

AHS Board and Executive Expense Report

Name Dr. Brenda Hemmelgarn
Title AHS Board Vice-Chair
Location Calgary

Expenses submitted during the month of April 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)
Apr-16	P-Card	Meetings				108	108			
Total			\$ -	\$ -	\$ -	\$ 108	\$ 108	\$ -	\$ -	\$ -

Total for the Month \$ 108

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.

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>PROCIUK, LORINDA</u> Cardholder's Name	<u>EXECUTIVE ASSOCIATE</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/04/2016</u>
<u>PRESIDENT & CEO OFFICE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: \$2,305.42 \$108.00
<u>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions

- ①
- ②
- ③
- ④
- ⑤
- ⑥
- ⑦
- ⑧
- ⑨
- ⑩

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/03/2016	423930118	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi for Board Member B. Hemmelgarn from Airport to Hotel on March 28, 2016 to attend Board Meetings in Edmonton.
30/03/2016	424044595	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi for Board Members B. Hemmelgarn & G. Yeates from SSP to YEG on March 30, 2016 (attended Board Meetings in Edm.)
					\$36.00			

✓ pfb

Signatures

Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Jennifer Hamstra
Name of Cardholder Designate
J. Hamstra
Signature of Cardholder Designate

Executive Secretary
Cardholder Designate Position/Title
April 26, 2016
Date of Signature

Cardholder

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services 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 and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

PROCIUK, LORINDA
Name of Cardholder
L. Prociuk
Signature of Cardholder

EXECUTIVE ASSOCIATE
Cardholder Position/Title
April 27, 2016
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services 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 and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Susan Best
Name of Approver Designate
Susan Best
Signature of Approver Designate

Exec. Assistant
Approver Designate Position/Title

Date of Signature

Approver

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services 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 and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Deborah Rhodes
Name of Approver
Deborah Rhodes
Signature of Approver

VP Corp Serv. & CFO
Approver Position/Title
April 29, 16
Date of Signature

VPB

Submit approved statement with attachments to Accounts Payable:

- Attach:**
- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
 - Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:
 - Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter
 - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:
Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: _____ Reviewed by: _____ Date: _____

Linda Hughes
Linda Hughes
Board Chair
May 5/16
Date

Jennifer Hamstra

From: Infinity Transportation Inc <infinitytransportationinc@hotmail.com>
Sent: Tuesday, March 29, 2016 10:25 AM
To: Jennifer Hamstra
Subject: Receipt March 28/ Brenda Hemmelgarn

(4)

Sent using CloudMagic Email

-----Forwarded message-----

From: INFINITY TRANSPORTATION I <payd_receipt@moneris.com>
Date: Tue, Mar 29, 2016 at 10:22 AM
Subject: Fwd: Transaction Receipt - Do Not Reply
To: <infinitytransportationinc@hotmail.com>

*• Airport to Matrixhotel
on March 28, 2016*

INFINITY TRANSPORTATION I

AB

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Lorinda Prociuk
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Mar 29 2016 10:21AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)	\$72.00 ✓
--------------	-----------

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -
Retain this copy for your records

Jennifer Hamstra

From: Infinity Transportation Inc <infinitytransportationinc@hotmail.com>
Sent: Wednesday, March 30, 2016 6:46 PM
To: Jennifer Hamstra
Subject: Receipt March 30/ Brenda Hemmelgarn ~~→ Glenda Yeates~~

(6)

from SSP to Airport
on March 30, 2016.

Sent using CloudMagic Email

-----Forwarded message-----

From: INFINITY TRANSPORTATION I <payd_receipt@moneris.com>
Date: Wed, Mar 30, 2016 at 6:41 PM
Subject: Fwd: Transaction Receipt - Do Not Reply
To: <infinitytransportationinc@hotmail.com>

INFINITY TRANSPORTATION I

AB

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Lorinda Prociuk
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Mar 30 2016 06:40PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)	\$72.00 ✓	\$36.00
--------------	----------------------	---

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records