

## Official Administrator and Executive Expense Report

**Name** Sharon Lehr  
**Title** Chief Program Officer, Operational Benchmarking & Efficiency  
**Location** Edmonton  
 Expenses submitted during the month of June 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jun-15	Expense Claim	Relocation Expense					-			3,669
Jun-15	Expense Claim	Meetings		136	357	649	1,142			
Jun-15	Direct Billing	Meetings	1,029				1,029			
<b>Total</b>			<b>\$ 1,029</b>	<b>\$ 136</b>	<b>\$ 357</b>	<b>\$ 649</b>	<b>\$ 2,171</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,669</b>

**Total for the Month** \$ 5,840

Maximum daily single meal expense claimed in the month \$ 21  
 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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

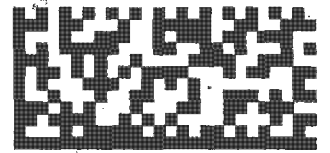
### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
LEHR, SHARON	Chief Program Officer, Operational Benchmarking & Efficiency	Edmonton	3,668.80

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/17/2015	Relocation Expense	AB - Local	Relocation	1,582.71			Moving of household items to Edmonton from Newfoundland	1			
6/1/2015	Relocation Expense	NL	Airfare	1,196.81	NL	AB - Local	Flight to Edmonton from Newfoundland as per Relocation Agreement. The violation indicated above is valid. This airfare was the a flex booking and the only fare available at the time of booking.	1			
6/1/2015	Relocation Expense	AB - Local	Car Rental	154.28			Car Rental: Relocation Expense	1			
6/1/2015	Relocation Expense	AB - Local	Miscellaneous	735.00			Incidental-Relocation Expense	1			
Approver(s) for the claim		Approval Status		Approval Date							
KAMINSKI, VICTORIA		Approve		7-Oct-15							



UNIFORM HOUSEHOLD GOODS BILL OF LADING
NON NEGOTIABLE CONTRACT



CONSIGNOR Ms. Sharon Lehr
STREET
CITY
POSTAL
PHONE
CELL PHONE
PROV NL

CONSIGNEE Ms. Sharon Lehr
STREET
CITY
POSTAL
PHONE
PROV AB

REGISTRATION NO
NICE SAVE NO

REQUIRED PICK DATE
REQUIRED LOAD DATE May 25/2015

REQUIRED DELIVERY DATE Jun 05/2015 To Jun 23/2015

Pricing Option Normal
Tariff
Hauling Section Five - Optional Transportation Rates

BOOKING AGENT 1854 Household Movers and Shipp
ORIGIN AGENT 1854 Household Movers and Shipp
PHONE (709) 747-4222 Mount Pearl, NL

MOVING CONSULTANT 144 Mary Piccott
DESTINATION AGENT 3322 QHP Moving & Storage Ltd.
PHONE (780) 413-6446 Edmonton, AB

DECLARATION OF VALUE

Unless the consignor expressly releases the shipment to a value of 60 cents per pound per article, the carrier's maximum liability for loss and damage shall be either the lump sum value declared by the consignor or an amount equal to \$10.00 for each pound of weight in the shipment, whichever is greater.

I declare the total lump sum value of my shipment to be:
Household Goods \$ 10.00 per pound Vehicle \$
I release this shipment to be a value not exceeding per pound per article. (\$0.60 / SIXTY CENTS)

DATE
CONSIGNOR'S SIGNATURE

- THIS BILL OF LADING IS SUBJECT TO THE FOLLOWING CONDITIONS
1. Unless payment has been otherwise arranged, the carrier will not relinquish possession of the shipment until the applicable charges have been paid in cash, money order, certified cheque or bank draft.
2. The carrier's tariff rates, rules, and regulations in effect on the date of loading shall govern this shipment. All charges will be audited and if necessary, corrected by a refund or additional billing.
3. The consignor remains jointly and severally liable for all charges regardless of invoicing instructions.
4. All terms printed, stamped, or typed on the front of this bill of lading, and the conditions of carriage printed on the back hereof, some of which limit the liability of the carrier, shall govern this shipment.

I have read and accept the terms and conditions outlined on the front and back of the bill of lading.
CONSIGNOR'S SIGNATURE

SPECIAL INSTRUCTIONS table with columns for Distance (3810), EST. WT. (500), SHIPMENT WEIGHT, REWEIGH, and various weight categories (Automobile Wt., Total Wt., Constructive Wt., Gross, Tare, Net).

Table with columns: AGENT CODE, AUTHORIZATION NO., DATE, SERVICES PROVIDED, PERFORMED BY, RATE, CHARGES. Rows include PACKING, PICK-UP, SET-OFF, UNPACKING, WAIT TIME, REV. PICK-UP, VAN RAIL LOADING AGENT, HAULING MEMBERS, and VAN FOREMAN.

Table with columns: BILLING INFORMATION (Gov't. / CAN), PAYMENT BY CASH, CERT CHEQUE OR CREDIT CARD (VISA OR MC ONLY AND PRE-AUTHORIZED AT ORIGIN), POSTAL, PO NO., PRE-PAYMENT RECEIVED, DEST-PAYMENT RECEIVED, STORAGE IN TRANSIT, WAREHOUSING HANDLING, CARTAGE, EXTRA, PICK-UPS, DELIVERIES, AUTH. NO., NAME OF AGENT.

Summary table with columns: SUB-TOTAL (\$1,507.34), GST/HST (\$75.37), QST/PST (\$0.00), LESS DEPOSIT (\$0.00), TOTAL (\$1,582.71). Includes Hauler's Signature, Date Loaded, Consignor's Signature, and Consignee's Signature.

In accordance with the Personal Information Protection and Electronic Documents Act, information collected on this form will be kept confidential, not released without your written permission and used only to complete our current business with you.

northAmerican Van Lines Canada a division of SIRVA Canada LP P.O. Box 639, Station Main Edmonton, AB T5J2L3
Do not mark below line / Ne pas écrire dessous cette ligne



Sharon Lehr <[redacted]>

**Air Canada - 30-May: St Johns - Edmonton (booking ref: [redacted])**

Air Canada <confirmation@aircanada.ca>  
To: [redacted]

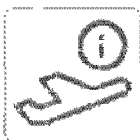
Wed, May 6, 2015 at 7:02 PM

\*\*\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\*\*\*

**AIR CANADA**   
**Itinerary/Receipt**

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check in kiosk.



Access your personalized Air Canada travel information

[View your planner >](#)

**Booking Information**

Booking Reference: [redacted]

**Customer Care**

**Air Canada**  
1-888-247-2262  
**Flight Arrivals and Departures**  
1-888-422-7533

Electronic Ticketing confirmed. This is your official itinerary/receipt.

**Main Contact:**  
Ms Sharon Lehr

Mobile: [redacted]  
Home: [redacted]  
Work: [redacted]

**Online Services**

- [Manage](#) my booking online (view/change my booking; select seats\*).
- [Select Seats](#)

- Maple Leaf Lounge | Meal Vouchers | On My Way
- Alert me of flight status changes directly to my mobile phone or email.
- Flight Arrivals & Departures - check online if my flight is on time.
- Check-in online and print my boarding pass.

\* Can my booking be changed online?

## Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC629	St Johns (YYT) Sat 30-May 2015 06:00	Montreal, Trudeau (YUL) Sat 30-May 2015 07:24	0	8hr36	E90	Flex, M	☺☺ F
AC179	Montreal, Trudeau (YUL) Sat 30-May 2015 08:30	Edmonton, Edmonton Int'l (YEG) Sat 30-May 2015 11:06	0		320	Flex, M	☺☺ F

☺☺ F: Food for purchase on board All Air Canada Café purchases made on board Air Canada and Air Canada rouge flights, as well as on Air Canada Express flights operated by Jazz, are payable only with Visa, MasterCard and American Express credit cards.

## Passenger Information

1: Ms Sharon Lehr : Adult (16+), Ticket Number: [REDACTED]

Air Canada - Aeroplan: [REDACTED]

Meal Preference : None

Payment Card: [REDACTED]

Special Needs: None

Seat Selection: None

## Purchase Summary

### Fare Summary

Passenger Type	Adult
<b>Air Transportation Charges</b>	
Departing Flight - Flex	999.00
<u>Surcharges</u>	23.00
<b>Taxes, Fees and Charges</b>	
Canada Airport Improvement Fee	30.00
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)	137.69
<u>Air Travellers Security Charge (ATSC)</u>	7.12
Total before options (per passenger)	<b>1196.81</b>
Number of passengers	x 1
Total with options	<b>1196.81</b>
<b>Grand Total - Canadian dollars</b>	<b>\$1196.81</b>

## Payment Information

Credit/Debit Card [REDACTED] Amount paid: \$1196.81

The following amount (tax inclusive) will appear on your credit card or debit card statement:

RECEIPT

Rental Agreement Number [REDACTED]  
 Vehicle Number [REDACTED]

**YOUR INFORMATION**

LEASER NAME [REDACTED] DATE OF BIRTH [REDACTED]  
 PAYMENT METHOD [REDACTED]

**YOUR RENTAL**

Picked up YES  
 Date/Time MAY 30, 2015 07:30PM  
 Returned YES  
 Date/Time JUN 06, 2015 12:30PM  
 Veh. Group Intermediate  
 Veh. Charged Intermediate  
 Vehicle HONDA ELANTRA SE  
 Odometer Out 5487  
 Odometer In 8830  
 Fuel Reading Full

**YOUR VEHICLE CHARGES**

1 WPK 140.00	140.00
DISCOUNT 10.00	14.00
<b>YOUR TIME AND MILEAGE</b>	<b>126.50</b>

**YOUR TAXABLE FEES**

GOV TAX	7.35
ENERGY RECOVERY 7.1410Y	8.00
USEM LTC FEE	7.50

**YOUR SUBTOTAL** 146.85  
 TAXABLE SUBTOT 146.85  
 PST 0000 00

**YOUR NON TAXABLE ITEMS**

TOTAL CHARGES	154.28
NET CHARGES	154.28
<b>YOUR TOTAL DUE</b>	<b>0.00</b>

PAID ON VISA 000004  
 APR 08 12 09/01 EA 11

RECEIPT

Rental Agreement Number  
Vehicle Number

YOUR INFORMATION

LESSOR NAME

PAYMENT METHOD

YOUR RENTAL

Picked up	YES
Drop/Time	NOV 30 2016 01 30PM
Returned	YES
Date/Time	JUN 06 2016 12 12PM
Van Group	Intermediate
Van Charges	Intermediate
Mileage	UNLIMITED MILEAGE
Odometer Out	0437
Odometer In	0430
Fuel Reading	Full

YOUR VEHICLE CHARGES

1 year 140.00	140.00
DISCOUNT 10.00	130.00
<b>YOUR TIME AND MILEAGE</b>	<b>120.00</b>

YOUR TAXABLE FEES

EST TAX	1.34
ENERGY RECOVERY F TACH	0.00
VAN LTC FEE	7.84
	7.84

<b>YOUR SUBTOTAL</b>	
TAXABLE SUBTOT	148.84
PST 00%	0.00

YOUR NON TAXABLE FEES

<b>TOTAL CHARGES</b>	<b>148.84</b>
NET CHARGES 154.28	154.28
<b>YOUR TOTAL DUE</b>	<b>0.00</b>

PAID ON VISA 100304

NOV 30 12 30/17 14.



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

**SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)**

• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system  
 • Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system  
 • If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 22-Jun-15 To 26-Jun-15  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel

Name: Sharon Lehr Position (Title): Chief Program Officer, Operational Benchmarking & Efficiency  
 Location: \_\_\_\_\_ Dep: \_\_\_\_\_ DOFA Level: \_\_\_\_\_ (if applicable) Union: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Employee # (E-People): \_\_\_\_\_

**SECTION E: FINANCE CODING & TOTAL CLAIM**

CAPITAL PROJECT CODING ONLY → Project Number \_\_\_\_\_ Project Task Number \_\_\_\_\_  
 Expenditure Organization \_\_\_\_\_ Expenditure Type \_\_\_\_\_

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D
2A	101	0006	71110100074	\$1,141.55						\$1,141.55	
2B											
2C											
2D											
				\$1,141.55	**User to enter Coding & \$ Amounts					Less Cash Advance	
<b>NOTE:</b> This section auto fills from page 2A, 2B, 2C & 2D					<b>NOTE:</b> These fields do not automatically fill for Section C & D					<b>TOTAL CLAIM</b>	\$1,141.55

**SECTION F: AUTHORIZATION**

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.  
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services 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 above. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements  
 Employee Signature: Sharon Lehr Date August 12, 2015

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.  
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services 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 above. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Vickie Kaminski DOFA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_  
 Signature: Vickie Kaminski Title \_\_\_\_\_ Date Aug 18/15

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.  
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services 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 above.

Approved By (PRINT ONLY): \_\_\_\_\_ DOFA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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.

