

Board and Executive Expense Report

Name Dr. Eldon Smith
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-May 2013	Expense Claim	Board Meetings		-	-	10	10			
June 2013	Expense Claim	Board Meetings		41	346	359	746			
Total			\$ -	\$ 41	\$ 346	\$ 369	\$ 756	\$ -	\$ -	\$ -

Total for the Month \$ 756

Maximum meal expense claimed in the month \$ 21
 Maximum daily hotel rate claimed in the month \$ 154
 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: Eldon Smith	(For Board Office Use Only) A/P Vendor ID#:
Phone #: XXXXXXXXXX	Travel Period Month: June 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					
05/06/13	Special Audit and Finance Committee - Edmonton			✓	20.75 (June 4)	172.89	PARKING 27.30	Calgary → Edm	302	
05/06/13	Committee of the Whole Meeting - Edmonton			✓	20.75					
06/06/13	Committee of the Whole and Public Board Meeting-Edmonton					172.89	27.30	Edm → Calgary	301	
11/06/13	Committee of the Whole and Public Board Meeting - teleconf.									
TOTAL KMS									603	
APPLICABLE MILEAGE RATE @									50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)					A 41.50 20.75	B 345.78	C 54.60	D	E 304.52	

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	41.50
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	704.90
OTHER (D)	101.0005.71110300004.41090000	
GRAND TOTAL		746.40

<u>J R Smith</u> CLAIMANT SIGNATURE June 17, 2013 DATE SUBMITTED	<u>Janet Davidson</u> APPROVAL SIGNATURE 2013-07-09 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: 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> </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.

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454

Eldon Smith
 Alberta Health Services



Email: [Redacted]
 AHF04B - Alberta Health Servie

Page Number : 1 Invoice Nbr: 154875
 Guest Number: [Redacted] Arrive Date: 04-JUN-13 14:40
 Folio ID : [Redacted] Depart Date: 06-JUN-13 13:33
 No. Of Guest: 1
 Room Number : 407
 Room Rate : 154.00
 Club Account: [Redacted]

Tax Invoice

Tax ID: 861336493RT0005
 The Westin Edmonton 06-JUN-13 13:33 NELLROD2

Date	Reference	Description	Charges	Credits
04-JUN-13	161	In Room Dining	23.74	
04-JUN-13	RT407	Room Charge	154.00	
04-JUN-13	RT407	GST	7.93	
04-JUN-13	RT407	DMF	4.62	
04-JUN-13	RT407	Tourism Levy	6.34	
04-JUN-13	RT407	Parking Self	26.00	
04-JUN-13	RT407	GST	1.30	
05-JUN-13	RT407	Room Charge	154.00	
05-JUN-13	RT407	GST	7.93	
05-JUN-13	RT407	DMF	4.62	
05-JUN-13	RT407	Tourism Levy	6.34	
05-JUN-13	RT407	Parking Self	26.00	
05-JUN-13	RT407	GST	1.30	
06-JUN-13	AX	American Express		-424.12
	** Total		424.12	-424.12
	*** Balance		0.00	

*Meal No Receipt.
 max \$22.75*

172.89

27.30

172.89

27.30

Continued on the next page

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
Canada
Tel: 780-426-3636 Fax: 780-428-1454

Eldon Smith
Alberta Health Services

Email: [REDACTED]
AHF04B - Alberta Health Service

Page Number : 2
Guest Number: [REDACTED]
Folio ID : [REDACTED]
No. Of Guest: 1
Room Number : 407
Room Rate : 154.00
Club Account: [REDACTED]
Invoice Nbr: 154875
Arrive Date: 04-JUN-13 14:40
Depart Date: 06-JUN-13 13:33

As a Starwood Preferred Guest you have earned at least 767 Starpoints for this visit A509962081

Tell us about your stay. www.westin.com/reviews

EXPENSE SUMMARY REPORT

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other
04-JUN-13	154.00	7.93	6.34	23.74	0.00	31.92
05-JUN-13	154.00	7.93	6.34	0.00	0.00	31.92
06-JUN-13	0.00	0.00	0.00	0.00	0.00	0.00
Total	308.00	15.86	12.68	23.74	0.00	63.84

Date	Total	Payment
04-JUN-13	223.93	0.00
05-JUN-13	200.19	0.00
06-JUN-13	0.00	-424.12
Total	424.12	-424.12

HOTEL GUEST PARKING PASS

81296

PLACE FACE UP ON DASH

CONDITIONS:

- a) Failure to display pass properly will result in vehicle being either ticketed or towed away at owner's expense.
- b) This pass is valid for corresponding LICENSE NO., LOT NO. and DATE only!
- c) This pass will become INVALID if the original dates, License No., Lot No. are altered in any way — **Vehicle will be towed!** Obtain new pass at front desk if extension required or change in License No.
- d) **Remove all Valuables from Vehicle.**
- e) We assume no responsibility whatever for damage to car or contents however caused.

IMPORTANT

Parking fee will be charged nightly until departure date. Pass must be returned to front desk or attendant at the booth promptly if no longer required.

DATE IN	MONTH	DATE	DATE OUT	MONTH	DATE	YEAR

LICENSE # _____ LOT # _____

MANAGED BY



impark

IMPERIAL PARKING CANADA CORP
10239 - 107TH STREET
EDMONTON AB T5J 1K1

PLEASE WRITE TRULY

IMP-028 (08/04)

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

Name: <u>ELDON R. SMITH</u>	(For Board Office Use Only) A/P Vendor ID#
Phone #: XXXXXXXXXX	Travel Period Month: <u>APRIL / MAY 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					
11/04/13	AFC									
21/04/13	Mct: <u>BARB VITTS + K. Ladd</u> <small>Re: SURE</small>					10.00				
22/05/13	Q+S - <u>PARTRIAL</u>									
23/05/13	AFC									
TOTAL KMS										
APPLICABLE MILEAGE RATE @									50.5¢	
SUB-TOTAL <small>(carry forward to continuation sheet, where applicable)</small>						A	B	C	D	E
								10.00		

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	
GRAND TOTAL		10.00

<u><i>E. Smith</i></u> CLAIMANT SIGNATURE <u>May 27, 2013</u> DATE SUBMITTED	<u><i>Janet Dundas</i></u> APPROVAL SIGNATURE <u>2013-07-09</u> DATE APPROVED	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align: center;">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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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.

MORGUAKU
- PA
10201 SOUTHPORT RD SA
CALGARY AB T2N4X8
4032139708

SALE

MID: 87236070017
TID: 002 REF# 00000022
Batch #: 023
04/29/13 08:50:18
APPR CODE:
VISA
*

AMOUNT \$10.00

APPROVED

Visa Credit
AID: A0000000031010
TVR: 00 00 00 00 00
TSE: F8 00

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY