

## AHS Board and Executive Expense Report

**Name** Sharon Lehr  
**Title** Chief Program Officer Operational Best Practices  
**Location** Edmonton  
 Expenses submitted during the month of July 2016

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
<b>Travel (1)</b>										
Jul-16	Expense Claim	Meetings		135	659	303	1,097			
<b>Total</b>			\$ -	\$ 135	\$ 659	\$ 303	\$ 1,097	\$ -	\$ -	\$ -

**Total for the Month**      \$      1,097

Maximum daily single meal expense claimed in the month      \$      24  
 Maximum daily base hotel rate claimed in the month            \$      151  
 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								
LEHR, SHARON	Chief Program Officer, Operational Best Practices	Edmonton	\$ 1,097.24								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/21/2016	Attend meetings at Southport, Calgary		Mileage-Other	\$ 303.00			Drove to Calgary July 21 and returned to Edmonton July 27: Attended OBP meetings and space planning meetings at Southport.	1			600
7/21/2016	Meetings at Southport, Calgary	AB - Other Zones	Accommodations	\$ 164.81			One night accommodation (July 21) for trip to Calgary to attend meetings at Southport.	1			
7/21/2016	Meetings	AB - Other Zones	Meals Per Diem	\$ 24.00			Meals: Dinner - Drove from Edmonton to Calgary to attend meetings at Southport Dinner \$24.00	1			
7/24/2016	Meetings at Southport Office, Calgary	AB - Other Zones	Accommodations	\$ 494.43			Three nights accommodations (July 24, 25, 26) for trip to Calgary to attend OBP meetings at Southport.	3			
7/25/2016	Meetings	AB - Other Zones	Meals Per Diem	\$ 37.00			Meals: Lunch and Dinner - Attended meetings at Southport Lunch \$13.00 Dinner \$24.00	1			
7/26/2016	Meetings	AB - Other Zones	Meals Per Diem	\$ 37.00			Meals: Lunch and Dinner - Attended meetings at Southport Lunch \$13.00 Dinner \$24.00	1			
7/27/2016	Meetings	AB - Other Zones	Meals Per Diem	\$ 37.00			Meals: Lunch and Dinner - Attended meetings at Southport Lunch \$13.00 Dinner \$24.00	1			
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
RHODES, DEBORAH		Approve		20-Dec-16							



# Hampton Inn & Suites by Hilton - Calgary University N.W.

2231 Banff Trail NW • Calgary, AB T2M 4L2  
Phone (403) 289-9800 • Fax (403) 289-9200  
www.hamptoncalgary.com

(1)

LEHR, SHARON [Redacted]	name address	room number: [Redacted] arrival date: 7/21/2016 10:52:00 PM departure date: 7/27/2016 adult/child: 2/0 room rate: 151.20	If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.
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Confirmation Number: [Redacted]	Rate Plan: [Redacted] HH # [Redacted] AL: [Redacted] Car: [Redacted]
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7/27/2016

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. 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 association fails to pay for any part or the full amount of these charges. I have accepted delivery of the National Post. If refused, a \$1.00 (Mon-Fri) & \$2.00 (Sat) credit will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here:

signature: \_\_\_\_\_

date	reference	description	amount
7/16/2016	[Redacted]	Advance Deposit VS *2304	(\$824.05)
7/21/2016	[Redacted]	GUEST ROOM	\$151.20
7/21/2016	[Redacted]	ROOM TAX	\$6.05
7/21/2016	[Redacted]	GST 129123600 RT 0004	\$7.56
7/22/2016	[Redacted]	GUEST ROOM	\$151.20
7/22/2016	[Redacted]	ROOM TAX	\$6.05
7/22/2016	[Redacted]	GST 129123600 RT 0004	\$7.56
7/23/2016	[Redacted]	GUEST ROOM	\$151.20
7/23/2016	[Redacted]	ROOM TAX	\$6.05
7/23/2016	[Redacted]	GST 129123600 RT 0004	\$7.56
7/24/2016	[Redacted]	GUEST ROOM	\$151.20
7/24/2016	[Redacted]	ROOM TAX	\$6.05
7/24/2016	[Redacted]	GST 129123600 RT 0004	\$7.56
7/25/2016	[Redacted]	GUEST ROOM	\$151.20
7/25/2016	[Redacted]	ROOM TAX	\$6.05
7/25/2016	[Redacted]	GST 129123600 RT 0004	\$7.56
7/26/2016	[Redacted]	GUEST ROOM	\$151.20
7/26/2016	[Redacted]	ROOM TAX	\$6.05
7/26/2016	[Redacted]	GST 129123600 RT 0004	\$7.56
7/27/2016	[Redacted]	VS [Redacted]	(\$164.81)
		**BALANCE**	\$0.00

*Handwritten notes:*  
 Thursday  
 Friday (personal)  
 Saturday (personal)  
 Sunday  
 Monday  
 Tuesday  
 988.86  
 < 164.81 > Friday  
 < 164.81 > Saturday

You have earned approximately 19880 Hilton HHonors points for this stay. Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 3,90

for reservations call 1.800.hampton or visit us online at hampton.com

thanks.

account no. [Redacted]	date of charge 7/27/2016	folio/check no. [Redacted]
card member name LEHR, SHARON	authorization [Redacted]	initial
establishment no. and location	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	-164.81



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LEHR, SHARON

name  
address

room number: [REDACTED]  
arrival date: 7/21/2016 10:52:00 PM  
departure date: 7/27/2016  
adult/child: 2/0  
room rate: 151.20

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

Rate Plan:  
HH #  
AL:  
Car:

Confirmation Number: [REDACTED]

7/27/2016

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. 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 association fails to pay for any part or the full amount of these charges. I have accepted delivery of the National Post. If refused, a \$1.00 (Mon-Fri) & \$2.00 (Sat) credit will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here:

signature:

date	reference	description		amount
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	Total Invoice Amount	\$907.20	\$81.66	

for reservations call 1.800.hampton or visit us online at hampton.com

thanks.

account no. [REDACTED]	date of charge 7/27/2016	folio/check no. [REDACTED]
card member name LEHR, SHARON	authorization [REDACTED]	initial
establishment no. and location establishment agrees to transmit to card holder for payment	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	-164.81



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