

AHS Board and Executive Expense Report

Name Dr. Sandra Corbett
Title Zone Medical Director North Zone (Interim) Contractor
Location Spruce Grove
 Expenses submitted during the month of June 2018

			Travel (1)				Working Sessions Hosting and Hospitality			
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Hosting and Hospitality (3)	Other (4)
Jun-18	Expense Claim	Meetings		122		70	192			
Jun-18	Direct Billing	Meetings	625			140	765			
Total			\$ 625	\$ 122	\$ -	\$ 210	\$ 957	\$ -	\$ -	\$ -

Total for the Month \$ 957

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ -
 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.

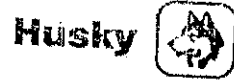
AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
CORBETT, SANDRA	Zone Medical Director North Zone (Interim) Contractor	Spruce Grove	\$ 191.58								
Expense Date	Business reason	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendee	Attendee Name(s)	Trip Distance	
6/5/2018	Day to day administration in Fort McMurray	Meals in Zone - Breakfast per	\$ 10.50				1				
6/6/2018	Day to day administration in Fort McMurray	Meals in Zone - Lunch per diem	\$ 13.00				1				
6/11/2018	Fuel for Rental Car - Opening of ODT Clinic at FMM Recovery Centre Event	Fuel for Car Rental	\$ 8.47				1				
6/22/2018	Physician Orientation meeting at Royal Alexandra Hospital	Meals in Zone - Lunch per diem	\$ 13.00				1				
6/23/2018	Physician Orientation meeting at Royal Alexandra Hospital	Parking within Alberta	\$ 14.25				1				
6/25/2018	Sr. Leaders Meeting in Edmonton	Parking within Alberta	\$ 25.00				1				
6/25/2018	In FMM for Hospitalists Meeting	Meals in Zone - Dinner per diem	\$ 24.00				1				
6/26/2018	In FMM for Hospitalists Meeting	Meals in Zone - Breakfast per	\$ 10.50				1				
6/26/2018	In FMM for Hospitalists Meeting	Meals in Zone - Lunch per diem	\$ 13.00				1				
6/27/2018	Fuel for personal vehicle - Hinton Physicians Meeting regarding recruitment in Hinton	Fuel for Car Rental	\$ 46.86				1				
6/27/2018	Hinton Physicians Meeting regarding recruitment in Hinton	Meals in Zone - Lunch per diem	\$ 13.00				1				
Approver(s) for the claim		Approval Status		Date							
BELANGER, FRANCOIS		Approve		7/16/2018							

RECEIPT

RAH Parking
Edmonton, Alberta

RENAISSANCE EDMONTON A
205 10423 178TH STREET
EDMONTON, AB T5S 1R5



Want great rewards? Visit myHuskyRewards.ca

License Plate Number



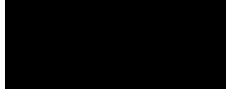
Expiration Date/Time

08:00 AM
JUN 23, 2018

Purchase Date/Time: 08:00am Jun 22, 2018
Total Due: \$14.25 Rate: \$14.25-Daily-24 hrs
Total Paid: \$14.25 Payment Type: Card
Ticket # [Redacted]
SAN # [Redacted]
Setting: RAH
Mach Name: ED-RAH-117

Purchase

Visa Credit



Entry Method: Maved

06/25/18

Batch#: [Redacted]
16:53:02

Ref: [Redacted]

Inv #: [Redacted] Appr Code: [Redacted]

Total: \$ 25.00

Husky Travel Centre
511 Gregg Avenue
Hinton AB
(780) 865-2881
GST# 836523894
Retailer ID 4509535
Retailer ID 4509535
Act:36853 3980-4
Batch:5880-141

2018/06/27 14:44:20

Pump# 4
Eth Regular \$46.86
35.258 L @ \$1.329/L
AMOUNT \$46.86
GST(Inc Pump) \$2.23

Customer Copy

Pre Auth Completion

Visa Credit

AID: [Redacted]

EXP: [Redacted]

Date: 06/27/2018

Time: 14:44:20

AUTHCODE: [Redacted]

Approved



WELCOME

Shell Canada
291 SAKITAWAY TRAIL
T9H 5E7
FORT MCMURRAY AB
(780) 715-9093

800292
PUMP NO. 07
LITRES 6.055
PRICE/L \$1.399
TOTAL FUEL \$8.47

TOTAL SALE \$8.47
VISA \$8.47

FUEL INCLUDES
GST - FUEL \$0.40
No. 137400032RT

01 APPROVED - THANK YOU
APPROVAL NO. [Redacted]
TERMINAL NO. 89216070
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

VISA PURCHASE C
[Redacted]

YOUR OPINION COUNTS
Tell us about your
recent visit at
www.shell.ca/opinion
and you could win a
FUEL FOR A YEAR
*Receipt Required

THANK YOU
Questions?
1-800-661-1600

STORE: C21607
TRAN: 8448070
6/11/2018 6:50:28

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 : Sandra Corbett	Reporting Period for the Month of : Jun-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
10-Jun-2018	Direct Billing	Airline Ticket	Opening of ODT Clinic at FMM Recovery Centre Event - Flight from Edmonton to Fort McMurray June 10 and return June 11, 2018	Vision Travel	\$278.40
20-Jun-2018	Direct Billing	Airline Ticket	Opening of ODT Clinic at FMM Recovery Centre Event Flight from Edmonton to Grande Prairie June 20 and return June 21, 2018 - Ticket was cancelled and exchanged for the above flight to Fort McMurray on June 10, 2018	Vision Travel	\$346.98
10-Jun-2018	Direct Billing	Car Rental	Opening of ODT Clinic at FMM Recovery Centre Event Car Rental in Fort McMurray from June 10 to June 11, 2018	Vision Travel	\$139.65
	Direct Billing	Airline Ticket		Vision Travel	
	Direct Billing	Airline Ticket		Vision Travel	
Total Paid in the Month					\$ 765.03

Attachments: [image002.png](#)
[image003.png](#)

Document Description: 17-ELECTRONIC SALE - AUTO
 Owner: WESTJET

BSP CANADA Ticket Image PERIOD:2018062

ISSUED BY: WESTJET PASSENGER TICKET AND BAGGAGE CHECK

CONJUNCTION TICKETS ORIGIN/DESTINATION: YEGYEG
 IATA AUDIT COUPON VISION TRAVEL DT ONTARIO-WEST 6087935-0

ENDORSEMENTS/RESTRICTIONS: NONREF - FEE FOR CHG-CXL AB HEALTH SERVICES COF
 BSP/ CA BOOKING REF: [REDACTED]

PASSENGER NAME: NOT TRANSFERABLE CORBETT/SANDRA DR
 DATE OF ISSUE: 04 Jun 18
 ISSUE IN EXCHANGE FOR: 00000000

X/O	NOT GOOD FOR PASSAGE FROM	CARRIER	FLIGHT	CL	DATE	TIME	ST	FARE BASIS	N.VALID B	N.VALID A	ALLOW
	YEG-EDMONTON INTERNAT	WS	3240	G	20 Jun	805P	OK	GA14ULG	20 Jun	20 Jun	0PC
O	TO YQU-GRANDE PRAIRIE	WS	3142	G	21 Jun	700P	OK	GA14ULG	21 Jun	21 Jun	0PC
	TO YEG-EDMONTON INTERNAT							VOID			
	TO							VOID			

FARE CALCULATION: 20JUN YEA WS YQU 129.01WS YEA 129.01CAD258.02END
 FARE: CAD 258.02
 TAX: CAD 50.00 SQ
 TAX: CAD 24.00 YQ
 TAX: CAD 14.96 CA
 TOTAL: CAD 346.98

FORM OF PAYMENT: CC CREDIT CCCA [REDACTED] 346.98
 ORIGINAL ISSUE: 838CAD 0.00 258.02 0.00 5.00 88.96

CPN: 0 (AIRLINE CODE): 838 FROM & SERIAL NO: [REDACTED] (CK): 0
 REMITTANCE AREA: 838CAD 0.00 258.02 0.00 5.00 88.96

ALL AGENT INFO: CASH CAD 0.00 CREDIT CAD 258.02 EASYPAY CAD 0.00 COMM% 5.00 TAX CAD 50.00 SQ TAX CAD 24.00 YQ TAX CAD 14.96 CA

Additional Information: Transaction Code: TKTT, GDS System: APOLLO, Taxes - ISO: Account Info.

