

## Board and Executive Expense Report

**Name** Fred Ring  
**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		21	128		149			
<b>Total</b>			\$ -	\$ 21	\$ 128	\$ -	\$ 149	\$ -	\$ -	\$ -

**Total for the Month** \$ 149

Maximum meal expense claimed in the month	\$ 21
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: <b>Fred Ring</b>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	Travel Period Month: <b>March 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 (ITEMIZE)	MILEAGE (KM)	PAYROLL ONLY BOARD COMMITTEE / BUSINESS MEETING FEE
		B	L	D	AMOUNT					
07/03/13	Special Committee of the Whole Meeting with Minister									
13/03/13	Committee of the Whole - Lethbridge			X	20.75			7.35		
14/03/13	Committee of the Whole and Public Board Meeting - Lethbridge					127.87				
25/03/13	Special Committee of the Whole and Audit & Finance Meetings									
<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>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>				
		20.75	127.87		7.35					

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101 0005 71110300004.45 00000	20.75
TRAVEL EXPENSE (B+C+E)	101 0005 71110300004.62212000	127.87
OTHER (D)	101.0005.71110300004.41090000	7.35
<b>GRAND TOTAL</b>		<b>155.97</b>

CLAIMANT SIGNATURE 	APPROVAL SIGNATURE 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">meals</td> <td style="padding: 2px;">breakfast</td> <td style="padding: 2px;">\$5.20</td> </tr> <tr> <td></td> <td style="padding: 2px;">lunch</td> <td style="padding: 2px;">\$11.60</td> </tr> <tr> <td></td> <td style="padding: 2px;">dinner</td> <td style="padding: 2px;">\$20.75</td> </tr> <tr> <td></td> <td style="padding: 2px;">Lodging per night</td> <td style="padding: 2px;">\$10.15</td> </tr> <tr> <td></td> <td style="padding: 2px;">Per diem 24-hour</td> <td style="padding: 2px;">\$7.35</td> </tr> </table>	meals	breakfast	\$5.20		lunch	\$11.60		dinner	\$20.75		Lodging per night	\$10.15		Per diem 24-hour	\$7.35
meals	breakfast	\$5.20															
	lunch	\$11.60															
	dinner	\$20.75															
	Lodging per night	\$10.15															
	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

Honorable over

# LETHBRIDGE LODGE



HOTEL AND CONFERENCE CENTRE


Fred Ring

Canada


Company Name:



Group Name: AB Health Svc

Room No: 138  
 Arrival: 03-13-13  
 Departure: 03-14-13  
 Folio No:   
 Card No:   
 Cashier No: 104  
 Custom Ref:

Date	Description	Charges	Credits
03-13-13	Room Charge		
03-13-13	DMF 2%	115.00	
03-13-13	GST Tax 5%	2.30	
03-13-13	Tourism Tax 4%	5.87	
03-13-13	Visa	4.70	
			127.87
<b>Total Charges</b>		<b>127.87</b>	
<b>Total Credits</b>			<b>127.87</b>
<b>Balance</b>			<b>0.00</b>

Guest Signature: \_\_\_\_\_

Merchant ID  
 Transaction ID 21355  
 Approval Code   
 Approval Amount 127.87

Credit Card #   
 Credit Card Expiry   
 Capture Method Swiped  
 Transaction Amount 127.87

*A. [Signature]*

# LETHBRIDGE LODGE

HOTEL AND CONFERENCE CENTRE

Friday

Date 03-11-13

Cash

Time 06:54 AM

Tax ID

Room 135

Confirmation [REDACTED]

No.

Receipt No. 5315

PAYMENT RECEIPT				
Date	Description	Appt Code	Exp Date	Amount
03-11-13	[REDACTED]	[REDACTED]	[REDACTED]	107.87 CAD

Guest Signature

Cashier [REDACTED]