Room GST	-24.57	
		Total Charges	510.96
		Total Credits	0.00
		Balance	510.96

From: [REDACTED]@visiontravel.ca>
Sent: February 07, 2018 9:50 AM
To: [REDACTED]
Subject: FW: Red Arrow Itinerary/Receipt

17 Feb 26
 T Feb 27

dinner per diem 24.00
 Red Arrow - Direct
 Matrix - Direct
 B/L included
 D per diem 24.00
 Matrix Direct

From: Red Arrow Reservations [mailto:itinerary@redarrow.ca]
Sent: February-07-18 9:31 AM
To: leisa.kingwhitby@marlintravel.ca
Subject: Red Arrow Itinerary/Receipt

W Feb 28
 Th Mar 1

B included
 L, D per diem 13.00 / 24.00
 Matrix Direct = \$85.00
 B included
 L provided
 Red Arrow - Direct

ITINERARY/RECEIPT



2018-02-07

ALBERTA HEALTH SERVICES - MARLIN TRAVEL
 10030 107 STREET
 EDMONTON, AB T5J 3E4

You can reach us at:
 Corporate Sales

ORDER#	ORDERED	CUSTOMER#	P.O.	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
[REDACTED]	2017-12-15	[REDACTED]			2018-02-26	2018-03-01	-	Website User

Travellers:

Hawes/Robert

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
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CALEDM 18:30 YYC.	3 hrs 30 mins	Adult	1	\$ 72.38	\$ 68.76
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Assigned to: 02A
 Departs Calgary (CGYNORTH / CNS
 304 35 Ave NE) at 18:45 on 2018-02-26.
 Arrives Edmonton (EDMTO / ETO
 10014 104 St) at 22:15 on 2018-02-26. (3
 hrs 30 mins)

ECEXP 16:30.

3 hrs 5 mins

Adult

1

\$ 72.38

\$ 68.76

Assigned to: 10A

Departs Edmonton (EDMTO / ETO

10014 104 St) at 16:30 on 2018-03-01.

Arrives Calgary (CGYNORTH / CNS

304 35 Ave NE) at 19:35 on 2018-03-01.

(3 hrs 5 mins)

Payments Received

DATE	GUEST	REFERENCE	AMOUNT
2017-12-15	ALBERTA HEALTH SERVICES - MARLIN TRAVEL Services	MasterCard [REDACTED]	\$ 137.52

Base Price: \$ 144.76**Discounts:** \$ 7.24**Service Charges:** \$ 0.00**Invoice Total:** \$ 137.52**Payments Received:** \$ 137.52**Balance Due:** \$ 0.00

**PLEASE NOTE THAT A PAPER TICKET IS NOT REQUIRED FOR CHECK-IN.
PLEASE CHECK IN 15 MINUTES PRIOR TO DEPARTURE**

TERMS: DUE UPON RECEIPT GST# BN139981476 Please note that the maximum luggage allowance per person is 4 pieces including carry on bags, and stowed luggage underneath the coach. Carry on bags include purses, backpacks and laptop bags. Additional luggage will incur additional fees. 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. December 15 - January 5 to cancel or make any changes to a reservation we require 24 hours notice. 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. **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** Corporate Billing Accounts: Payment due 30 days after completion of trip.

If you wish to change or cancel your booking, please contact a Passenger Experience Representative at 1-800-232-1958.

Thank you for booking with Red Arrow Motorcoach. We appreciate your business!

Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication