

AHS Board and Executive Expense Report

Name Dr. Ted Braun
Title VP & Medical Director Central & Southern Alberta (Acting)
Location Calgary
 Expenses submitted during the month of July 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)
Jul-16	P-Card	Meetings			622	36	658			
Jul-16	Expense Claim	Meetings		74		194	267			
Jul-16	Direct Billing	Meetings	748				748			
Total			\$ 748	\$ 74	\$ 622	\$ 230	\$ 1,673	\$ -	\$ -	\$ -

Total for the Month \$ 1,673

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 145
 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.



Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>BRAUN, THEODORE</u> Cardholder's Name	<u>ACTING-VP AND MEDICAL</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/07/2016</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>SOUTHPORT TOWER</u> Cardholder's Site/Location	Total Statement Amount: <u>\$657.58</u>
<u>TED BRAUN@AHS.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card #: <u>[REDACTED]</u>	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/06/2016	[REDACTED]	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	155.32	CAD	155.32	7.40		Hotel accommodations while in Edmonton for Senior Leaders meeting and ELT ✓
29/06/2016	[REDACTED]	THE CALGARY AIRPORT AU AUTOMOBILE PARKING LOTS AND	36.30	CAD	36.30	1.73		Parking at the Calgary Airport while in Edmonton for three (3) days ✓
30/06/2016	[REDACTED]	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	485.96	CAD	465.96	22.16		Accommodations for three (3) nights in Edmonton to attend, CMO Offsite meeting, Joint AH/AHS retreat, and Alberta Advisory ✓

①
②
③

Signatures

Cardholder Designate (if Applicable)
By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Name of Cardholder Designate

Cardholder Designate Position/Title

Signature of Cardholder Designate

Date of Signature

Cardholder
By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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. A personal cheque for any personal expenses inadvertently charged is attached
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

BRAUN, THEODORE
Name of Cardholder

ACTING-VP AND MEDICAL
Cardholder Position/Title

Signature of Cardholder

Date of Signature

Approver Designate (if Applicable)
By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver
By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Dr. Varsha Yiu
Name of Approver

Approver Position/Title

Signature of Approver

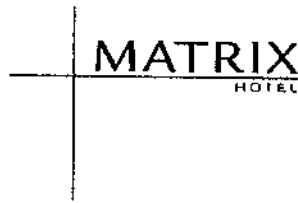
Date of Signature

Submit approved statement with attachments to Accounts Payable

<p>Attach:</p> <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable. Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
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Accounts Payable only

Reference # _____	Reviewed by: _____	Date _____
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①

DR Ted Braun

Room Number: [REDACTED]
Arrival Date: 06-20-16
Departure Date: 06-21-16
Page No: 1 of 1

Guest Name:

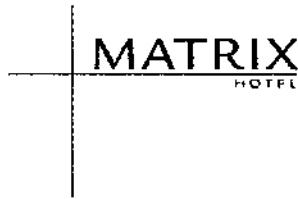
INFORMATION INVOICE

Folio No: [REDACTED]

Date	Description	Charges	Credits
			06-23-16
06-20-16	Room Revenue	145.00	
06-20-16	Destination Marketing Fee - 3%	4.35	
06-20-16	Tourism Levy - 4%	5.97	
06-21-16	Mastercard [REDACTED]		155.32
Total		155.32	155.32
Balance		0.00	

Signature:

I agree that my liability for all charges 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. G.S.T #105631154 RT 0008



#2 (3)

DR Theodore Braun
[Redacted]

Room Number: [Redacted]
Arrival Date: 06-26-16
Departure Date: 06-29-16
Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No:

06-29-16

Date	Description	Charges	Credits
06-26-16	Room Revenue	145.00 ✓	
06-26-16	Destination Marketing Fee - 3%	4.35	
06-26-16	Tourism Levy - 4%	5.97	
06-27-16	Room Revenue	145.00	
06-27-16	Destination Marketing Fee - 3%	4.35	
06-27-16	Tourism Levy - 4%	5.97	
06-28-16	Room Revenue	145.00	
06-28-16	Destination Marketing Fee - 3%	4.35	
06-28-16	Tourism Levy - 4%	5.97	
Total		465.96	0.00
Balance		465.96	

Signature:

I agree that my liability for all charges 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. G S 1 #105631154 RT 0008

~~(13)~~ (2)

RECEIPT
GST NO. R122556194

CALGARY AIRPORT
Economy Lot
EXIT No. A15
IN: 26/26/16 19:16
OUT: 26/29/16 16:53
DURATION: 2 21: 37
PAID: \$ 36.32
(GST INCLUDED)
MASTERCARD



THANK YOU FOR
YOUR VISIT

Edmonton for
CMO offsite, Joint AM/Arts retreat,
Alberta Advisory Committee
Parking @ YYC Airport while in
Edmonton.



AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
BRAUN, TED	VP & Medical Director, Central & Southern Alberta (Acting)	Calgary	267.00									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
6/21/2016	Meeting in Edmonton;	AB - Other Zones	Parking - Lot or Parkade	62.97			Parking at the Calgary Airport Authority while in Edmonton; Senior leaders meeting, ELT and	2				
6/29/2016	Taxi from Edmonton Airport to DT Edmonton	AB - Other Zones	Taxi	55.20			Taxi from Edmonton Airport to DT	1				
7/18/2016	Travel from SPTT to Airdrie and return; meeting with the Deputy Minister		Mileage-Local-Home Zone	46.76			Travel from SPTT to Airdrie and return; meeting with the Deputy Minister at Highland PCN Boardroom 101, 217 Centre Ave Airdrie	1			92.6	
7/19/2016	Travel from SPTT to Calgary Airport to fly to Edmonton; ELT		Mileage-Local-Home Zone	14.65			Travel from SPTT to Calgary Airport to fly to Edmonton; ELT.	1			29	
7/19/2016	ELT in Edmonton	AB - Other Zones	Meals Per Diem	60.50			Meals while in Edmonton for ELT	3				
7/20/2016	Yellow Cab	AB - Other Zones	Taxi	13.92			Taxi from SSP to ATB place to attend with AH/AHS.	1				
7/22/2016	AH/AHS Long Range Planning meeting in Edmonton	AB - Other Zones	Meals Per Diem	13.00			AH/AHS Long Range Planning meeting in Edmonton	2				
Approver(s) for the claim		Approval Status		Approval Date								
YIU, VERNA		Approve		16-Aug-16								

July 2016

4608 101 ST.
(7808907070)
EDMONTON AB

②

CARD [REDACTED]
CARD TYPE VISA
DATE 2016-06-29
TIME 4383 14:03:24
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$48.00
TIP \$7.20
TOTAL

\$55.20

CASH [REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST#896599123

RECEIPT
GST NO. R122556194

EXIT No. 4103
IN: 06/17/16 18:29
OUT: 06/21/16 21:42
DURATION: 4 03: 13
PAID: \$ 125.95
(GST INCLUDED)
VISA

①

[REDACTED]

THANK YOU FOR
YOUR VISIT

flyYYC

YYC CALGARY INTERNATIONAL AIRPORT

125.95/A = \$31.48
x 2 days
= \$62.97

Edmonton trip CMD offsite, Jan + AH/ATS retreat,
Alberta advisory committee

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6H-1C2
780-462-3456

(A)

166
116
115A

CHASE

[REDACTED]

PROVED

QUIT

CAD\$11.60 *per*
CAD\$9.00

AL

=====
CAD\$20.60 *per*

[REDACTED]

6005 00119 AT EDMONTON
BANK OF MONTREAL

100405070

July 20, 2016:
Cab from Seventh
Street Plaza to
A1 B Place
Edmonton

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: **YES**

Name : Dr. Ted Braun	Reporting Period for the Month of : Jul-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
19-07-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return; to attend ELT in Edmonton.	Marlin Travel	357.39
22-07-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return; to attend the Joint AH/AHS Long Range Planning meeting in Edmonton.	Marlin Travel	390.98
	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					\$ 748.37

MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8
 GST Reg#: 885101915
 Branch: N61107
 Agent: TRINA MACAULEY Tel: 780-425-8611

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

Invoice Number: [REDACTED]
 Date: July 15, 2016
 Page: 1/2
 Our Reference: [REDACTED]

INVOICE

For
 DR TED BRAUN

Tuesday, July 19, 2016

 Air

WESTJET AIRLINES
 From: CALGARY AB
 To: EDMONTON INTL AB
 Stops: 0 Arrival: 19Jul16
 WESTJET ENCO

Flight: 3394 Q CLASS
 07:00 AM Equipment: DH4
 07:50 AM

Mile(s) Flown: 163

Wednesday, July 20, 2016

 Air

WESTJET AIRLINES
 From: EDMONTON INTL AB
 To: CALGARY AB
 Stops: 0 Arrival: 20Jul16

Flight: 348 M CLASS
 06:25 PM Equipment: 73W
 07:14 PM

Mile(s) Flown: 163

Cost:

TKT- [REDACTED]	E-TKT [REDACTED]	258.43
	Tax:	98.96
	Ticket Total:	357.39

Total:

Grand Total:	357.39
Less Credit Card Payments:	357.39
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

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

Invoice Number: [REDACTED]
Date: July 15, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: MEA MOORE Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: July 19, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

DR TED BRAUN
AC [REDACTED]
WS [REDACTED]

Friday, July 22, 2016

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 22Jul16
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 10D

Flight: 8134 V CLASS
08:05 AM **Equipment:** DH4
08:55 AM

Mile(s) Flown: 163

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 22Jul16
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 11D

Flight: 8169 V CLASS
04:50 PM **Equipment:** DH4
05:40 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB 2165127924

[REDACTED] 316.02
Tax: 74.96
Ticket Total: 390.98

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

Invoice Number: [REDACTED]
Date: July 19, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	390.98
Less Credit Card Payments:	390.98
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT.. VISA.. TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
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