

Board and Executive Expense Report

Name Don Johnson
Title AHS Board Member
Location
 Expenses submitted during the month of June 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)
May 2013	Expense Claim	Board Meetings				82	82			
June 2013	Expense Claim	Board Meetings		71	346	944	1,361			
Total			\$ -	\$ 71	\$ 346	\$ 1,026	\$ 1,443	\$ -	\$ -	\$ -

Total for the Month \$ 1,443

Maximum meal expense claimed in the month \$ 21
 Maximum daily hotel rate claimed in the month \$ 154
 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.

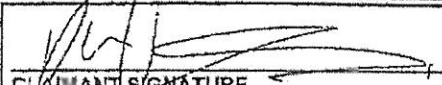
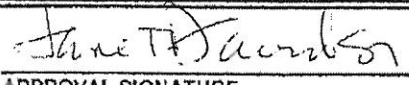
Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: Don Johnson	(For Board Office Use Only) A/P Vendor ID#:
Phone #: XXXXXXXXXX	Travel Period Month: June 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					
05/06/13	Special Audit and Finance Committee - Edmonton			*	20.75 -	June 4				
05/06/13	Committee of the Whole Meeting - Edmonton	✓			9.20		Cab 10.00 ✓			
06/06/13	Committee of the Whole and Public Board Meeting-Edmonton from Taber + return			*	20.75 ✓	587.18 345.78		1265		
11/06/13	Committee of the Whole and Public Board Meeting - teleconf.									
7&8/06/13	PAC Mental Health Taber - Calgary - Taber			*	20.75 ✓			585		
TOTAL KMS									1850	
APPLICABLE MILEAGE RATE @									50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)					^A 71.45 02.25	^B 345.78 367.18	^C 10.00	^D	^E 934.25 ✓	

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	71.45
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.82212000	1290.03
OTHER (D)	101.0005.71110300004.41090000	
GRAND TOTAL		1361.48

 CLAIMANT SIGNATURE 25/06/13 DATE SUBMITTED	 APPROVAL SIGNATURE 2013-07-09 DATE APPROVED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="text-align: center;">meals</td> <td style="text-align: center;">breakfast</td> <td style="text-align: right;">\$9.20</td> </tr> <tr> <td style="text-align: center;">lunch</td> <td style="text-align: right;">\$11.60</td> </tr> <tr> <td style="text-align: center;">dinner</td> <td style="text-align: right;">\$20.75</td> </tr> <tr> <td colspan="2" style="text-align: center;">Lodging per night</td> <td style="text-align: right;">\$20.15</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15
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	dinner	\$20.75										
Lodging per night		\$20.15										
<p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services.</p> <p><input checked="" type="checkbox"/> I certify that expenses in this claim have been incurred by using a cost effective method, otherwise rational and supporting analysis is provided.</p> <p><input checked="" type="checkbox"/> 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.</p>												

Revised April 29, 2013

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

Handwritten initials

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454

Don Johnson
 Alberta Health Services
 [REDACTED]
 BARNWELL, AB [REDACTED]

Page Number : 1 Invoice Nbr: 154874
 Guest Number: [REDACTED] Arrive Date: 04-JUN-13 00:06
 Folio ID : [REDACTED] Depart Date: 06-JUN-13 07:17
 No. Of Guest: 1
 Room Number : 306
 Room Rate : 154.00
 Club Account: [REDACTED]

Email: LOU.DECOSTE@ALBERTAHEALTH
 SERVICES.CA
 AHF04B - Alberta Health Servic

Tax Invoice

Tax ID: 861336493RT0005
 The Westin Edmonton 06-JUN-13 07:17 AHORNUNG

Date	Reference	Description	Charges	Credits
04-JUN-13	RT306	Room Charge	154.00	
04-JUN-13	RT306	GST	7.93	
04-JUN-13	RT306	DMF	4.62	
04-JUN-13	RT306	Tourism Levy	6.34	
05-JUN-13	1024	Share Restaurant	21.40	
05-JUN-13	RT306	Room Charge	154.00	
05-JUN-13	RT306	GST	7.93	
05-JUN-13	RT306	DMF	4.62	
05-JUN-13	RT306	Tourism Levy	6.34	
06-JUN-13	VI	Visa		-367.18
		** Total	367.18	-367.18
		*** Balance	0.00	

172.89
 172.89
 incl. No receipt
 max \$9.20

Continued on the next page

YELLOW CAB 780.462.3456


GST# _____

Date: June 25/13 Amount: \$10.00

Driver: [Signature] Car#: _____

From: DIT

To: DH

10135-31 Avenue, Edmonton, AB T6N 1C2 

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: <u>Don Johnson</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: XXXXXXXXXX	Travel Period Month: <u>May, 2013</u>

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					
6/05/13	Lesser Slave HAC via VC - Taber								16	
7/05/13	Old Man River HAC Lethbridge								115	
8/05/13	True North HAC via VC - Taber								16	
16/05/13	Governance cmt via VC - Taber								16	
TOTAL KMS									163	
APPLICABLE MILEAGE RATE @									50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E				
							82.32			

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	82.32
OTHER (D)	101.0005.71110300004.41090000	
GRAND TOTAL		82.32

CLAIMANT SIGNATURE <u>June 14/13</u> DATE SUBMITTED	APPROVAL SIGNATURE <u>2013-07-09</u> DATE APPROVED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="text-align: center;">meals</td> <td style="text-align: center;">breakfast</td> <td style="text-align: right;">\$9.20</td> </tr> <tr> <td style="text-align: center;">lunch</td> <td style="text-align: right;">\$11.60</td> </tr> <tr> <td style="text-align: center;">dinner</td> <td style="text-align: right;">\$20.75</td> </tr> <tr> <td colspan="2" style="text-align: center;">Lodging per night</td> <td style="text-align: right;">\$20.15</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15
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