

AHS Board and Executive Expense Report

Name Sharon Lehr

Title Chief Program Officer Operational Best Practices

Location Edmonton

Expenses submitted during the month of February 2017

							Travel (1)									_
MMM-YY	Source Document	Purpose	Air	fare	Me	eals	Accommodati	on	Othe Trav		Total Travel	ofessional velopment (2)	So Hos	orking essions and spitality (3)	Other (4)	
Feb-17 Feb-17	Expense Claim Direct Billing	Meetings Meetings		344		13				212	225 344					
Total			\$	344	\$	13	\$	-	\$	212	\$ 569	\$ _	\$	_	\$ 	_

Total for

the Month \$ 569

Maximum daily single meal expense claimed in the month \$ 13 Maximum daily base hotel rate claimed 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 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.

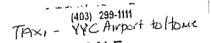
AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
LEHR, SHARON	Chief Program Officer, Operational Best Practices	Edmonton	\$ 224.50									
Expense Date	Business reason	1	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
2/22/2017	OBP Meeting in Edmo	onton	AB - North Zone	Taxi	\$ 60.00			Taxi from Edmonton Airport to Seventh Street Plaza to attend an Operational Best Practice Refresher meeting with Health Operations	1			
2/22/2017	OBP Meeting in Edmo	onton	AB - Local	Taxi	\$ 40.20			Taxi from home to Calgary Airport for flight to Edmonton	1			
2/22/2017	OBP Meeting in Edmo	onton	AB - North Zone	Meals Per Diem	\$ 13.00			Lunch while in Edmonton for Operational Best Practice Refresher meeting with Health Operations Lunch \$13.00	1			
2/22/2017	OBP Meeting in Edmo	onton	AB - Local	Taxi	\$ 43.30			Taxi from Calgary Airport to home	1			
2/22/2017	OBP Meeting in Edmo	onton	AB - North Zone	Taxi	\$ 68.00			Taxi to Edmonton Airport for flight to Calgary	1			
Approver(s)	for the claim	Approval St		Approval Date	1	l	ı			1	I	

RHODES, DEBORAH

Approve

14-Mar-17



SALE
PASSOCIATED CABS
MID. REF#:
10: REF#:
02/122/17
APPR CODE

AMOUNT TIP TOTAL \$38.30 \$5.00 \$43.30

00 - APPROVED - 001



CUSTOMER COPY

TAXI - SSP to YEE Airput

AIRPORT TAXI SERVICE 4608 101 ST. (7808907070) EDMONTON AB

CARD	
CARD '	TYPE VISA
DATE	2017/02/22
TIME	0504 17:34:10
INVOI	CE #
RECEI	PT NUMBER

PURCHASE
AMOUNT \$63.00
TIP \$5.00
TOTAL

\$68.00



APPROVED

AUTH# THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

GST 83636 0909 RT0001

TAXI - YEG-Airport to SSP AIRPORT TAXI SERVICE 4608 101 ST. (7808907070) EDMONTON AB

CARD		
CARD	TYPE	VISA
	,	2017/02/22
DATE		
TIME		
INVO		
RECE	IPT	NUMBER
		· · · · · · · · · · · · · · · · · · ·
PURC	HASE	

PURCHASE
AMOUNT \$55.00
TIP \$5.00
TOTAL

\$60.00

Visa Credit



APPROVED

AUTH# YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111

SALE



AMOUNT \$35.20 TIP \$5.00 TOTAL \$40.20

00 - APPROVED - 001



THANK YOU

CUSTOMER COPY



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.
- A personal cheque must be attached to cover expenses deemed ineligible.

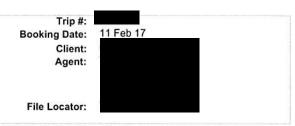
Indicate whether you have expenses to report	in this section for this reporting period:	TES	
Name : Sharon Lehr	Reporting Period for the N	Nonth of : Feb-17	

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Pa	aid
22-Feb-2017	Direct Billing		Flight - Calgary to Edmonton & return (Invoice # Attended Operational Best Practice Refresher meeting and presented to Health Operations North Zone.	Marlin Travel	344	4.06
	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		
Total Paid in the	Month				\$ 344	4.06



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4



PASSENGERS: MS SHARON LEHR

REFERENCE/ DESCRIPTION	ON			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	
AIR CANADA Ticket #				269.10	0.00	\$0.00	74.96	0.00	344.06	CAD
			Total:	269.10	0.00	0.00	74.96	0.00	344.06	CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form o	of Payment			Amount	
		02/10/2017			-				344.06 (CAD
							Total Pa	yment:	344.06	CAD
					E	Balance Du	e CAD Cui	0.00	CAD	
				Total GS	ST	0.00	Tota	al HST	\$0.00	

CORPORATE UNIT 101
REASON FOR TRAVEL OPERATIONAL BEST PRACTICE MEETING

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Trip #:

Booking Date: 11 Feb 17

Client: Agent:

File Locator:

MY ITINERARY

Passengers SHARON LEHR Citizenship

Required Travel Documents

Not Specified

Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	SHARON LEHR			Booking Date: File Locator/Ticket #:	10 Feb 17		
Airline	Flight	From	Terminal	То	Class/Seat	Stops	
AIR CANADA	08134	CALGARY INTL 22 Feb 17 9:05AM		EDMONTON INTL 22 Feb 17 9:57AM	G/		
AIR CANADA	08173	EDMONTON INTL 22 Feb 17 7:10PM		CALGARY INTL 22 Feb 17 8:04PM	G/		