

## Board and Executive Expense Report

**Name** Donald W. Johnson

**Title** AHS Board Member

**Location**

Expenses submitted during the month of March 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)
March 2013	Expense Claim	Meetings		30	190	409	629			
<b>Total</b>			\$ -	\$ 30	\$ 190	\$ 409	\$ 629	\$ -	\$ -	\$ -

**Total for the Month** \$ 629

Maximum meal expense claimed in the month	\$ 21
Maximum daily hotel rate claimed in the month	\$ 169
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: Donald W. Johnson (For Board Office Use Only) A/P Vendor ID#:

Phone #: [REDACTED] Travel Period Month: February 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					
<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>			1	<span style="background-color: black; color: black;">[REDACTED]</span>				<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>
Feb 13/13	Brooks & Dist. Hlth Foundation Donner Reception/ Barnwell				75				245	
Feb 28/13	AFC mtg Calgary/ HAC Cmt mtg./ Barnwell			1	20.15	204.80	Pkg 10.00		545	
					9.20	189.73				
								790		
								1065		
								TOTAL KMS		
								APPLICABLE MILEAGE RATE @	50.5¢	
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>				A	B	C	D	E		
				29.95	189.73			398.95		
				<del>40.30</del>	<del>204.80</del>	10.00		<del>840.82</del>		

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	29.95
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	578.68
OTHER (D)	101.0005.71110300004.41090000	
<b>GRAND TOTAL</b>		<b>628.63</b>

<p>CLAIMANT SIGNATURE <u></u></p> <p>DATE SUBMITTED <u>March 7/13</u></p>	<p>APPROVAL SIGNATURE <u></u></p> <p>DATE APPROVED <u>Mar 5/13</u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3">meals</td> <td>breakfast</td> <td align="right">\$9.20</td> </tr> <tr> <td>lunch</td> <td align="right">\$11.60</td> </tr> <tr> <td>dinner</td> <td align="right">\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td align="right">\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td align="right">\$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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<p>I hereby acknowledge that I have read the "Travel, Meal and Hospitality Expenses Policy" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy</p>															

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

Honoraria over

*4.10*



# DELTA

CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5  
 Tel: 403-278-5050 Fax: 403-225-5834

AB HEALTH SERVICES  
 Mr Don Johnson



Room: 0804  
 Folio:   
 Cashier: 94  
 Arrival: 02-27-13  
 Departure: 02-28-13

Date	Description	Additional Information	Charges	Credits
02-27-13	Room Charge		* 169.00	
02-27-13	DMF		5.07	
02-27-13	Room GST		8.70	
02-27-13	Tourism Levy		6.96	
02-28-13	Atrium Cafe Charges	Line# 804 : CHECK# 0038	15.13 meal	
02-28-13	Visa			204.86

GST Summary	
Registration No:	895126332
Room	8.70
F&B	0.00
Other	0.00
<b>Total</b>	<b>8.70</b>

Total	204.86	204.86
Balance Due	0.00	CDN

\* Provincial Gov't Rate

204.86  
 - 15.13 meal  
 -----  
 189.73

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.

RECEIPT

Reçu de Date FEB 25 2015  
Received from DAVE JOHNSON

TEN  
1.00 PERKINS Ten Dollars

\$  
N. de enr. de taxe No. 799  
Reg. No. 