

AHS Board and Executive Expense Report

Name Dr. Blair O'Neill

Title ACMO Strategic Clinical Networks

Location Edmonton

Expenses submitted during the month of Janaury 2018

							Trav	el (1)							
MMM-YY	Source Document	Purpose	Ai	rfare	N	/leals	Accomr	nodation	other ravel	^r otal ravel	Profes Develo	pment	Worki Sessic Hosting Hospita (3)	ons and ality	her 4)
Jan-18	Direct Billing	Meetings		1,792						1,792					
Total			\$	1,792	\$	-	\$	-	\$ -	\$ 1,792	\$	-	\$	-	\$ -

Total for

the Month \$ 1,792

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.



Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.

 Indicate whethe 	r you have expenses to report in this sectio	n for this reporting period:	Υ	'ES	
Name :	Dr. Blair O'Neill	Reporting Period for the	Month of :	Januray 2018	

VEC

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
31-Jan-2018	Direct Billing	Airline Ticket	Travel to Calgary for Neuroscience SCN Meeting (Jan 31, 2018). Invoice #	Marlin Travel	434.31
31-Jan-2018	Direct Billing	Airline Ticket	Change fee for Calgary Nueroscience meeting - needed to takes an flight back to Edmonton. Invoice #	Marlin Travel	75.00
29-Sep-2017	Direct Billing	Airline Ticket	Travel to Calgary for Diabetes, Obesityh & Nutrition SCN Core Meeting Sept 29, 2017). Invoice #	Marlin Travel	368.76
4-Oct-2017	Direct Billing	Airline Ticket	Travel to Calgary to meet with SMDs & Dept. Head of Medicine, FMC. Invoice #	Marlin Travel	399.16
13-Oct-2017	Direct Billing	Airline Ticket	Travel to Calgary - Orientation to Cancer SCN. Invoice	Marlin Travel	515.06
Total Paid in the	Month				\$ 1,792.29



ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Trip #:

Booking Date: 05 Jan 18

Client:
Agent:

File Locator:

PASSENGERS: DR BLAIR ONEILL

REFERENCE/ DESCRII	PTION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket #	#			359.35 0.00	0.00	0.00 \$0.00 0.00 \$0.00	74.96	0.00 75.00	434.31 CAD
AIR CANADA Ticket #	#				0.00				75.00 CAD
			Total:	359.35	0.00	0.00	74.96	75.00	509.31 CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form of	f Payment			Amount
		01/05/2018							434.31 CAD
		01/09/2018	AHS						75.00 CAD
							Total Pa	ayment:	509.31 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL BUSINESS

-----AIR CANADA RULES------ TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4



File Locator:



MY ITINERARY

Passengers Citizenship **Required Travel Documents**

BLAIR ONEILL Not Specified Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	BLAIR ONEILL			Booking Date: File Locator/Ticket #:	05 Jan 18	
Airline	Flight	From	Terminal	То	Class/Seat	Stops
AIR CANADA	08155	EDMONTON INTL 30 Jan 18 6:30PM		CALGARY INTL 30 Jan 18 7:24PM	Т/	
AIR CANADA	08150	CALGARY INTL 31 Jan 18 5:00PM		EDMONTON INTL 31 Jan 18 5:52PM	V/	
Passengers:	BLAIR ONEILL			Booking Date: File Locator/Ticket #:	09 Jan 18	
Airline	Flight	From	Terminal	То	Class/Seat	Stops
AIR CANADA	8144	CALGARY INTL 31 Jan 18 1:55PM		EDMONTON INTL 31 Jan 18 2:47PM	/	



ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4



PASSENGERS: DR BLAIR ONEILL

REFERENCE/ DESCR	IPTION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket	#			293.80	0.00	\$0.00	74.96	0.00	368.76 CAD
			Total:	293.80	0.00	0.00	74.96	0.00	368.76 CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form of	f Payment			Amount
		09/20/2017							368.76 CAD
							Total Pa	ayment:	368.76 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL SCN MEETING

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4



MY ITINERARY

Passengers Citizenship Required Travel Documents

BLAIR ONEILL Not Specified Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	BLAIR ONEILL	AIR ONEILL			Booking Date: File Locator/Ticket #:		2017
Airline	Flight	From	Terminal	То	Class	Seat	Stops
AIR CANADA	08133	EDMONTON INTL 09/29/2017 7:40AM		CALGARY INTL 09/29/2017 8:37AM	W		
AIR CANADA	08154	CALGARY INTL 09/29/2017 6:35PM		EDMONTON INTL 09/29/2017 7:25PM	W		



ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON, AB T5J 3E4 CANADA Trip #:

Booking Date: 28 Feb 18

Client:
Agent:
Agents email: @MARLINTRAVEL.CA

File Locator:

PASSENGERS: DR. BLAIR ONEILL

REFERENCE/ DESCRIPTI	ON			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket #				324.20	0.00	\$0.00	74.96	0.00	399.16 CAE
			Total:	324.20	0.00	0.00	74.96	0.00	399.16 CAE
PAYMENTS	Invoice #	Payment Date	Card Holder		Form of	f Payment			Amount
		09/29/2017							399.16 CAD
							Total Pa	ayment:	399.16 CAD
					B	alance Du	e CAD Cui	rrency	0.00 CAD

Total GST

0.00 Total HST \$0.00

ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON, AB T5J 3E4 CANADA Trip #:

Booking Date: 28 Feb 18

Client:
Agent:
Agents email: @MARLINTRAVEL.CA

File Locator:

MY ITINERARY

Passengers Citizenship Required Travel Documents

BLAIR ONEILL Not Specified Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



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AIR

Passengers: BLAIR ONEILL 29 Sep 17

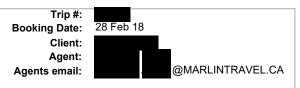
File Locator/Ticket #:

From: EDMONTON INTL Departing on: 04 Oct 17

To: CALGARY INTL Returning on:



ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON, AB T5J 3E4 CANADA



File Locator:

PASSENGERS: DR. BLAIR ONEILL

REFERENCE/ DESCRI	Total:			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket	#			440.10	0.00	\$0.00	74.96	0.00	515.06 CAE
			Total:	440.10	0.00	0.00	74.96	0.00	515.06 CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form of	f Payment			Amount
		10/11/2017							515.06 CAD
							Total Pa	ayment:	515.06 CAD
					Ba	alance Du	e CAD Cui	0.00 CAD	

Total GST 0.00 Total HST \$0.00

ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON, AB T5J 3E4 CANADA Trip #:

Booking Date: 28 Feb 18

Client:
Agent: 4

Agents email: @MARLINTRAVEL.CA

File Locator:

MY ITINERARY

Passengers Citizenship Required Travel Documents

BLAIR ONEILL Not Specified Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: BLAIR ONEILL 11 Oct 17

File Locator/Ticket #:

From: EDMONTON INTL Departing on: 13 Oct 17

To: CALGARY INTL Returning on: