

Board and Executive Expense Report

Name Catherine Roozen
Title AHS Board Vice Chair
Location

Expenses submitted during the month of February 2013

			Travel (1)							
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
January 2013	Expense Claim	AHS Board Meetings			207		207			
Total			\$ -	\$ -	\$ 207	\$ -	\$ 207	\$ -	\$ -	\$ -

Total for the Month \$ 207

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ 184
 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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: Catherine Roozen	(For Board Office Use Only) A/P Vendor ID#:
Phone #: XXXXXXXXXX	Travel Period Month: January 2013

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
Jan. 30/13	Attended AHS Board Meetings in Calgary – Delta Calgary South					206.58			
TOTAL KMS									
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>					A	B	C	D	E
					206.58				

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	206.58
OTHER (D)	101.0005.71110300004.41090000	
GRAND TOTAL		206.58

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%;">meals</td> <td style="width: 10%;">breakfast</td> <td style="width: 80%;">\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
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	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
 DATE SUBMITTED	 DATE APPROVED														
I hereby acknowledge that I have read the "Public Service Subsistence, Travel and Moving Expenses Regulation" and hereby confirm that the expenses claimed are in compliance with such regulation															

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste

Honoraria over...

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DELTA

CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5

Tel: 403-278-5050 Fax: 403-225-5834

ALBERTA HEALTH SERVICES
 Ms Cathy Roozen
 Canada

RECEIVED
 FEB 01 2013

Room: 0397
 Folio:
 Cashier: 24
 Arrival: 01-30-13
 Departure: 01-31-13

Group: Alberta Health Services Board Office

Date	Description	Additional Information	Charges	Credits
01-30-13	Room Charge		✕ 184.00	
01-30-13	DMF		5.52	
01-30-13	Room GST		9.48	
01-30-13	Tourism Levy		7.58	

GST Summary	
Registration No: 895126332	
Room	9.48
F&B	0.00
Other	0.00
Total	9.48

Total	206.58	0.00
Balance Due	206.58	CDN

* Provincial Gov't Rate

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.