

## 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 September 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)
Sep-18	Expense Claim	Meetings		13	141	100	254			
Sep-18	Direct Billing	Meetings	428				428			
<b>Total</b>			\$ 428	\$ 13	\$ 141	\$ 100	\$ 682	\$ -	\$ -	\$ -

**Total for the Month** \$ 682

Maximum daily single meal expense claimed in the month \$ 13  
 Maximum daily base hotel rate claimed in the month \$ 129  
 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	\$ 254.11								
Expense Date	Business reason		Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendee	Attendee Name(s)	Trip Distance
9/5/2018	PPEC meeting in Calgary - Parking at the YEG Airport		Parking within Alberta	\$ 50.00				1			
9/5/2018	PPEC meeting in Calgary		Mileage within Alberta	\$ 50.50	Spruce Grove	YEG and return		1			100
9/9/2018	Legal meeting in Cold Lake		Meals in Zone - Lunch per diem	\$ 13.00				1			
9/9/2018	Legal meeting in Cold Lake		Hotel within Alberta	\$ 140.61				1			
Approver(s) for the claim		Approval Status		Date							
BELANGER, FRANCOIS		Approve		10/19/2018							

GST# R128599776

Edmonton Airports

Can-TSJ 2T2 Edmonton  
Tax Code CAS%

POF 2nd Fl 05/09/18 17:44  
Receipt [REDACTED]

Short-term parking tkt  
DL - No. 002464  
04/09/18 13:53  
05/09/18 17:44  
Period 1d3h52'  
(Tax)

\$50.00

Total \$50.00

Payment Received  
[REDACTED] \$50.00



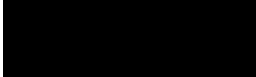
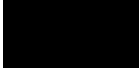
Type: Swiped

Sub Total \$47.62  
Tax 5% \$2.38

8322A9F5 - 1/1



09-10-18

<b>Sandra Corbett</b> 	Folio No. :		Room No. :	
	A/R Number :		Arrival :	09-09-18
	Group Code :		Departure :	09-10-18
	Company :		Conf. No. :	
	Membership No. :		Rate Code :	
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
09-09-18	*Accommodation	129.00	
09-09-18	Hotel Levy Tax 4%	5.16	
09-09-18	GST Tax 5%	6.45	
09-10-18	Visa		140.61
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - <a href="http://www.ihgrewardsclub.com/review">www.ihgrewardsclub.com/review</a> . We look forward to welcoming you back soon.		<b>Total</b>	<b>140.61</b>
		<b>Balance</b>	<b>0.00</b>

GST Tax 5%	Hotel Levy Tax 4%								
6.45	5.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express & Suites Cold Lake  
 5315 48 Avenue  
 Cold Lake, AB T9M 0K9  
 Telephone: (780) 654-3688 Fax: (780) 654-3699  
 GST#: 85066 1430 RT0001

## 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**

<b>Name :</b>	Dr. Sandra Corbett	<b>Reporting Period for the Month of :</b>	Sep-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
4-Sep-2018	<b>Direct Billing</b>	<b>Airline Ticket</b>	PPEC meeting in Calgary - Flight from Edmonton to Calgary Sep 4, 2018 and return Sep 6, 2018	<b>Vision Travel</b>	\$306.72
4-Sep-2018	<b>Direct Billing</b>	<b>Airline Ticket</b>	Change fee for the return leg of the trip - PPEC meeting in Calgary - Flight from Calgary to Edmonton Sep 4, 2018	<b>Vision Travel</b>	\$121.54
	<b>Direct Billing</b>	<b>Airline Ticket</b>		<b>Vision Travel</b>	
	<b>Direct Billing</b>	<b>Airline Ticket</b>		<b>Vision Travel</b>	
	<b>Direct Billing</b>	<b>Airline Ticket</b>		<b>Vision Travel</b>	
<b>Total Paid in the Month</b>					\$ 428.26

# Vision

A DIRECT TRAVEL® COMPANY

## Invoice

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

Trip #: [REDACTED]  
Booking Date: 02 Aug 18  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

PASSENGERS: DR SANDRA CORBETT

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	231.76	0.00	\$0.00	74.96	0.00	306.72 CAD
Total:	231.76	0.00	0.00	74.96	0.00	306.72 CAD

## PAYMENTS

Invoice #	Payment Date	Card Holder	Form of Payment	Amount
[REDACTED]	08/01/2018		[REDACTED]	306.72 CAD
	08/01/2018			0.00 CAD
Total Payment:				306.72 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL SITE VISITS AND TEAM MEETINGS

—————AIR CANADA RULES—————TICKET IS NON REFUNDABLE CHANGES  
PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN  
ADVANCE GO TO [WWW.AIRCANADA.COM](http://WWW.AIRCANADA.COM) TO CHECK IN AND PRINT YOUR BOARDING PASS. —————

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

Trip #: [REDACTED]  
Booking Date: 02 Aug 18  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

## MY ITINERARY

Passengers  
SANDRA CORBETT

Citizenship  
Not Specified

Required Travel Documents  
Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: SANDRA CORBETT

Booking Date: 01 Aug 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08169	EDMONTON INTL		CALGARY INTL	L	
		04 Sep 18 5:05PM		04 Sep 18 6:03PM		



AIR

Passengers: SANDRA CORBETT

Booking Date: 01 Aug 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08152	CALGARY INTL		EDMONTON INTL	L	
		06 Sep 18 4:40PM		06 Sep 18 5:30PM		



## Invoice

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

Trip #: [REDACTED]  
Booking Date: 24 Aug 18  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

**PASSENGERS:** DR SANDRA CORBETT

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	71.54	0.00	\$0.00	0.00	0.00	71.54 CAD
AIR CANADA Ticket # [REDACTED]	50.00	0.00	\$0.00	0.00	0.00	50.00 CAD
<b>Total:</b>	<b>121.54</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>121.54 CAD</b>

### PAYMENTS

Invoice #	Payment Date	Card Holder	Form of Payment	Amount
[REDACTED]	08/24/2018	[REDACTED]	[REDACTED]	121.54 CAD
Total Payment:				121.54 CAD

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL SITE VISITS AND TEAM MEETINGS

-----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP  
TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO  
WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -----