

## AHS Board and Executive Expense Report

**Name:** Dr Sarah Hall  
**Title:** Assoc Chief Medical Officer  
**Location:** Calgary  
 Expenses posted during the month of November 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					-			
Nov-24	Expense Claim	Meetings		24		200	224			
Nov-24	Direct Bill	Meetings	454				454			
<b>Total by category</b>			\$ 454	\$ 24	\$ -	\$ 200	\$ 678	\$ -	\$ -	\$ -

**Total  
posted for  
the Month** \$ 678

Maximum daily single meal expense posted in the month \$ 24  
 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 Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
HALL, SARAH	Assoc Chief Medical Officer	Calgary	\$ 223.98								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/28/2024	Meeting with the Chinook Hospital Anesthesia Group in Lethbridge		Mileage-Other	\$ 99.99	Calgary - Southport Tower	Lethbridge - Chinook Regional Hospital		1			198
10/28/2024	Meeting with the Chinook Hospital Anesthesia Group in Lethbridge	AB - Other Zones	Meals Per Diem	\$ 24.00				1			
10/28/2024	Meeting with the Chinook Hospital Anesthesia Group in Lethbridge		Mileage-Other	\$ 99.99	Lethbridge - Chinook Regional Hospital	Calgary - Southport Tower		1			198
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	20-Nov-24									

## 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.
- Refer to Quick Reference Guide for: [Providing a Standard Business Reason\(s\)](#)
- 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 Sarah Hall	<b>Reporting Period for the Month of :</b>	Nov-24
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
11-Oct-2024	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton for an in-person meeting with Alberta Health. Flight left Calgary on Nov 24, Returned home on Nov 25.	Vision Travel DT Ontario-West Inc	\$454.28
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
<b>Total Paid in the Month</b>					\$ 454.28



Your Direct Itinerary

DIRECT TRAVEL  
9929-108TH STREET NW  
EDMONTON AB T5K 1G8  
1-833-692-4120

ALBERTA HEALTH SERVICES  
10030 107 STREET  
EDMONTON AB Z/T5H3E4

Agency reference: [redacted] Agent name [redacted]

Traveler name	Client reference
SARAH HALL	

Thank you for choosing Direct Travel. Complete details for your trip are below. Please review this document and the trip details thoroughly. If a discrepancy exists, please contact us immediately upon receipt. Missing your flight without cancelling will result in the forfeiture of the value of your airline ticket.

Government issued photo I.D. is required for all travel and the name on your photo I.D. must match the name on your ticket.

Please [click here](#) upon receipt of your itinerary for valuable information that may be critical to the success of your travels. We strongly recommend you come back to this information regularly in advance of and during travel as documentation and health requirements could change without notice.

Join today.  
Earn 1,000 points  
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Itinerary summary			
	From / To	Flight / Provider	Departure / Arrival
Flight	Sun. Nov. 24, 2024 Calgary(YYC) - Edmonton(YEG)	Westjet [redacted] OPERATED BY WESTJET ENCORE	2:35 p.m.- 3:39 p.m. <a href="#">Check in</a>
[redacted]			
Flight	Mon. Nov. 25, 2024 Edmonton(YEG) - Calgary(YYC)	Westjet [redacted] OPERATED BY WESTJET ENCORE	4:05 p.m.- 5:08 p.m. <a href="#">Check in</a>

Quick links

[Check-in Information](#)

[Passport & Visa Requirements](#)

[Canadian Government Travel Advisories](#)

[Airport & Flight Status](#)

[Weather](#)

