

Board and Executive Expense Report

Name Dennis Hoffman
Title AHS Board Member
Location Calgary
 Expenses submitted during the month of May 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)
Feb & March 2013	Expense Claim	Board Meeting		21	128	244	393			
April 2013	Expense Claim	Board Meeting				10	10			
Total			\$ -	\$ 21	\$ 128	\$ 254	\$ 403	\$ -	\$ -	\$ -

Total for the Month \$ 403

Maximum meal expense claimed in the month \$ 21
 Maximum daily hotel rate claimed in the month \$ 128
 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.

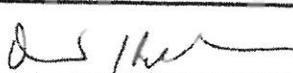
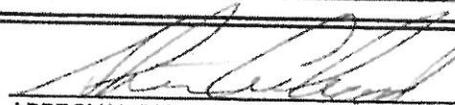
Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: Dennis Hoffman	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	Travel Period Month: February and March 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)	PAYROLL ONLY BOARD COMMITTEE / BUSINESS MEETING FEE
		B	L	D	AMOUNT					
28/02/13	Audit and Finance Committee									
07/03/13	Special Committee of the Whole Meeting with Minister							49.13		
14/03/13	Committee of the Whole- Calgary-Lethbridge-Calgary			x	20.75	127.87		464		
25/03/13	Special Committee of the Whole and Audit & Finance Meetings						10.00	4.10.13		
								4.3.13		
TOTAL KMS										
APPLICABLE MILEAGE RATE @									50.5¢	
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E	F (via payroll only)			
		20.75	127.87	10.00		234.32				

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	20.75
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	372.19
OTHER (D)	101.0005.71110300004.41090000	
GRAND TOTAL		392.94

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE		meals	breakfast	\$9.20
DATE SUBMITTED April 29/13	DATE APPROVED May 13/13			lunch	\$11.60
				dinner	\$20.75
			Lodging per night		\$20.15
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			Per diem 24-hour		\$7.35

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

Honoraria over...

4.10

LETHBRIDGE LODGE

HOTEL AND CONFERENCE CENTRE

Dennis Hoffman

calgary,
Canada

Room No. : 345
Arrival : 03-13-13
Departure : 03-14-13
Folio No. :
Conf. No. :
Cashier No. : 109
Custom Ref. :

Company Name: Alberta Health Services
Group Name: AB Health Svcs

Date	Description	Charges	Credits
03-13-13	Botanica Dinner Room# 345 : CHECK# 0054171	23.43	- meal
03-13-13	Room Charge	* 115.00	
03-13-13	GST Tax 5%	5.75	
03-13-13	Tourism Room Tax 4%	4.60	
03-13-13	DMF Charge 2%	2.30	
03-13-13	DMF GST 5%	0.12	
03-13-13	DMF Tourism 4%	0.10	
		Total Charges	151.30
		Total Credits	0.00
		Balance	151.30

Guest Signature: _____

151.30
- 23.43
127.87

Page No. 1 of 1

* Provincial Gov 4 Rate

RECU - RECEIPT

Reçu de _____ Date 25 MAR 2013
Received from DENNIS HOFFMAN

TEN _____ ^{xx} 100 Dollars

DAY PARKING _____

\$ 10⁰⁰ xx _____ No. 52

N° d'enr. de taxe _____
Tax Reg. No. _____

 Blueline

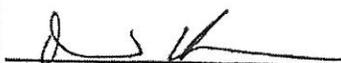
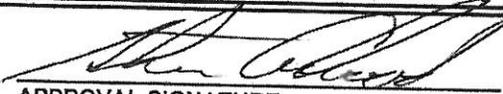
[Handwritten Signature]

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

Name: Dennis Hoffman	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	Travel Period Month: April 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)	PAYROLL ONLY BOARD COMMITTEE / BUSINESS MEETING FEE
		B	L	D	AMOUNT					
02/04/13	AHS Board Orientation meeting with Senior executives						10.00 ✓			[redacted] ✓
11/04/13	AHS Audit and Finance meeting - Teleconference									[redacted] ✓
TOTAL KMS										
APPLICABLE MILEAGE RATE @								50.5¢		
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E	F (via payroll only)			
				10.00 ✓						

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	10.00 ✓
OTHER (D)	101.0005.71110300004.41090000	
GRAND TOTAL		10.00

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:15%;">meals</td> <td style="width:15%;">breakfast</td> <td style="width:70%;">\$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> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15
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	lunch	\$11.60										
	dinner	\$20.75										
Lodging per night		\$20.15										
DATE SUBMITTED <i>April 29/13</i>	DATE APPROVED <i>May 13/13</i>											

I hereby acknowledge that I have read the "Public Service Subsistence, Travel and Moving Expenses Regulation" 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.

I certify that expenses in this claim have been incurred by using a cost effective method, otherwise rational and supporting analysis is provided.

I confirm that the expenses included in this claim have not been previously claimed by me or on my behalf from Alberta Health Services or any other organization.

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

MORGUARD INVESTMENTS
- PA
10201 SOUTHPORT RD SW
CALGARY AB T2W4X8
4032139708

DEBIT SALE

MID: 87236070017
TID: 002 REF#: 00000009
Batch #: 004 RRN: 00000006
04/02/13 08:37:12
APPR CODE: [REDACTED]
Trace: 00221595
DEBIT/CHEQUING
[REDACTED]

AMOUNT \$10.00

APPROVED

Interac
AID: A0000002771010
TVR: 80 00 00 80 00
TSt: 68 00

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY