

Board and Executive Expense Report

Name Eldon Smith
Title AHS Board Member

Location
Expenses submitted during the month of April 2013

		Travel (1)						Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel			
February and March 2013	Expense Claim				128	246	374			
Total			\$ -	\$ -	\$ 128	\$ 246	\$ 374	\$ -	\$ -	\$ -

Total for the Month \$ 374

Maximum meal expense claimed in the month \$ -
Maximum daily hotel rate claimed in the month \$ 115
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>EDWIN R. SMITH</u>	(For Board Officers Use Only) A/P Vendor ID#:
Phone #: [REDACTED]	Travel Period Month: <u>February / March 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 (KMS)	TRAVEL ONLY BOARD COMMITTEE / BUSINESS MEETING FEE
		B	L	D	AMOUNT					
27/02/13	Board Governance Meet								3.1.13	
27/02/13	Audit + Finance					16.20			3.4.13	
27/02/13	Food									
13/02/13	Calgary - Lethbridge - Calgary				127.57	1.50			4.1	
19/02/13	Food - Board Meeting					2.75				
TOTAL KMS										
APPLICABLE MILEAGE RATE @								50.5¢		
SUB-TOTAL <small>(carry forward to continuation sheet, where applicable)</small>		A	B	C	D	E	F			
			127.57	13.75		30	232			

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	373.92
OTHER (D)	101.0005.71110300004.41090000	
GRAND TOTAL		373.92

<u>Edwin R. Smith</u> CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<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> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$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													
<u>02/03/2013</u> DATE SUBMITTED	<u>02/03/2013</u> DATE APPROVED														
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															

Honoraria over..

LETHBRIDGE LODGE

HOTEL AND CONFERENCE CENTRE

Dr. Eldon Smith

Canada

Company Name:

Group Name: AB Health svs

Room No. 276

Arrival 03-12-13

Departure 03-14-13

Rate No

Conf No

Cashier No 108

Custom Ref

Date	Description	Charges	Credits
[REDACTED]			
03-13-13	Room Charge	115.00	
03-13-13	DMT 2%	2.30	
03-13-13	GST Tax 5%	5.87	
03-13-13	Tourism Tax 4%	4.70	
03-14-13	American Express		[REDACTED]
		Total Charges	[REDACTED]
		Total Credits	[REDACTED]
		Balance	0.00

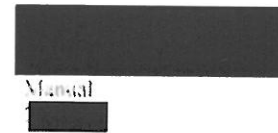
28.30
Small Business
PST
GST
12787

Guest Signature: _____

Merchant ID
Transaction ID
Approval Code
Approval Amount



Credit Card #
Credit Card Expiry
Capture Method
Transaction Amount



RECU - RECEIPT

Reçu de / Received from: Elden Smith Date: 2013, 02, 28

100 Dollars

100 Dollars

100 Dollars

No. #143

N° d'ent. de taxe: J. Sedoux

Tax Rec. No.:

CI BlueLine

ALBERTA HEALTH SERVICES
 CALGARY REGIONAL HOSPITAL
 PARKING SERVICES
 960 10 STREET S
 CALGARY AB

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Rcpt# 507
 03/14/13 11:41 IN 1 AM 1 1x# 3572
 03/14/13 10:25 In 03/14/13 11:41 Out
 IKT# D22606
 OR# \$ 2.25
 Total Fee \$ 2.25
 CASH PAID \$ 2.25
 Cash tender \$ 10.00
 Change Due \$ 7.75
 DRIVE SAFELY
 COMMENTS OR ORDER NO:
 403-388-6264
 provincialparking@
 albertahealthservices.ca
 P1 P01 3400

Rcpt# 507
 03/14/13 10:25 In 03/14/13 11:41 Out
 IKT# D22606
 OR# \$ 1.50
 Total Fee \$ 1.50
 CASH PAID \$ 1.50
 Cash tender \$ 10.00
 Change Due \$ 8.50
 DRIVE SAFELY
 COMMENTS OR ORDER NO:
 403-388-6264
 provincialparking@
 albertahealthservices.ca
 P1 P01 3400