

AHS Board and Executive Expense Report

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

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-16	Expense Claim	Meetings		111	740	676	1,527			
Total			\$ -	\$ 111	\$ 740	\$ 676	\$ 1,527	\$ -	\$ -	\$ -

Total for the Month \$ 1,527

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 165
 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	\$ 1,526.71								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/13/2016	Meetings	AB - North Zone	Parking - Lot or Parkade	\$ 13.50			Attending a meeting at Glenrose Hospital - Integrated Operations Centre	1			
9/15/2016	Meetings		Mileage-Other	\$ 303.00			Drove to Calgary Sept. 15 and returned to Edmonton Sept. 19: Attended OBP workshops at RGH and meetings at Southport	1			600
9/15/2016	Meetings	AB - Other Zones	Accommodations	\$ 180.52			One night accommodation (Sept. 15) for trip to Calgary to attend OBP meetings at RGH and Southport.	1			
9/16/2016	Meetings	AB - Other Zones	Parking - Lot or Parkade	\$ 4.50			Parking at Southport to attend meetings	1			
9/16/2016	Meetings	AB - Other Zones	Meals Per Diem	\$ 37.00			Meals: Lunch and Dinner - Attended meetings at RGH and Southport Lunch \$13.00 Dinner \$24.00	1			
9/16/2016	Meetings	AB - Other Zones	Parking - Lot or Parkade	\$ 14.25			Parking at RGH to attend workshop.	1			
9/18/2016	Meetings	AB - Other Zones	Accommodations	\$ 191.02			One night accommodation (Sept. 18) for trip to Calgary to attend meetings at RGH and Southport	1			
9/19/2016	Meetings	AB - Other Zones	Meals Per Diem	\$ 37.00			Meals: Lunch and Dinner - Attended meetings at RGH and Southport Lunch \$13.00 Dinner \$24.00	1			

AHS Public Disclosure Expense Claims

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9/19/2016	Meetings	AB - Other Zones	Parking - Lot or Parkade	\$ 11.25			Parking at RGH to attend meetings	1			
9/19/2016	Meetings	AB - Other Zones	Parking - Lot or Parkade	\$ 15.00			Parking at Southport to attend AHS Performance Measurement Session & OBP meetings	1			
9/23/2016	Meetings	AB - Other Zones	Parking - Lot or Parkade	\$ 11.25			Parking at Misericordia Hospital to attend Hip & Knee Arthroplasty Governance Council Meeting	1			
9/28/2016	Meetings	AB - Other Zones	Accommodations	\$ 368.42			Two nights accommodations (Sept. 28 & 29) to attend meetings at Southport and AHS Board meeting	2			
9/28/2016	Meetings		Mileage-Other	\$ 303.00			Drove to Calgary Sept. 28 and returned to Edmonton Sept. 30: Attended Meetings at Southport and AHS Board Meeting	1			600
9/29/2016	Meetings	AB - Other Zones	Meals Per Diem	\$ 37.00			Meals: Lunch and Dinner - Attended meetings at Southport Lunch \$13.00 Dinner \$24.00	1			
Approver(s) for the claim		Approval Status	Approval Date								
RHODES, DEBORAH		Approve	20-Dec-16								



HAMPTON INN & SUITES CALGARY
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 CALGARY, AB T2M4L2
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LEHR, SHARON



Room No: [REDACTED]
 Arrival Date: 9/15/2016 7:53:00 PM
 Departure Date: 9/16/2016 2:36:00 PM
 Adult/Child: 2/0
 Cashier ID: SDW
 Room Rate: 165.62
 AL:
 HH # [REDACTED]
 VAT # [REDACTED]
 Folio No/Che [REDACTED]

Confirmation Number [REDACTED]

HAMPTON INN & SUITES CALGARY 11/16/2016 2:30:00 PM

DATE	Transaction ID	DESCRIPTION	GUEST CHARGES
9/15/2016	[REDACTED]	GUEST ROOM	\$165.62
9/15/2016	[REDACTED]	ROOM TAX	\$6.62
9/15/2016	[REDACTED]	GST 129123600 RT 0004	\$8.28
9/16/2016	[REDACTED]	[REDACTED]	(\$180.52)
BALANCE			\$0.00

	Revenue	Tax
Total Invoice Amount	\$165.62	\$14.90

CREDIT CARD DETAIL

APPR CODE [REDACTED]
 CARD NUMBER [REDACTED]
 TRANSACTION ID [REDACTED]

MERCHANT ID [REDACTED]
 EXP DATE [REDACTED]
 TRANS TYPE Sale

RECEIPT

GRH Parking
Edmonton, Alberta

License Plate Number



Expiration Date/Time

11:29 AM
SEP 13, 2016

Purchase Date/Time: 08:29am Sep 13, 2016

Total Due: \$13.50 Rate: Hourly-up to 3 hrs
Total Paid: \$13.50 Payment Type: Card

Ticket #: [Redacted]

S/N #: [Redacted]

Setting: GRH

Mach Name: [Redacted]

Visa

Auth # [Redacted]

Parking Rates are
GST Exempt
For assistance call
1-855-535-1100

KING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

2

Alberta Health
Services
RGH Lot 1

RECEIPT

***** [Redacted] *****

ENTRY DATE/TIME:

