

## Board and Executive Expense Report

**Name** Dr. Ruth Collins-Nakai

**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)
May 2013	Expense Claim	Board meetings				18	18			
June 2013	Expense Claim	Board meetings				13	13			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 31	\$ 31	\$ -	\$ -	\$ -

**Total for the Month** \$ 31

Maximum meal expense claimed in the month \$ -  
 Maximum daily hotel rate claimed in the month \$ -  
 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

1070 3785  
15 May 2013  
10:00 AM

## ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: <b>Dr. Ruth Collins-Nakai</b>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	Travel Period Month: <b>May 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					
22/05/13	Quality & Safety Committee									
23/05/13	Audit & Finance Committee									
27/05/13	Human Resources Committee									
23/5/13	parking						18.00 ✓			
<b>TOTAL KMS</b>										
<b>APPLICABLE MILEAGE RATE @</b>										50.5¢
<b>SUB-TOTAL</b> <i>(carry forward to continuation sheet, where applicable)</i>					A	B	C	D	E	
							18.00 ✓			

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	18.00
OTHER (D)	101.0005.71110300004.41090000	
<b>GRAND TOTAL</b>		<b>18.00</b>

 CLAIMANT SIGNATURE <b>25/05/13</b>	 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;">\$9.20</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;">\$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												
DATE SUBMITTED	DATE APPROVED <b>2013-07-09</b>													

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.

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

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

PLAC

( SAME DAY 18h00 )

Standard Parking 107 Street

Machine Web ID = LOT 107 B

EXPIRES

**23 MAY**

**18:00** PAID \$18.00C

ENTRY TIME 23 MAY 13 07:51

35407

PLACER SUR LE TABLEAU DU BORD  
DE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DU BORD  
DE CÔTÉ VISIBLE

PLACER S  
C

# ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: Ruth Collins-Nakai	(For Board Office Use Only) A/P Vendor ID#:
Phone #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	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									
05/06/13	Committee of the Whole Meeting - Edmonton									
11/06/13	Committee of the Whole and Public Board Meeting - teleconf.									
05/06/13	Parking AFC						12.75 (no receipt)			
<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>					A	B	C	D	E	
							12.75			

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	12.75
OTHER (D)	101.0005.71110300004.41090000	
<b>GRAND TOTAL</b>		<b>12.75</b>

<p><i>Ruth Collins-Nakai</i></p> <p>CLAIMANT SIGNATURE June 14, 2013</p> <p>DATE SUBMITTED</p>	<p><i>Janet Davidson</i></p> <p>APPROVAL SIGNATURE 2013-07-09</p> <p>DATE APPROVED</p>	<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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<p><input type="checkbox"/> x 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.</p> <p><input type="checkbox"/> x I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services.</p> <p><input checked="" type="checkbox"/> x I certify that expenses in this claim have been incurred by using a cost effective method, otherwise rational and supporting analysis is provided.</p> <p><input type="checkbox"/> x 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.</p> <p>...../2</p>												

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste *LD*

TO: Lou DeCoste  
Board Office  
Alberta Health Services

FROM: Dr. R.L. Collins-Nakai

DATE: July 12, 2013

RE: parking receipt

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I misplaced the receipt \$18.00 for parking for when I attended the Audit & Finance Committee on June 5, 2013. I hereby attest that the expense was incurred and related to AHS business and that the expense has not been claimed previously.

*Ruth Collins-Nakai*

Ruth Collins-Nakai  
MD, MBA, FRCPC, MACC

*JK*  
*Ruth Collins-Nakai*  
*15/07/13*