

## AHS Board and Executive Expense Report

**Name** Barbara Burton  
**Title** Human Resources Advisory Committee  
**Location** Calgary

Expenses submitted during the month of March 2016

### Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Mar-16	Expense Claim	Meetings				35	35			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 35	\$ 35	\$ -	\$ -	\$ -

**Total for the Month** \$ 35

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base 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.

### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.



AHS - AP Processing - Internal Use Only	
Voucher #	
Claiming Convention:	
74(A)991 Applicable? - If yes, indicate line & amt	

**BOARD MEMBER  
EXPENSE CLAIM FORM**

SECTION 1: PAYEE INFORMATION					
Name:	Barb Burton			Expense Period Month:	Feb-March 2016
Address:	[REDACTED]		City:	Edmonton	
Province:	AB	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Expenses to attend Human Resources Committee Meetings.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$35.00
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$35.00</b>

SECTION 3: AUTHORIZATION			
<p>I attest that I have read and understand all applicable policies that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.</p> <p>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.</p> <p>I attest that expenses submitted in this claim have been incurred by using a most effective method, otherwise rationale and supporting analysis is provided below.</p>			
Claimant (Print Name)	Signature	Date	Phone#
Barb Burton	[Signature]	Apr 14/16	[REDACTED]
<p>I attest that I have read and understand all applicable policies of this pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.</p> <p>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.</p> <p>I attest that expenses submitted in this claim have been incurred by using a most effective method, otherwise rationale and supporting analysis is provided below.</p>			
Approved by (Print Name)	Position Title/Program Group		
Linda Hughes	Board Chair		
Signature: I, by signing this form, attest that I am compliant with the above statements	Date		
[Signature]	April 21/16		

Health and Personal Information Act (HPIA) is controlled by AHS under the authority of section 23(1) of the Health Information Act (HIA) and section 33(1) and 34(2) of the Freedom of Information and Protection of Privacy Act, respectively, for the purpose of administering AHS' Privacy by Design program.

14<sup>th</sup> Floor, North Tower, Seven Deborah Rhodes Apr. 14/16  
 Deborah Rhodes, VP Corporate Services & CFO  
 Position # [REDACTED] DOFA Level [REDACTED]

**Carry forward from Section 1**

Name: <b>Barb Burton</b>	Expense Period Month: <b>Feb-March 2016</b>
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Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

**Rationale is Required for expenses that are not Cost Effective:** (supporting analysis and documentation must be attached to this form)

**SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM**

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)( A )				Accommodation ( B )	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) ( C )	Other (Itemize) ( D )	Mileage km ( E )
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
4-Feb-16	Parking at SSP to attend Human Resources Committee Meeting.	Yes					\$20.00	✓		
17-Mar-16	Parking at SSP to attend Human Resources Committee Meeting.	Yes					\$15.00	✓		
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$35.00	\$0.00	0.00	

<b>BOARD MEMBER Mileage Rate</b>	<b>0.505</b>	<b>Total Mileage</b>	\$
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For payment please submit to:  
 14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

DETACH THIS PORTION FOR VALIDATION

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**RECEIPT OR VALIDATION**  
PAPER PAIL SERVICE  
CANADA CORPORATION  
10200 - 197TH STREET  
EDMONTON, ALBERTA T5A 0T6

LC. NO.:	1700-16
AMOUNT:	15.00

TAXES INCLUDED (G.S.T. NO. #R9731 5038 RT0002)  
VISIT OUR WEBSITE AT [www.impark.com](http://www.impark.com)

✓ (2)

\$15.00

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✓ (1)

\$20.00