

AHS Board and Executive Expense Report

Name Tina Giesbrecht
Title General Counsel Legal & Privacy
Location Calgary

Expenses submitted during the month of December 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)
Dec-16	Expense Claim	Meetings			155	120	275			
Dec-16	Direct Billing	Meetings	456				456			
Total			\$ 456	\$ -	\$ 155	\$ 120	\$ 731	\$ -	\$ -	\$ -

Total for the Month \$ 731

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

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
GIESBRECHT, TINA	General Counsel Legal & Privacy	Calgary	\$ 274.97								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/29/2016	Staff Performance Appraisals and Interviews for Legal Assistant	AB - Other Zones	Taxi	\$ 52.80			Taxi from Focus Building to Edmonton Airport - Staff Performance Appraisals and Interviews for Legal Assistant.	1			
12/1/2016	Orientation Session for Executive Education Session	AB - Other Zones	Parking - Lot or Parkade	\$ 14.25			Attend day 1 of 2 day Executive Education Orientation sessions at Foothills Medical Centre.	1			
12/2/2016	Orientation Session for Executive Education Session	AB - Other Zones	Parking - Lot or Parkade	\$ 14.25			Attend day 2 of 2 day Executive Education Orientation sessions at Foothills Medical Centre.	1			
12/6/2016	Meeting with CPO and L. Anderson - Privacy Matters	AB - Other Zones	Parking - Lot or Parkade	\$ 9.00			Meeting with the Chief Privacy Officer and Lori Anderson at the South Health Campus	1			
12/8/2016	Attend FOIP Process, CIS RFP Meetings and Staff Event	AB - Other Zones	Accommodations	\$ 155.32			One night stay in Edmonton to attend FOIP Process Review /Stakeholders Meeting, the CIS RFP Core Team Meeting and Staff Event.	1			
12/9/2016	Overnight parking at the airport.	AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			Parking at the airport to fly out on Dec 8th and return on Dec 9th.	1			
Approver(s) for the claim		Approval Status		Approval Date							
GILCHRIST, TODD		Approve		19-Dec-16							

PAS

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

Term [REDACTED]
Item [REDACTED]
Interac [REDACTED]
PURCHASE
Op Id [REDACTED]
Card #: [REDACTED]
[REDACTED]

00 APPROVED 001

Cheque:
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]

\$52.80

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Resp. Code: [REDACTED]
TUR [REDACTED]
TST [REDACTED]

BOOK ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2016/04/29 Time: 17:53:53
Response: AUTH [REDACTED]

[REDACTED]

RECEIPT
Foothills
Medical Centre
Lot 6 - North

License Plate Number



Expiration Date/Time

08:08 AM
DEC 02, 2016

Purchase Date/Time: 08:08am Dec 01, 2016
Total Due: \$14.25 Rate: \$14.25 - 24 Hours
Total Paid: \$14.25 Payment Type: Card
Ticket #: [Redacted]
S/N #: [Redacted]
Setting: Lot 06 - North
Mach Name: [Redacted]

[Redacted] Visa Auth # [Redacted]
www.ahs.ca
Do Not Place On Dash

12-01 →

RECEIPT
Foothills
Medical Centre
Lot 6 - North

License Plate Number



Expiration Date/Time

08:52 AM
DEC 03, 2016

Purchase Date/Time: 08:52am Dec 02, 2016
Total Due: \$14.25 Rate: \$14.25 - 24 Hours
Total Paid: \$14.25 Payment Type: Card
Ticket #: [Redacted]
S/N #: [Redacted]
Setting: Lot 06 - North
Mach Name: [Redacted]

[Redacted] Visa Auth # [Redacted]
www.ahs.ca
Do Not Place On Dash

← Dec. 2

Parting for 2 days of Orientation - Executive Education Program

Meeting with L. French, CPO and
L. Anderson, SOO
at South Health Campus

Alberta Health
Services
South Campus
RECEIPT

ENTRY DATE/TIME:
06/12/16 11:02
PAY DATE/TIME:
06/12/16 13:36
PARK DUR.: HR5:MIN
0:09:04

ALLOWED EXIT TO:
06.12.16 13:51

PAID: \$ 9.00
VISA

* Parking Rates *
* Are OBI Exempt *

* Please Exit *
* Site Within *
* 15 Minutes *
* After Payment *
* Is Made *

* No In/Out *
* Privileges *

* Managed by *
* Alberta *
* HealthServices *

* Have Questions *
* Or Concerns? *
* Call Us *
* 403 956-1000 *

Katharina Giesbrecht

Room Number: [REDACTED]
 Arrival Date: 12-08-16
 Departure Date: 12-09-16
 Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No: [REDACTED]

Date	Description	Charges	Credits
12-08-16	Room Revenue	145.00	
12-08-16	Destination Marketing Fee - 3%	4.35	
12-08-16	Tourism Levy - 4%	5.97	
12-09-16	Visa [REDACTED] 06/19		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

Overnight -
Parking at the airport.

