

## Board and Executive Expense Report

**Name** Donald Cormack  
**Title** AHS Board Member  
**Location** Calgary  
 Expenses submitted during the month of May 2013

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
<b>Travel (1)</b>										
April 2013	Expense Claim	Board Meetings				10	10			
							-			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 10	\$ 10	\$ -	\$ -	\$ -

**Total for the Month** \$ 10

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: <u>Donald Cormack</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	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					
02/04/13	AHS Board Orientation meeting with Senior executives									[REDACTED] ✓
08/04/13	AHS Public Board meeting - Calgary									[REDACTED] ✓
11/04/13	AHS Audit and Finance meeting - teleconference									[REDACTED] ✓
29/04/13	AHS Finance meeting with Duncan Campbell, Deb Rhodes and staff						10.00 ✓			[REDACTED]
<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	F (for payroll only)
							10.00			[REDACTED] ✓

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	
<b>GRAND TOTAL</b>		<b>10.00 ✓</b>

<u><i>Donald Cormack</i></u> CLAIMANT SIGNATURE <u>April 30, 2013</u> DATE SUBMITTED	<u><i>John ...</i></u> APPROVAL SIGNATURE <u>May 13/13</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: right;">breakfast</td> <td style="text-align: right;">\$9.20</td> </tr> <tr> <td style="text-align: right;">lunch</td> <td style="text-align: right;">\$11.60</td> </tr> <tr> <td style="text-align: right;">dinner</td> <td style="text-align: right;">\$20.75</td> </tr> <tr> <td colspan="2" style="text-align: right;">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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	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 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 *LD*

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

**SALE**

MC: 87236070017  
TID: 002 REF#: [REDACTED]  
Batch #: 023  
04/29/13 14:00:27  
APPR CODE: [REDACTED]  
VISA  
[REDACTED] \*\*/\*\*

**AMOUNT \$10.00**

APPROVED

VISA  
AID: [REDACTED]  
TVR: 00 00 00 00 00  
TSI: F8 00

THANK YOU  
PLEASE COME AGAIN

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