

## AHS Board and Executive Expense Report

**Name:** Sandy Edmonstone

**Title:** AHS Board Member

**Location:** Calgary

Expenses posted during the month of March 2024

Travel (1)										
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings					-			
Mar-24	Expense Claim	Meetings		74		393	467			
	Direct Bill	Meetings					-			
<b>Total by category</b>			\$ -	\$ 74	\$ -	\$ 393	\$ 467	\$ -	\$ -	\$ -

**Total  
posted for  
the Month**    \$        467

Maximum daily single meal expense posted in the month    \$        27  
 Maximum daily base hotel rate posted 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 membership dues, 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 - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

## BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Sandy Edmonstone			Expense Period Month:	Jan-24
Address:	[REDACTED]		City:	[REDACTED]	
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attended Board Orientation/Meeting in Edmonton on January 11, 2024.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$74.00
Travel Exp (B+C+E)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$393.32
Other (D)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$467.32</b>

SECTION 3: AUTHORIZATION - <span style="color: red;">Note: Electronic or digital signatures are not accepted</span>			
I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.			
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.			
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Sandy Edmonstone	[REDACTED]	February 22, 2024	

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.			
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.			
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.			
Approved by (Print Name)	Position Title/Program Group		
Dr. Lyle Oberg	Executive Chair		
Signature: I, by signing this form, attest that I am compliant with all the above statements			Date
[REDACTED]			February 28, 2024

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

[REDACTED] February 26, 2024  
 Michael Lam, Acting VP Corporate Services & CFO Date

For payment please submit to:

14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: [REDACTED]

**Carry forward from Section 1**

Name:	Sandy Edmonstone	Expense Period Month:	Jan-24
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Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

**Rationale is Required for expenses that are not Cost Effective:** (supporting analysis and documentation must be attached to this form)

**SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM**

The Board Members follow the [Government of Alberta \(GOA\) Travel, Medical and Hospitality Expenses Policy](#)  
 Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates ([Appendix C for USA](#), [Appendix D for International](#)).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)( A )				Accommodation ( B )	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) ( C )	Other (Itemize) ( D )	Mileage km ( E )
			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
10-Jan-2024	Mileage from residence to Edmonton and return to attend Board Orientation/Meeting on January 11, 2024.	Yes							602	
10-Jan-2024	Lunch and dinner per diem.	Yes	LD-\$44.00	\$44.00						
10-Jan-2024	Parking at hotel.	Yes					\$52.50			
11-Jan-2024	Parking to attend Board Orientation at SSP.	Yes					\$9.72			
11-Jan-2024	Breakfast and lunch per diem.	Yes	BL-\$30.00	\$30.00						

# Fairmont

HOTEL MACDONALD

10065 100 Street NW  
 Edmonton, AB, T5J 0N6  
 Tel: 780-424-5181  
 Fax: 780-429-6481  
 G.S.T. Registration # 846543619

Room [REDACTED]  
 Folio # [REDACTED]  
 Cashier # [REDACTED]  
 Page # : 1 of 1

Mr Sandy Edmonstone  
 [REDACTED]

ALL Membership # [REDACTED]  
 Group Name [REDACTED]  
 Company Name : GOVERNMENT OF CANADA GLOBAL MASTER

Arrival : 01-10-24  
 Departure : 01-11-24

Date	Description	Additional Information	Charges	Credits
01-10-24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
01-10-24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
01-10-24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
01-10-24	[REDACTED]	[REDACTED]	50.00	[REDACTED]
01-10-24	Parking - Valet Service	[REDACTED]	2.50	[REDACTED]
01-10-24	Parking - GST	[REDACTED]	[REDACTED]	[REDACTED]
01-11-24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**GST Summary**

F&B	0.00
Other	2.50

Total Charges [REDACTED]  
 Total Credits [REDACTED]  
 Balance 0.00

**NOTE: Only claiming parking \$52.50**

Thank you for choosing Fairmont Hotel Macdonald.  
 To provide feedback about your stay, please contact [REDACTED]

THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT

**CITY OF EDMONTON**

Terminal: [REDACTED]  
 Plate: [REDACTED]  
 107 ST From JASPER AVE to 100 AVE W  
 Valid through:  
**THURSDAY 11 JAN 24**  
**10:42 AM**

Amount Paid: \$4.38 (GST incl.)  
 Start Time: 1/11/2024 8:42 AM  
 Trn: [REDACTED]

Auth No: [REDACTED]  
 Receipt No: [REDACTED]  
 \*\*\*\*\*

from: United States or Canada 1 800 441 1414  
 Fairmont de: États-Unis ou Canada 1 800 441 1414

For information / Pour information e

THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT

Thursday, January 11 - 10:47 AM to  
Thursday, January 11 - 12:47 PM

**\$4.38**

Zone #: [REDACTED]

107 ST from JASPER AVE to 100 AVE -  
West Side

[REDACTED] via cpamobileapp

Thursday, January 11 - 12:53 PM to  
Thursday, January 11 - 01:31 PM

**\$0.96**

Zone # [REDACTED]

107 ST from JASPER AVE to 100 AVE -  
West Side

[REDACTED] via cpamobileapp