TRANSACTION RECORD

CALGARY AIRPORT AUTHOR
2000 AIRPORT ROAD T2E6W5
CALGARY AB



**** PURCHASE ****

09-01-2016 19:43:25

Acct # [REDACTED]

Account Chequing Card Type DP
[REDACTED] Interac

Trace [REDACTED]
Inv. [REDACTED]
Auth [REDACTED]

RRN [REDACTED]

Total \$29.35

(001) APPROVED-THANK YOU

Retain this copy for your
records
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: **Choose from Drop-down List**

Name :	Tina Giesbrecht	Reporting Period for the Month of :	Dec-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
07-Dec-16	Direct Billing	Airline Ticket	Air Canda round trip to Edmonton from Calgary to attend FOIP Process Review / Stakeholders meeting and CIS RFP Core Team Meeting	Marlin Travel	303.79
09-Dec-16	Direct Billing	Airline Ticket	Change fee	Marlin Travel	75.00
14-Oct-16	Direct Billing	Airline Ticket	Change fee	Marlin Travel	76.94
Total Paid in the Month					\$ 455.73



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 07 Dec 16 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: KATHARINA GIESBRECHT

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	266.67	0.00	\$0.00	37.12	0.00	303.79 CAD
Total:	266.67	0.00	0.00	37.12	0.00	303.79 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	12/06/2016			0.00 CAD
	[REDACTED]	12/06/2016		[REDACTED]	303.79 CAD
	[REDACTED]	12/06/2016		[REDACTED]	303.79 CAD
Total Payment:					607.58 CAD

Balance Due CAD Currency -303.79 CAD

Payment Due Date: 07 Dec 16

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL FOIP PROCESS REVIEW MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 *****PLEASE REVIEW YOUR ITINERARY FOR ACCURACY***
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -----
 *****PLEASE NOTE CHECKIN TIMES***** **DOMESTIC FLIGHTS-
 -CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR

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

Trip #: [REDACTED]
Booking Date: 07 Dec 16
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
KATHARINA GIESBRECHT	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: KATHARINA GIESBRECHT
Booking Date: 06 Dec 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08431	CALGARY INTL 08 Dec 16 8:45PM		EDMONTON INTL 08 Dec 16 9:37PM	W/	



AIR

Passengers: KATHARINA GIESBRECHT
Booking Date: 06 Dec 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08169	EDMONTON INTL 09 Dec 16 4:55PM		CALGARY INTL 09 Dec 16 5:49PM	U/	



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 12 Dec 16 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: KATHARINA GIESBRECHT

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	75.00	0.00	\$0.00	0.00	0.00	75.00 CAD
Total:	75.00	0.00	0.00	0.00	0.00	75.00 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	12/09/2016	[REDACTED]	[REDACTED]	75.00 CAD
Total Payment:					75.00 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL FOIP PROCESS REVIEW MEETING

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

Trip #: [REDACTED]
Booking Date: 12 Dec 16
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
KATHARINA GIESBRECHT	Not Specified	Not Specified

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AIR

Passengers: KATHARINA GIESBRECHT
Booking Date: 06 Dec 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08431	CALGARY INTL 08 Dec 16 8:45PM		EDMONTON INTL 08 Dec 16 9:37PM	W/	



AIR

Passengers: KATHARINA GIESBRECHT
Booking Date: 06 Dec 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08171	EDMONTON INTL 09 Dec 16 6:00PM		CALGARY INTL 09 Dec 16 6:59PM	U/	



Invoice

MARLIN TRAVEL GOVT CENTER
9929 - 108TH STREET
EDMONTON AB
T5K1G8

Invoice No:
Invoice Date: 14 Oct 2016
Client No:
Agent:
PNR:

Passenger(s) GIESBRECHT/KATHARINA MS

FLIGHT INFORMATION

Table with 5 columns: A/L, FLIGHT, DEPART DATE/TIME, ARRIVAL DATE/TIME, ITINERARY. Row 1: WS 03394 19Oct16 07:00 am 19Oct16 07:51 am CALGARY INTL - EDMONTON INTL

Please review your itinerary to ensure that all information is correct. Check-in 2-3 hours prior to departures. Re-confirm flight times at least 24hrs prior to departures as they are subject to change. Failing to check-in in time could be a cause to lose the entire value of your ticket. Tickets fully non-refundable unless otherwise stated.

Table with 5 columns: REFERENCE / SALE DESCRIPTION, BASE FARE, GST/HST, OTHER TAXES, TOTAL. Includes rows for Ticket #, Total Fares, Total Taxes, Penalties, Invoice Total, Payment(s), Total Payments, and Balance Due (CAD).

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Thank you for booking with Marlin.
We wish you a safe and enjoyable trip.

