

Board and Executive Expense Report

Name Teri Lynn Bougie
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			128		128			
Total			\$ -	\$ -	\$ 128	\$ -	\$ 128	\$ -	\$ -	\$ -

Total for the Month \$ 128

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: Teri Lynn Bougle	(For Board Office Use Only) A/P Vendor ID#:
Phone #: XXXXXXXXXX	Travel Period Month: March 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					
07/03/13	Special Meeting - Committee of the Whole									
13/03/13	Committee of the Whole Meeting in Lethbridge				127.87					
14/03/13	Public Board Meeting in Lethbridge									
20/03/13	Quality & Safety Committee Meeting									
25/03/13	Special Meeting - Audit & Finance and Committee of the Whole									
TOTAL KMS										
APPLICABLE MILEAGE RATE @								50.5¢		
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>					A	B	C	D	E	F
						127.87				

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	127.87
OTHER (D)	101.0005.71110300004.41090000	
GRAND TOTAL		127.87

<p><i>Teri Lynn Bougle</i> CLAIMANT SIGNATURE</p> <p>March 26, 2013 DATE SUBMITTED</p>	<p><i>[Signature]</i> APPROVAL SIGNATURE</p> <p>March 26, 2013 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> <tr> <td colspan="2" style="text-align: center;">Per diem 24-hour</td> <td style="text-align: right;">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
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<p>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</p>															

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

Honoraria over

LETHBRIDGE LODGE

HOTEL AND CONFERENCE CENTRE

Ms. Teri Lynn Bougie

Canada

Company Name:

Group Name: AB Health Services

Receipt No. 399
 Arrival 03-13-13
 Departure 03-14-13
 Folio No. [REDACTED]
 Card No. [REDACTED]
 Cashier No. 1198
 Custom Ref.

Date	Description	Charges	Credits
03-13-13	Room Charge		
03-13-13	DMF 2%	117.00	
03-13-13	GST Tax 5%	5.87	
03-13-13	Tourism Tax 1%	1.70	
03-13-13	[REDACTED]		127.87
Total Charges		127.87	
Total Credits			127.87
Balance			0.00

Guest Signature: _____

Merchant ID
 Transaction ID 21536
 Approval Code [REDACTED]
 Approval Amount 127.87

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

Page No. 1 of 1

* Received from guest

LETHBRIDGE LODGE

HOTEL AND CONFERENCE CENTRE

Ms. Teri Lynn Baugle

Canada

Company Name:

Group Name: AB Health Svcs

Room No. : 339
 Arrival : 03-13-13
 Departure : 03-14-13
 Folio No. :
 Conf. No. : XXXXXXXXXX
 Cashier No. : 116
 Custom Ref. :

Date	Description	Charges	Credits
03-13-13	Room Charge		
03-13-13	GST Tax 2%	112.00	
03-13-13	Tourism Room Tax 4%	5.75	
03-13-13	DMF Charge 2%	3.60	
03-13-13	DMF GST 5%	2.30	
03-13-13	DMF Tourism 4%	0.10	
Total Charges		127.87	
Total Credits			0.00
Balance			127.87

Guest Signature: _____