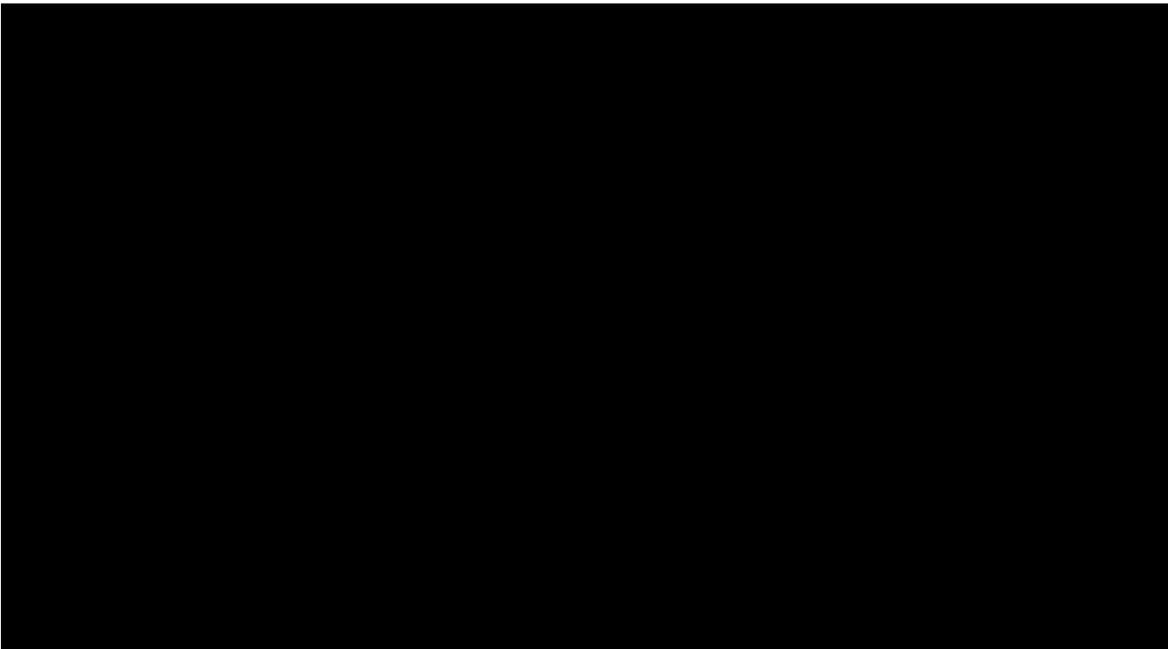
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ONE CLICK.  
ONE QUESTION.

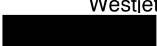


[TAKE SURVEY](#)

	WS [redacted]	Calgary Calgary (YYC)	Edmonton Edmonton (YEG)
Departure	Sun. Nov. 24, 2024 2:35 p.m.	Arrival	Sun. Nov. 24, 2024 3:39 p.m.
Terminal		Terminal	
Class	Economy/Coach Discounted(B)	Seat	
Status	Confirmed	<a href="#">Airline check-in ID</a>	[redacted]
Special requests		Frequent traveler	
Equipment	DHC8 Dash 8-400	Duration/ Meal service	01:04/Snack
eTicket	[redacted]		
Remarks	OPERATED BY WESTJET ENCORE **CHECK IN WITH WESTJET ENCORE**		
<a href="#">Baggage</a>			



	WS [REDACTED]	Edmonton Edmonton (YEG)	Calgary Calgary (YYC)
Departure	Mon. Nov. 25, 2024 4:05 p.m.		Arrival Mon. Nov. 25, 2024 5:08 p.m.
Terminal		Terminal	
Class	Economy/Coach Discounted(B)		Seat
Status	Confirmed		<u>Airline check-in ID</u> [REDACTED]
Special requests		Frequent traveler	
Equipment	DHC8 Dash 8-400		Duration/ Meal service 01:03/Snack
eTicket	[REDACTED]		
Remarks	OPERATED BY WESTJET ENCORE **CHECK IN WITH WESTJET ENCORE**		
<u>Baggage</u> ▶▶			

Invoice/Ticket information for SARAH HALL

Ticket:	Westjet 	Invoice:	
Base:	CAD333.36		
Other tax:	CAD120.92		
GST/HST tax:	CAD0.00		
QST tax:	CAD0.00		
			Amount: CAD454.28
Payment:	CA XXXXXXXXXXXXX 	Issue date:	25-Sep.-2024
			Total invoiced amount: CAD454.28
			Balance due: CAD0.00

General remarks  
THIS TICKET IS NON-REFUNDABLE. CHANGES/CANCELLATIONS MUST  
BE MADE PRIOR TO DEPARTURE OR TICKET WILL HAVE ZERO VALUE  
AIRLINE CHANGE/CANCELLATION FEES MAY APPLY.  
AIRFARES ARE NOT GUARANTEED UNTIL TICKETED  
AIRLINES RECOMMEND CHECKING IN 2 HOURS PRIOR TO FLIGHT.

Agency registration  
TPS/GST-723782728 RT 0001