

## Board and Executive Expense Report

**Name** Dr. Eldon Smith  
**Title** AHS Board Member

**Location**  
Expenses submitted during the month of January 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)
January 2013	Expense Claim	Committee and board meetings				317	317			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 317	\$ 317	\$ -	\$ -	\$ -

**Total for the Month** \$ 317

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>Eldon R. Smith</b>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: <span style="background-color: black; color: black;">[REDACTED]</span>	Travel Period Month: <b>January 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 (ITEMIZ E)	MILEAGE (KM)
		B	L	D	AMOUNT				
07/01/13	Audit and Finance Committee								
09/01/13	Governance Committee								
17/01/13	Audit and Finance Committee							42	
23/01/13	Board Member Interviews – Calgary					25.00 parking		21	
28/01/13	Health Advisory Council Meeting – Brooks							390	
30/01/13	Committee of the Whole – Calgary					13.00 parking		45	
31/01/13	Committee of the Whole and Public Board Meeting – Calgary					12.75 parking no receipt		30	
<b>TOTAL KMS</b>								528	
<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
							50.75		266.64

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	317.39
OTHER (D)	101.0005.71110300004.41090000	
<b>GRAND TOTAL</b>		<b>317.39</b>

 CLAIMANT SIGNATURE <b>February 5, 2013</b>	 APPROVAL SIGNATURE <b>Feb 6 / 13</b>	<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> <tr> <td colspan="2" style="text-align: center;">Per diem 24-hour</td> <td style="text-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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	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
DATE SUBMITTED _____ DATE APPROVED _____															
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															

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

*lh*



5 CALGARY SUITES  
 RECEIPT A1  
 IN: 23.01.13 08:27  
 OUT: 23.01.13 13:17  
 PAID: \$ 25.00  
 AMEX

[REDACTED]  
 AUTH. CODE572974  
 REF. 64  
 GST No. 1110223077  
 GST INCLUDED



ROCKYVIEW GENERAL HOSPITAL  
 LOT #1 POF #4/10

GST# R124072513

Rcpt# 724  
 01/30/13 17:33 L# 1 A# 1 Txn# 5926  
 01/30/13 09:16 In 01/30/13 17:33 Out  
 Tkt# 329982  
 RGH \$ 13.00  
 Total Fee \$ 13.00  
 AMEX \$ 13.00  
 [REDACTED]

Approval No. :580045  
 Reference No. :0000001436  
 Change Due \$ 0.00

GST INCLUDED IN PRICE

COMMENTS? - EMAIL US  
 PROVINCIAL PARKING@  
 ALBERTAHEALTHSERVICES.CA