

## Board and Executive Expense Report

**Name** John Lehnerts  
**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)
June 2013	Expense Claim	Board Meetings		21	346	470	837			
<b>Total</b>			\$ -	\$ 21	\$ 346	\$ 470	\$ 837	\$ -	\$ -	\$ -

**Total for the Month** \$ 837

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: <u>John Lethers</u>	(For Board Office Use Only - All Vendor ID#)
Phone #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	Travel Period Month: <u>June 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					
04/06/13	Gr. Prairie → Edm PEACE HAC FOR CREST Special A+F					172.89 <del>157</del> ✓			465	
05/06/13	AHS BOARD - COW Edm → Gr. Prairie					172.89 ✓ (Western)				
06/06/13	AHS BOARD - PUBLIC + Public			✓	20.75 ✓				465	
11/06/13	AHS COW MEETING									
<b>TOTAL KMS</b>									<u>930</u>	
<b>APPLICABLE MILEAGE RATE @</b>									<u>50.5¢</u>	
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>				
		<u>20.75 ✓</u>	<u>345.78 ✓</u>				<u>469.65 ✓</u>			

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	20.75 ✓
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	815.43 ✓
OTHER (D)	101.0005.71110300004.41090000	
<b>GRAND TOTAL</b>		<u>836.18 ✓</u>

CLAIMANT SIGNATURE  <u>June 12/2013</u> DATE SUBMITTED	APPROVAL SIGNATURE  <u>2013-07-09</u> 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.

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

John Lehnars  
 Alberta Health Services  
 [REDACTED]  
 GRANDE PRAIRIE, AB [REDACTED]

Email: [REDACTED]  
 AHF04B - Alberta Health Servico

Page Number : 1 Invoice Nbr: 154888  
 Guest Number: [REDACTED] Arrive Date: 04-JUN-13 22:59  
 Folio ID : [REDACTED] Depart Date: 06-JUN-13 07:33  
 No. Of Guest: 1  
 Room Number : 905  
 Room Rate : 154.00  
 Club Account: SPG - [REDACTED]

Tax Invoice

Tax ID: 861336493RT0005  
 The Westin Edmonton 06-JUN-13 07:33 [REDACTED]

Date	Reference	Description	Charges	Credits
04-JUN-13	RT905	Room Charge	154.00	
04-JUN-13	RT905	GST	7.93	
04-JUN-13	RT905	DMF	4.62	
04-JUN-13	RT905	Tourism Levy	6.34	
05-JUN-13	RT905	Room Charge	154.00	
05-JUN-13	RT905	GST	7.93	
05-JUN-13	RT905	DMF	4.62	
05-JUN-13	RT905	Tourism Levy	6.34	
06-JUN-13	VI	Visa		-345.78
		** Total	345.78	-345.78
		*** Balance	0.00	

172.89

172.89

Continued on the next page

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

John Lehnars  
Alberta Health Services  
[REDACTED]  
GRANDE PRAIRIE, AB [REDACTED]

Page Number : 2  
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Invoice Nbr: 154888  
Arrive Date: 04-JUN-13 22:59  
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Email: [REDACTED]  
AHF04B - Alberta Health Service

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As a Starwood Preferred Guest you have earned at least 616 Starpoints for  
this visit A50829868802  
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EXPENSE SUMMARY REPORT

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other
04-JUN-13	154.00	7.93	6.34	0.00	0.00	4.62
05-JUN-13	154.00	7.93	6.34	0.00	0.00	4.62
06-JUN-13	0.00	0.00	0.00	0.00	0.00	0.00
Total	308.00	15.86	12.68	0.00	0.00	9.24

Date	Total	Payment
04-JUN-13	172.89	0.00
05-JUN-13	172.89	0.00
06-JUN-13	0.00	-345.78
Total	345.78	-345.78