

## Board and Executive Expense Report

**Name** Don Sieben  
**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)
April 2013	Expense Claim	Board Meetings				18	18			
May 2013	Expense Claim	Board Meetings				18	18			
June	Expense Claim	Courier Services					-			100
<b>Total</b>			\$ -	\$ -	\$ -	\$ 36	\$ 36	\$ -	\$ -	\$ 100

**Total for the Month** \$ 136

Maximum meal expense claimed in the month \$ -  
 Maximum daily hotel rate claimed in the month \$ -  
 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: <b>Don Steben</b>	(For Board Office Use Only) A/P Vendor ID#
Phone #:	Travel Period Month: <b>June 2013</b>

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									
05/06/13	Committee of the Whole Meeting - Edmonton									
06/06/13	Committee of the Whole and Public Board Meeting-Edmonton									
11/06/13	Committee of the Whole and Public Board Meeting - teleconf.									
14/06/13	Courier Service to AHS Board Office							100.05		
<b>TOTAL KMS</b>										
<b>APPLICABLE MILEAGE RATE @</b>								50.5¢		
<b>SUB-TOTAL</b> <i>(carry forward to continuation sheet, where applicable)</i>					A	B	C	D	E	
								100.05		

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	
OTHER (D)	101.0005.71110300004.41090000	100.05
<b>GRAND TOTAL</b>		<b>100.05</b>

<p style="font-size: 1.5em; font-family: cursive;">An Suleh</p> <p>CLAIMANT SIGNATURE <b>6/14/13</b></p> <p>DATE SUBMITTED</p>	<p style="font-size: 1.5em; font-family: cursive;">Janet Davidson</p> <p>APPROVAL SIGNATURE <b>2013-07-09</b></p> <p>DATE APPROVED</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td rowspan="3" style="padding: 2px;">meals</td> <td style="padding: 2px;">breakfast</td> <td style="padding: 2px;">\$9.20</td> </tr> <tr> <td style="padding: 2px;">lunch</td> <td style="padding: 2px;">\$11.60</td> </tr> <tr> <td style="padding: 2px;">dinner</td> <td style="padding: 2px;">\$20.75</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Lodging per night</td> <td style="padding: 2px;">\$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										

- 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.

Revised April 29, 2013

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

IN ACCOUNT WITH

**PETERSON WALKER LLP**

CHARTERED ACCOUNTANTS

June 14, 2013

Alberta Health Services Board  
10101 Southport Road SW  
CALGARY AB T2W 3N2

ATTENTION: Lou DeCoste

Alberta Health Services Board
Rec'd JUN 20 2013
Copy to: _____
File Name: _____

SUITE 804, 10235 - 101 ST NW  
EDMONTON, ALBERTA T5J 3G1

EDMONTON 780-426-8530  
ATHABASCA 780-675-5700  
SLAVE LAKE 780-949-3030  
ST. ALBERT 780-458-1033

FAX 780-426-3500  
E-MAIL pw@petersonwalker.ab.ca

ACCOUNTS DUE WHEN RENDERED, 1% MONTHLY  
(18% P.A.) CHARGED ON ACCOUNTS OVER 30 DAYS

**INVOICE 41961**

BN: 11932 0984 RT

FOR SERVICES RENDERED IN CONNECTION WITH:

Postage fees accumulated, including Loomis and xpresspost  
packages for the period January 1, 2013 to May 31, 2013

\$ 95.29

G.S.T.

4.76

\$ 100.05

FORM 5000

## HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

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

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					
15/05/13	Quality & Safety Orientation Meeting									
22/05/13	Quality & Safety Committee Meeting									
23/05/13	Audit and Finance Committee Meeting						18.00 ✓			
<b>TOTAL KMS</b>										
<b>APPLICABLE MILEAGE RATE @</b>									<b>50.5¢</b>	
<b>SUB-TOTAL</b> <i>(carry forward to continuation sheet, where applicable)</i>						<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
						18.00 ✓				

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Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	18.00 ✓
OTHER (D)	101.0005.71110300004.41090000	
<b>GRAND TOTAL</b>		<b>18.00 ✓</b>

 CLAIMANT SIGNATURE 6/4/13 DATE SUBMITTED	 APPROVAL SIGNATURE 2013-07-09 DATE APPROVED	<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> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15
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( SAME DAY 18h00 )

Standard Parking 107 Street  
Machine Web ID = LOT 107 B  
EXP:RES

**23 MAY**

**18:00** PAID \$18.00C

ENTRY TIME 23 MAY 13 07:15  
35389

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## ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: <u>Don Slaben</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	Travel Period Month: <u>April 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					
08/04/13	Public Board Meeting - Teleconference									
11/04/13	Audit and Finance Meeting						18.00 ✓			
<b>TOTAL KMS</b>										
<b>APPLICABLE MILEAGE RATE @</b>									<b>50.5¢</b>	
<b>SUB-TOTAL</b> <i>(carry forward to continuation sheet, where applicable)</i>					A	B	C	D	E	
							18.00 ✓			

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<b>GRAND TOTAL</b>		<b>18.00 ✓</b>

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<u>June 4, 2013</u> DATE SUBMITTED	<u>2013-07-09</u> DATE APPROVED											

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PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

( SAME DAY 18h00 )

Standard Parking 107 Street

Machine Web ID = LOT 107 B

EXPIRES

**11 APR**

**18:00** PAID \$18.00C

ENTRY TIME 11 APR 13 07:15

31713 XXXXXXXXXX

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