Please forward completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4



**EXPENSE CLAIM DETAILS**

<b>Enter Finance Coding</b> <u>101 0006 71110100074</u>	<b>Emp # (E-People)</b> <span style="background-color: black; color: black;">XXXXXXXXXX</span>	Page <b>2A</b>
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*If expenses incurred are for **multiple FC's** please use pages 2B,2C,2D (after pg3) as there should be one FC per page **OR** if **more lines** are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT separate any taxes** (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.*

**SECTION B: TRAVEL EXPENSES**      **NOTE:** If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter!)  
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Completion of the "Cost Effective Method Used" Column is <b>REQUIRED</b> . If you select "No" in this column, Further Explanation is <b>REQUIRED</b> in the "Rationale is Required" section on this page										
				Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)		
					Meal Allowance	Meal with Receipt	Airfare	Hotel	Taxi					
				Meal Type with value	Allowance	Meal Type	with receipt							
22-06-15	Travel to Fort McMurray to present Benchmarking Orientation Sessions to Front Line Managers (Parking at Airport \$25.00)	AB - Local	Meeting	Yes								\$25.00 ✓		
23-06-15	Travel to Grande Prairie to present Benchmarking Orientation Sessions to FrontLine Managers -Taxi -Airport to Gr. Pr. Hosp. & return (2 receipts, \$25.00 & \$30.00) (Parking at Airport \$25.00)	AB - Local	Meeting	Yes	D-\$20.75	\$20.75				\$55.00 ✓	\$25.00 ✓			
24-Jun-15	Drove to Red Deer to present Benchmarking Orientation Sessions to Managers & then drove to Calgary for Benchmarking Sessions	AB - Local	Meeting	Yes	LD-\$32.35	\$32.35								300.00
25-Jun-15	Drove to Lethbridge from Calgary to present Benchmarking Orientations Sessions & return to Calgary - Hotel Accommodation (2 nights)	AB - Local	Meeting	Yes	A-\$41.55	\$41.55			\$382.22					426.00
26-Jun-15	Meetings at Calgary Southport with Anne-Marie Visockas, Robert Hawes & Tanis Conron - Drove back to Edmonton	AB - Local	Meeting	Yes	A-\$41.55	\$41.55								300.00
<b>SUBTOTALS</b>						\$136.20			\$382.22	\$55.00	\$50.00			Total Kms 1026.00

<b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> → details of travel location to & from must be included above under the purpose of travel column Rates applicable <b>\$0.505</b> per km for <u>under 5,000km/yr</u> or <b>\$0.47</b> per km for <u>over 5,000km/yr</u> or <u>per Union Agreement</u>	Enter \$0.505 km, \$0.47 km <b>OR</b> rate per Union Agreement <i>(see Mileage details to the left)</i>
	Mileage \$      \$518.13

<b>Note:</b> Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3	Travel \$ Subtotal      \$623.42
	<b>Auto fills on page 1 - TOTAL TRAVEL \$</b> \$1,141.55

**Rationale is Required for expenses that are not Cost Effective**  
 (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax CodeCA5%

POF 2nd F1 22/06/15 20:04  
Receipt [REDACTED]

Short-term parking tkt

DL - No. 038169

22/06/15 06:43

23/06/15 06:42

Period 1d0h0'

(Tax) \$25.00

Total \$25.00

Payment Received

[REDACTED] \$25.00

Merch

Auth: [REDACTED]

Type: Swiped

Sub Total \$23.81

Tax 5% \$1.19

06002875 - 1/1

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax CodeCA5%

P2 North C 22/06/15 18:48  
Receipt [REDACTED]

Short-term parking tkt

HL - No. 040989

23/06/15 07:56

24/06/15 07:55

Period 1d0h0'

(Tax) \$25.00

Total \$25.00

Payment Received

[REDACTED] \$25.00

Merch

Auth: [REDACTED]

Type: Swiped

Sub Total \$23.81

Tax 5% \$1.19

0382404A - 1/1

Parking at Edmonton Airport  
meeting in Fort McMurray

Parking at Edmonton Airport  
meeting in Grande Prairie

Fare: 25.00 Date: 23-6-215  
From: Airport To: Hospitae  
Driver: [REDACTED] C.No.: [REDACTED]  
Co. Name: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

**DL DIAL A CAB**  
780-532-1111

Resu

Suite 103, 10001 101 AVE  
GRANDE PRAIRIE, ALBERTA  
FAX: 780-831-7316

No [REDACTED]

FARE \$ 30.00 DRIVER \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

DATE 23/06/2015 TIME 04 48

CAB NO. [REDACTED]

