

AHS Board and Executive Expense Report

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

Expenses submitted during the month of December 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)
Dec-16	Expense Claim	Meetings		24	276		300			
Dec-16	Direct Billing	Meetings	754		459		1,213			
Total			\$ 754	\$ 24	\$ 735	\$ -	\$ 1,513	\$ -	\$ -	\$ -

Total for the Month \$ 1,513

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 145
 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.



Employee # [REDACTED]

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Dr. Brenda Hemmelgarn		Expense Period Month:	Dec-16	
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Finance Committee Meeting on December 7, 2016 and Board Meeting on December 8, 2016 in Edmonton. Attendance at Council of Chairs Meeting in Edmonton on December 14, 2016.				

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	\$24.00 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$275.73 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00 ✓
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$299.73 ✓

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 cost effective method, otherwise rationale and supporting analysis is provided below.</p>			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Dr. Brenda Hemmelgarn	<i>[Signature]</i>	Dec 20/16	[REDACTED]
<p>I attest that I have read and understand all applicable policies of 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 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 cost effective method, otherwise rationale and supporting analysis is provided below.</p>			
Approved by (Print Name)	Position Title/Program Group		Date
Linda Hughes	Board Chair		Jan 5/17
Signature: I, by signing this form, attest that I am compliant with all the above statements			Date
<i>[Signature]</i>			Jan 5/17

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act, and section 8 of the Access to Information Act, respectively, for the purpose of

[Signature]
Deborah Rhodes, VP Corporate Services & CFO

For payment please Position #: [REDACTED] DOFA Level: [REDACTED] Date: Jan 4, 2017

14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton, Alberta T6C 0G8

Carry forward from Section 1

Name:	Dr. Brenda Hemmelgarn	Expense Period Month:	42705
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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				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Within Canada		Outside Canada					
			Meal Type	Allowance	Meal Type	Allowance				
6-Dec-16	Parking at YYC to attend Finance Committee Meeting on December 7 and Board Meeting on December 8, 2016 in Edmonton.	Yes					\$58.70	✓		
6-Dec-16	Taxi from YEG to hotel.	Yes	D-\$24.00	\$24.00			\$63.25	✓		
8-Dec-16	Taxi from SSP to YEG (Board Member, Glenda Yeates accompanied her).	Yes					\$62.79	✓		
13-Dec-16	Parking at YYC to attend Council of Chairs Meeting on December 14, 2016 in Edmonton.	Yes					\$29.35	✓		
14-Dec-16	Taxi from hotel to YEG.	Yes					\$61.64	✓		
Total: (amount auto fills to page 1)			\$24.00	✓	\$0.00	\$0.00	\$275.73	✓	\$0.00	0.00

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

RECEIPT
GST NO. R122556194

TKT NO: [REDACTED]
POF: [REDACTED]
IN: 12/06/16 19:26
OUT: 12/08/16 16:32
PAID: \$ 58.70
DURATION: 1 21: 26
(GST INCLUDED)

①

VISA
[REDACTED]

YOU HAVE 10 MIN.
TO EXIT



GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2016/12/08
TIME 0287 14:04:10
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$54.60
TIP \$8.19
TOTAL

\$62.79 ✓

Visa Credit
[REDACTED]

③

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 100403070

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2016/12/06
TIME 7382 23:14:48
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

②

PURCHASE AMOUNT \$55.00
TIP \$8.25
TOTAL

\$63.25 ✓

Visa Credit
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 100403070

RECEIPT
GST NO. R122556194

TKT NO: [REDACTED]
POF: [REDACTED]
IN: 12/13/16 17:24
OUT: 12/14/16 13:12
PAID: \$ 29.35 ✓
DURATION: 0 19: 48
(GST INCLUDED)

VISA
[REDACTED]

YOU HAVE 10 MIN.
TO EXIT

YYC

YYC CALGARY INTERNATIONAL AIRPORT

EDMONTON
(780) 423 - 2426

SALE

MID: [REDACTED]
TID: [REDACTED] REF#: [REDACTED]
Batch #: [REDACTED] SEQ: [REDACTED]
12/14/16
APPR CODE: [REDACTED]
VISA
[REDACTED]

AMOUNT \$53.60
TIP \$8.04
TOTAL \$61.64 ✓

00 - APPROVED - 001

Visa Credit
[REDACTED]

CUSTOMER COPY

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 whether you have expenses to report in this section for this reporting period: **YES**

Name : Brenda Hemmelgarn	Reporting Period for the Month of : Dec-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
6-Dec-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to attend Board Meetings (Invoice # [REDACTED]).	Choose from Drop-down List	342.16
8-Dec-2016	Direct Billing	Airline Ticket	Flight change request (Invoice # [REDACTED] as meeting end time changed).	Choose from Drop-down List	78.80
6-Dec-2016	Direct Billing	Hotel	2 nights accommodation to attend Board Meetings (December 7-8, 2016) in Edmonton.	Choose from Drop-down List	310.64
13-Dec-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to attend Council of Chairs Meeting (Invoice # [REDACTED]).	Choose from Drop-down List	332.66
13-Dec-2016	Direct Billing	Hotel	1 night accommodation to attend Council of Chairs Meeting In Edmonton.	Choose from Drop-down List	148.90
Total Paid in the Month					\$ 1,213.16



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 23 Nov 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: TIFFANY ASKE File Locator: [REDACTED]
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PASSENGERS: MS BRENDA HEMMELGARN

