

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of January 2017

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)
Jan-17	Expense Claim	Meetings				122	122			
Jan-17	Direct Billing	Meetings	348		319		667			
<b>Total</b>			<b>\$ 348</b>	<b>\$ -</b>	<b>\$ 319</b>	<b>\$ 122</b>	<b>\$ 789</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Total for the Month** \$ 789

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 149  
 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:	Jan-17
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Board Meetings on January 26-27, 2017.				

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	\$121.95
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$121.95</b> ✓

SECTION 3: AUTHORIZATION			
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.			
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.			
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.			
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>B. Hemmelgarn</i>	Mar 1/17	[REDACTED]

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.	
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.	
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.	
Approved by (Print Name)	Position Title/Program Group
Linda Hughes	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>Linda Hughes</i>	Mar. 20/17

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Protection Act, and section 27 of the Access to Information Act, respectively, for the purpose of:

For payment please Deborah Rhodes Mar. 21/17  
 Deborah Rhodes, VP Corporate Services & CFO  
 14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St  
 Position #: [REDACTED] DOFA Level: [REDACTED] Date:

**Carry forward from Section 1**

Name: Dr. Brenda Hemmelgarn Expense Period Month: 42736

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**

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

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 Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
25-Jan-2017	Parking at YYC to attend Board Meeting in Edmonton on January 25-26, 2017.	Yes					\$58.70	✓		
25-Jan-2017	Taxi from YEG to hotel.	Yes					\$63.25	✓		
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$121.95 ✓	\$0.00	0.00	

**BOARD MEMBER Mileage Rate** 0.505 **Total Mileage** \$ -

**RECEIPT**  
**GST NO. R122556194**

TKT NO: [REDACTED]  
POF: [REDACTED]  
IN: 01/25/17 17:30  
OUT: 01/27/17 14:37  
PAID: \$ 58.70  
DURATION: 1 21: 07  
(GST INCLUDED)

VISA  
[REDACTED]

YOU HAVE 10 MIN.  
TO EXIT

00 FlyYYC

**YYC** CANADIAN  
INTERNATIONAL  
AIRPORT

GREATER EDMONTON TAXI  
SERVICE  
10135 31 AVE NW  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2017/01/25  
TIME 4266 21:07:37  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

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

YDL LOW CAB 780.462.3456  
BARREL TAXI 780.489.7777  
EDMTAXI.COM  
GST 100403070

## 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**

<b>Name :</b> Brenda Hemmelgarn	<b>Reporting Period for the Month of :</b> Jan-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-Jan-2017	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to attend Board Meetings (Invoice: ██████████)	Choose from Drop-down List	347.86
25-Jan-2017	Direct Billing	Hotel	2 nights accommodation to attend Board Meetings (January 26-27, 2017) in Edmonton.	Choose from Drop-down List	319.22
				Choose from Drop-down List	
				Choose from Drop-down List	
				Choose from Drop-down List	
<b>Total Paid in the Month</b>					<b>\$ 667.08</b>



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 14 Jan 17 <b>Client:</b> [REDACTED] <b>Agent:</b> [REDACTED]  <b>File Locator:</b> [REDACTED]
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**PASSENGERS:** MS BRENDA HEMMELGARN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	272.90	0.00	\$0.00	74.96	0.00	347.86 CAD
<b>Total:</b>	<b>272.90</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>347.86 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	01/13/2017		[REDACTED]	347.86 CAD
<b>Total Payment:</b>					<b>347.86 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

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 -----  
 ---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

Trip #: [REDACTED]  
Booking Date: 14 Jan 17  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

### MY ITINERARY

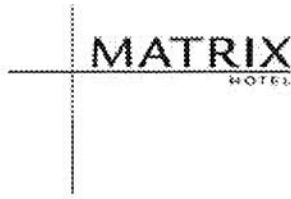
Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	Not Specified	Not Specified

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:		13 Jan 17		
BREND A HEMMELGARN		File Locator/Ticket #:		[REDACTED]		
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08164	CALGARY INTL 25 Jan 17 7:30PM		EDMONTON INTL 25 Jan 17 8:26PM	G/	
AIR CANADA	08149	EDMONTON INTL 27 Jan 17 1:35PM		CALGARY INTL 27 Jan 17 2:29PM	G/	



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

Room Number: [REDACTED]  
Arrival Date: 01-25-17  
Departure Date: 01-27-17  
Page No: 1 of 1

Guest Name: Hemmelgarn, Brenda

**COPY OF INVOICE**

Folio No: [REDACTED]

03-08-17

Date	Description	Charges	Credits
01-25-17	Room Revenue	149.00	
01-25-17	Destination Marketing Fee - 3%	4.47	
01-25-17	Tourism Levy - 4%	6.14	
01-26-17	Room Revenue	149.00	
01-26-17	Destination Marketing Fee - 3%	4.47	
01-26-17	Tourism Levy - 4%	6.14	
<b>Total</b>		<b>319.22</b>	<b>0.00</b>
<b>Balance</b>		<b>319.22</b>	

**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