FROM Hospital TO Airport

CUSTOMER SIGNATURE \_\_\_\_\_

*[Signature]*

Taxi from Hospital to Airport

Taxi from Gr. Pr. Airport  
to Gr. Pr. Hospital

Sandman Hotel Calgary City-Centre  
 888 7th Avenue SW  
 Calgary, Alberta T2P 3J3  
 Tel:403.237.8626 Fax:403.290.1238  
 www.sandmanhotels.com  
 PROPERTY: 01-026 Invoice #: [REDACTED]

Description: Guest Folio

Page: 1

Mail To: Alberta Health Service(albhe2)

Res. No.: [REDACTED]  
 Arrive: 24/06/2015 12:28pm  
 Depart: 26/06/2015 11:00am  
 Room: [REDACTED]

Group:  
 Guest: Sharon Lehr  
 Bill To: Alberta Health Service(albhe2)

ALWAYS THE SMART CHOICE

Date	Description	Voucher	Amount
24/06/2015	Room Revenue	[REDACTED]	159.00
24/06/2015	Destination Marketing Fee	[REDACTED]	4.77
24/06/2015	GST	[REDACTED]	8.19
24/06/2015	Provincial Tourism Levy	[REDACTED]	6.55
24/06/2015	Guest Parking	[REDACTED]	24.00
24/06/2015	GST-Incidental	[REDACTED]	1.20
25/06/2015	Room Revenue	[REDACTED]	159.00
25/06/2015	Destination Marketing Fee	[REDACTED]	4.77
25/06/2015	GST	[REDACTED]	8.19
25/06/2015	Provincial Tourism Levy	[REDACTED]	6.55
		Balance:	382.22

Bill To: Lehr

Total GST: 16.38  
 Total GST-Incidental: 1.20  
 GST Registration # 12176 7065 RT0001

Signature





## Executive Expenses Report Direct Billing Summary

**Purpose of This Form:**

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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> Sharon Lehr	<b>Reporting Period for the Month of :</b> Jun-15
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
22-06-2015	Direct Billing	Airline Ticket	Flight to Fort McMurray and return (Invoice Number [REDACTED]) Presented Benchmarking Orientation Sessions to Front Line Managers.	Marlin Travel	553.96
23-06-2015	Direct Billing	Airline Ticket	Flight to Grande Prairie and return (Invoice Number [REDACTED]) Presented Benchmarking Orientation Sessions to Front Line Manager	Marlin Travel	474.96
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
<b>Total Paid in the Month</b>					<b>\$ 1,028.92</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]  
To: ALBE [REDACTED]

SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: June 23, 2015  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

## For

MS SHARON LEHR

Monday, June 22, 2015

### Air

AIR CANADA  
From: EDMONTON INTL AB  
To: FT MCMURRAY  
Stops: 0 Arrival: 22Jun15  
Seat(s): 11F  
AIR CANADA E

Flight: 8380 U CLASS  
07:45 AM Equipment: DH4  
08:47 AM

Mile(s) Flown: 240

### Air

AIR CANADA  
From: FT MCMURRAY  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 22Jun15  
Seat(s): 08D  
AIR CANADA E

Flight: 8391 V CLASS  
07:00 PM Equipment: DH4  
08:02 PM

Mile(s) Flown: 240

## Cost:

TKT- [REDACTED] E-TKT	[REDACTED]	479.00
	Tax:	74.96
	<b>Ticket Total:</b>	<b>553.96</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number:

Date:

June 23, 2015

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Our Reference:

## INVOICE

### For

MS SHARON LEHR

Tuesday, June 23, 2015

### Air

WESTJET AIRLINES

From: EDMONTON INTL AB

To: GRANDE PRAIRIE

Stops: 0 Arrival: 23Jun15

WESTJET ENCO

Flight: 3136 Q CLASS

08:50 AM Equipment: DH4

09:55 AM

Mile(s) Flown: 247

### Air

WESTJET AIRLINES

From: GRANDE PRAIRIE

To: EDMONTON INTL AB

Stops: 0 Arrival: 23Jun15

WESTJET ENCO

Flight: 3127 Q CLASS

05:45 PM Equipment: DH4

06:52 PM

Mile(s) Flown: 247

### Cost:

TKT- TKT

386.00

Tax:

88.96

Ticket Total:

474.96

### Total:

Grand Total:

474.96

Less Credit Card Payments:

474.96

Credit / Balance Due To This Invoice:

0.00

Total Balance Due:

0.00