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	267.20	0.00	\$0.00	74.96	0.00	342.16 CAD
Total:	267.20	0.00	0.00	74.96	0.00	342.16 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/22/2016		[REDACTED]	342.16 CAD
Total Payment:					342.16 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101
REASON FOR TRAVEL BOARD MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** **PLEASE REVIEW YOUR ITINERARY FOR ACCURACY**
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

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

Trip #: [REDACTED]
Booking Date: 23 Nov 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: TIFFANY ASKE

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	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:		Booking Date:		22 Nov 16		
BRENDA HEMMELGARN		File Locator/Ticket #:		[REDACTED]		
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08431	CALGARY INTL		EDMONTON INTL	G/	
		06 Dec 16 8:45PM		06 Dec 16 9:37PM		
AIR CANADA	08171	EDMONTON INTL		CALGARY INTL	G/	
		08 Dec 16 6:00PM		08 Dec 16 6:59PM		



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 25 Nov 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: TIFFANY ASKE File Locator: [REDACTED]
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PASSENGERS: MS BRENDA HEMMELGARN

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA ONLINE Confirmation # [REDACTED]	3.80	0.00	\$0.00	0.00	0.00	3.80 CAD
AIR CANADA ONLINE Confirmation # [REDACTED]	75.00	0.00	\$0.00	0.00	0.00	75.00 CAD
Total:	78.80	0.00	0.00	0.00	0.00	78.80 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/25/2016		[REDACTED]	3.80 CAD
	[REDACTED]	11/25/2016		[REDACTED]	75.00 CAD
				Total Payment:	78.80 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101
REASON FOR TRAVEL BOARD MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL

***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY***

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

Trip #: [REDACTED]
Booking Date: 25 Nov 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: TIFFANY ASKE

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	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:	Booking Date:
BRENDA HEMMELGARN	22 Nov 16

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08431	CALGARY INTL 06 Dec 16 8:45PM		EDMONTON INTL 06 Dec 16 9:37PM	G/	

Passengers:	Booking Date:
BRENDA HEMMELGARN	22 Nov 16

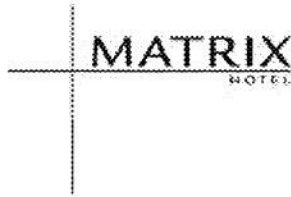
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08431	CALGARY INTL 06 Dec 16 8:45PM		EDMONTON INTL 06 Dec 16 9:37PM	G/	

Passengers:	Booking Date:
BRENDA HEMMELGARN	22 Nov 16

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08151	EDMONTON INTL 08 Dec 16 3:30PM		CALGARY INTL 08 Dec 16 4:24PM	G/	

Passengers:	Booking Date:
BRENDA HEMMELGARN	22 Nov 16

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08151	EDMONTON INTL 08 Dec 16 3:30PM		CALGARY INTL 08 Dec 16 4:24PM	G/	



Alberta Health Services
14th Floor North Tower
10030 107 St
Edmonton AB T5J3E4

Room Number: [REDACTED]
Arrival Date: 12-06-16
Departure Date: 12-08-16
Page No: 1 of 1

Guest Name: *Hemmelgarn, Brenda*

COPY OF INVOICE

Folio No: [REDACTED]

12-21-16

Date	Description	Charges	Credits
12-06-16	Room Revenue	145.00	
12-06-16	Destination Marketing Fee - 3%	4.35	
12-06-16	Tourism Levy - 4%	5.97	
12-07-16	Room Revenue	145.00	
12-07-16	Destination Marketing Fee - 3%	4.35	
12-07-16	Tourism Levy - 4%	5.97	
Total		310.64	0.00
Balance		310.64	

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0008



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 25 Nov 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: TIFFANY ASKE File Locator: [REDACTED]
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PASSENGERS: MS BRENDA HEMMELGARN

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	257.70	0.00	\$0.00	74.96	0.00	332.66 CAD
Total:	257.70	0.00	0.00	74.96	0.00	332.66 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/25/2016		[REDACTED]	0.00 CAD
		11/25/2016			332.66 CAD
		Total Payment:			332.66 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101
REASON FOR TRAVEL BOARD MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

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

Trip #: [REDACTED]
Booking Date: 25 Nov 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: TIFFANY ASKE

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	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: BRENDA HEMMELGARN
Booking Date: 25 Nov 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08164	CALGARY INTL 13 Dec 16 7:30PM		EDMONTON INTL 13 Dec 16 8:26PM	G/	



AIR

Passengers: BRENDA HEMMELGARN
Booking Date: 25 Nov 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08149	EDMONTON INTL 14 Dec 16 1:35PM		CALGARY INTL 14 Dec 16 2:29PM	G/	



10155 105th Street,
Edmonton, AB T5J 1E2
Tel: (780) 423 4811 Fax: (780) 423 3204



Alberta Health Services
10030-107th Street
EDMONTON AB T5J 3E4
CANADA

Invoice

Invoice date 12/14/2016
Invoice due before 1/13/2017
Invoice number [Redacted]
Our reference [Redacted]
Client Number [Redacted]
GST Number 10103 5467 RT0020

Guest **Dr Brenda HEMMELGARN** Arrival **12/13/2016** Departure **12/14/2016** Room **1215**

Date	Description	Quantity	Unit Price	Total ()
12/13/2016	Room Charge	1	139.00	139.00
12/13/2016	Tourism Levy	1	5.73	5.73
12/13/2016	Destination Market Fee	1	4.17	4.17

Total invoice	148.90
Total Paid	0.00
Total Due	148.90

Total GST

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X _____

For reservations: www.coasthotels.com or 1-800-663-1144

Dec. 19, 2016
101 0005 71110300000
6232000