Document Description: 17-ELECTRONIC SALE - AUTO
 Owner: WESTJET

BSP CANADA Ticket Image PERIOD:2018062

ISSUED BY: WESTJET PASSENGER TICKET AND BAGGAGE CHECK

CONJUNCTION TICKETS ORIGIN/DESTINATION: YEGYEG
 IATA AUDIT COUPON VISION TRAVEL DT ONTARIO-WEST 6087935-0

ENDORSEMENTS/RESTRICTIONS: NONREF - FEE FOR CHG-CXL AB HEALTH SERVICES COF
 BSP/ CA BOOKING REF: [REDACTED]

PASSENGER NAME: NOT TRANSFERABLE CORBETT/SANDRA DR
 DATE OF ISSUE: 08 Jun 18
 ISSUE IN EXCHANGE FOR: [REDACTED] YC04JUN [REDACTED]

X/O	NOT GOOD FOR PASSAGE FROM	CARRIER	FLIGHT	CL	DATE	TIME	ST	FARE BASIS	N.VALID B	N.VALID A	ALLOW
	YEG-EDMONTON INTERNAT	WS	3121	Q	10 Jun	1235P	OK	GAPL	10 Jun	10 Jun	0PC
O	TO YMM-FORT MCMURRAY	WS	3132	L	11 Jun	850P	OK	LA03L	11 Jun	11 Jun	0PC
	TO YEG-EDMONTON INTERNAT							VOID			
	TO							VOID			

FARE CALCULATION: 10JUN YEA WS YMM 217.14WS YEA 199.28CAD416.42END A/C 278.40
 FARE: CAD 416.42
 TAX: CAD 20.00 SQ
 TAX: CAD 100.00 CP
 TAX: EXCHANGED CCCA [REDACTED] 278.40

FORM OF PAYMENT: EX EXCHANGED CCCA [REDACTED] 278.40
 ORIGINAL ISSUE: 8385797376229

CPN: 0 (AIRLINE CODE): 838 FROM & SERIAL NO: [REDACTED] (CK): 6
 REMITTANCE AREA: 838CAD 0.00 158.40 0.00 0.00 120.00

ALL AGENT INFO: CASH CAD 0.00 CREDIT CAD 158.40 EASYPAY CAD 0.00 COMM% 0.00 TAX CAD 20.00 SQ TAX CAD 100.00 CP

Additional Information: Transaction Code: TKTT, GDS System: APOLLO, Taxes - ISO: Account Info. 20.00 VAT/GST Amount 0.00



100 SNOWBIRD WAY
 FORT MCMURRAY, AB T9H0G3
 Federal GST# :889365821

Rental Agreement #:

Bill Ref #:

Invoice Date:

Account #:

06/12/2018

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	2 DAY	52.00	104.00

BILL TO

Alberta Health Services
 PO BOX 1600
 EDMONTON, AB - T5T2N9

RENTAL INFORMATION

Date/Time Out: 06/10/2018 01:27 PM
 Date/Time In: 06/11/2018 07:08 PM

Renter: CORBETT, SANDRA

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out	In
\$GRAY		SENT	7QW3DK	4,721	4,821
VIN					

Subtotal			104.00
CUSTOMER FACILITY CHARGE 8/DAY	2 DAY	8.00	16.00
CONCESSION FEE RECOVERY 16.28 PCT	PCT	16.28	17.31
VLF REC 1.17/DAY	2 DAY	1.17	2.34
Total Charges (CAD)			139.65

PAYMENTS

Payment	Payment	-139.65
Total Payments (CAD)		-139.65

Amount Due (CAD) 0.00

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

CLAIM INFORMATION

Claim# / PO# / RO# Insured
 Date of Loss Type of Loss Type of Vehicle
 Repair Shop

For Billing Inquiries / Payment Terms :

Tel#:7807153655
 AskARCanada@ehi.com
 Payment Due within 30 days of invoice date
 Late payments are subject to a finance charge.

ADDITIONAL INFORMATION

COST CENTER# 101.0000.71110106047

Thank You For Choosing Enterprise

Please Return This Portion With Remittance

Remit To :

ENTERPRISE RENT A CAR CANADA COMPAN
 709 MILNER AVE
 SCARBOROUGH, ON M1B6B6

Amount Due (CAD)

0.00

Paid By:

Alberta Health Services
 PO BOX 1600
 EDMONTON, AB T5T2N9

Account #

Rental Agreement

Amount
 0.00

GPBR