16/09/16 07:17

PAY DATE/TIME:

16/09/16 12:28

PARK DUR.: HRS:MIN

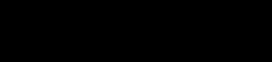
0:05:11

ALLOWED EXIT TO:

17.09.16 07:32

PAID: \$ 14.25

MASTER CARD



* Parking Rates *

* Are GST Exempt *

* Plea Exit *

* Site Within *

* 15 Minutes *

* After Payment *

* Is Made *

** *****

* No In/Out *

* Privileges *

* Managed by *

* Alberta *

* HealthServices *

* Have Questions *

* Or Concerns? *

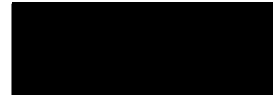
* Call Us *

* 403-943-3725 *

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RECEIPT
Southland Park IV
Southport Tower

License Plate Number



Expiration Date/Time

02:59 PM
SEP 16, 2016

Purchase Date/Time: 01:59pm Sep 16, 2016

Total Due: \$4.50 Rate: \$4.50 - 1 Hour
Total Paid: \$4.50 Payment Type: Card

Ticket #: [Redacted]

S/N #: [Redacted]

Setting: SPT Wireless

Mach Name: CA-SPT-001

Visa

Auth # [Redacted]

www.ahs.ca
DO NOT PLACE ON DASH

5



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LEHR, SHARON [REDACTED]	name address	room number: [REDACTED] arrival date: 9/18/2016 2:35:00 PM departure date: 9/19/2016 adult/child: 1/0 room rate: 165.62	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: HH # [REDACTED] AL: Car:
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9/19/2016

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
9/18/2016	[REDACTED]	MISC REVENUE	\$10.00
9/18/2016	[REDACTED]	GST 129123600 RT 0004	\$0.50
9/18/2016	[REDACTED]	GUEST ROOM	\$165.62
9/18/2016	[REDACTED]	ROOM TAX	\$6.62
9/18/2016	[REDACTED]	GST 129123600 RT 0004	\$8.28
9/19/2016	[REDACTED]	[REDACTED]	(\$191.02)
		BALANCE	\$0.00

You have earned approximately 1459 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 3,900 Hampton hotels are all over the world. Find us in Canada, Costa Rica, Ecuador, Germany, India, Mexico, Poland, Turkey, United Kingdom, and United States of America. Coming soon in Italy and Romania.

Total Invoice Amount	\$175.62	\$15.40
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thanks.

account no. [REDACTED]	date of charge 9/19/2016	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	-191.02



RECEIPT

7

Alberta Health Services
RGH Lot 1
RECEIPT
ENTRY DATE/TIME:
19 . . 16 16:04
EXIT DATE/TIME:
19.09.16 18:30
PARK-DUR.: HRS:MIN
0:02:26

AMOUNT:
11.25
METHOD OF PAYMENT: :
VISA



RECEIPT
Southland Park IV
Southport Tower

8

License Plate Number
[Redacted]

Expiration Date/Time

08:40 AM
SEP 20, 2016

Purchase Date/Time: 08:40am Sep 19, 2016
Total Due: \$15.00 Rate: \$15.00 - 24 Hours
Total Paid: \$15.00 Payment Type: Card
Ticket # [Redacted]
S/N #: [Redacted]
Setting: SPI Wireless
Mach Name [Redacted]

[Redacted] Visa Auth # [Redacted]

www.ahs.ca
DO NOT PLACE ON DASH

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
23/09/16 15:25

AMOUNT PAID
\$ 11.25 [Redacted] 12:55 LOT6105

DETACH RECEIPT FROM TICKET

9

DATE ISSUED TIME ISSUED AMOUNT PAID
23/09/16 12:55 \$ 11.25

CC



CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY.
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CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT
LIMITED TO FIRE, THEFT OR COLLISION

NON TRANSFERABLE



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LEHR, SHARON
name
address

room number: [REDACTED]
arrival date: 9/28/2016 9:41:00 PM
departure date: 9/30/2016
adult/child: 1/0
room rate: 169.00

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.

Confirmation Number [REDACTED]

Rate Plan: [REDACTED]
HH # [REDACTED]
AL: [REDACTED]
Car: [REDACTED]

9/30/2016

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
9/28/2016	[REDACTED]	GUEST ROOM	\$169.00
9/28/2016	[REDACTED]	ROOM TAX	\$6.76
9/28/2016	[REDACTED]	GST 129123600 RT 0004	\$8.45
9/29/2016	[REDACTED]	GUEST ROOM	\$169.00
9/29/2016	[REDACTED]	ROOM TAX	\$6.76
9/29/2016	[REDACTED]	GST 129123600 RT 0004	\$8.45
9/30/2016	[REDACTED]	[REDACTED]	(\$368.42)
		BALANCE	\$0.00

You have earned approximately 2953 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 3,900 Hampton hotels are all over the world. Find us in Canada, Costa Rica, Ecuador, Germany, India, Mexico, Poland, Turkey, United Kingdom, and United States of America. Coming soon in Italy and Romania.

Total Invoice Amount \$338.00 \$30.42

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

account no. [REDACTED]	date of charge 9/30/2016	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	-368.42