

## Board and Executive Expense Report

**Name** Dr. Ruth Collins-Nakai

**Title** AHS Board Member

**Location**

Expenses submitted during the month of April 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			128	41	169			
<b>Total</b>			\$ -	\$ -	\$ 128	\$ 41	\$ 169	\$ -	\$ -	\$ -

**Total for the Month** \$ 169

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: <b>Dr Ruth Collins-Nakai</b>	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 (ITEM/PL)	MILEAGE (KM)	BOARD COMMITTEE / BUSINESS MEETING FEE
		B	L	D	AMOUNT					
March 20	AHS Q&S cmte									
March 11	Minister's Advisory Cmte on Primary Health care									
March 13	AHS CoW									
March 14	AHS CoW + Public Brd									
March 13-14	Mileage to Edmonton Airport return 65 kilometers							65		
March 13	Lethbridge Lodge					27.87				
March 22	Provincial Advisory Cmte on Addictions & Mental Health						8.00			
<b>TOTAL KMS</b>								65		
<b>APPLICABLE MILEAGE RATE @</b>								50.5¢		
<b>SUB-TOTAL</b> <small>(carry forward to continuation sheet where applicable)</small>									32.83	

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEALS (A)	101 0005 711 10300004 45000000	
TRAVEL EXPENSE (B+C+E)	101 0005 711 10300004 12212000	108.70
OTHER (D)	101 0005 711 10300004 41000000	
<b>GRAND TOTAL</b>		108.70

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">meals</td> <td style="width: 50%;">breakfast</td> <td style="width: 10%; text-align: right;">\$9.20</td> </tr> <tr> <td></td> <td>lunch</td> <td style="text-align: right;">\$11.50</td> </tr> <tr> <td></td> <td>dinner</td> <td style="text-align: right;">\$20.70</td> </tr> <tr> <td></td> <td>Lodging per night</td> <td style="text-align: right;">\$20.15</td> </tr> </table>	meals	breakfast	\$9.20		lunch	\$11.50		dinner	\$20.70		Lodging per night	\$20.15
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	lunch	\$11.50												
	dinner	\$20.70												
	Lodging per night	\$20.15												

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

DATE SUBMITTED

DATE APPROVED

Per diem 24-hour

\$7.00

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

Honorary over

# LETHBRIDGE LODGE

HOTEL AND CONFERENCE CENTRE

Dr. Ruth Collins-Nakai

Canada

Company Name:

Group Name: AB Health Services

Room No: 335  
Arrival: 03-13-13  
Departure: 03-14-13  
Folio No: [REDACTED]  
Conf. No: [REDACTED]  
Cashier No: 105  
Custom Ref:

Date	Description	Charges	Credits
03-13-13	Room Charge	* 115.00	
03-13-13	DMF 2%	2.30	
03-13-13	GST Tax 5%	5.87	
03-13-13	Tourism Tax 4%	4.70	
03-13-13	Visa [REDACTED]		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 [REDACTED]  
Approval Code  
Approval Amount 127.87

Credit Card # [REDACTED]  
Credit Card Expiry [REDACTED]  
Capture Method Online  
Transaction Amount 127.87

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*[Handwritten signature]*

Gift Receipt

3. The cardholder is responsible for the payment of the bill. The cardholder is not responsible for the payment of the bill if the card is used for a purchase that is not a gift receipt.

PLACE FACE UP ON DASH

Impark Lot 57

Expiration Date/Time

EXP 06:00AM

MAR 23, 2013

Purchase Date/Time: 06:29pm Mar 22, 2013

Total Parking: \$7.61

Total gst: \$0.39

Total Due: \$8.00

Total Paid: \$8.00

Rate: \$8.00 - UNTIL 6 AM

Payment Type: Card

Ticket # 50466105

Auth # [REDACTED]

S/N #: 100008460016

Setting: Lot 57

Mach Name: old Meter 1

GST #887316638RT0001

RECEIPT

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IMPARK PARKING RECEIPT