

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of February 2019

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)
Feb-19	P-Card	Meetings				66	66			
Feb-19	Expense Claim	Meetings				103	103			
Feb-19	Direct Billing	Meetings	599		181		780			
<b>Total</b>			\$ 599	\$ -	\$ 181	\$ 169	\$ 949	\$ -	\$ -	\$ -

**Total for the Month** \$ 949

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 169  
 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 Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
Brenda Hemmelgarn	AHS Board Member	Edmonton	\$ 66.00									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
2/28/2019	Taxi from SSP to YEG (Glenda Yeates accompanied) - Attended Private and Public board meetings on February 28, 2019 on Edmonton.	AB - Other Zones	Taxi	\$ 66.00	SSP	Edmonton International Airport	Items charged to Executive Assistant's April 2019 P-Card on behalf of Brenda Hemmelgarn	1				
Approver(s) for the claim		Approval Status	Approval									
Signature kept on file		Approve										

ATS GROUP  
4608 101 ST NW  
7809897099  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2019/03/29  
TIME 9964 11:36:56  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

-----  
PURCHASE  
TOTAL  
**\$655.00**  
-----

MasterCard  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**APPROVED**

AUTH# [REDACTED] [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

From Dr Verna - Feb & March  
To ① Feb 25 - Dr Verna SSP to EIA = \$66  
Time ② Feb 26 - Dr Verna EIA to Rexi = \$65  
Date ③ Feb 28 - Glenda Yeates & Brenda = \$66  
Trip Amount ④ March 2 - Dr Verna Rexi to EIA = \$65  
Driver Name ⑤ March 3 - Dr Verna EIA to Rexi = \$65  
Car Number ⑥ March 6 - Dr Verna Rexi to EIA = \$65  
GST ⑦ March 7 - Dr Verna EIA to Rexi = \$65

From ⑧ March 13 - David Carpenter - SSP to EIA = \$66  
To ⑨ March 13 - Glenda Yeates - SSP to EIA = \$66  
Time ⑩ March 28 - David Carpenter SSP to EIA = \$66  
Date \_\_\_\_\_  
Trip Amount \_\_\_\_\_  
Driver Name TOTAL = \$ 655  
Car Number \_\_\_\_\_  
GST \_\_\_\_\_

This is a month's total of taxi fares used by Dr. Yiu and AHS board members for various AHS events (see above for a detailed breakdown of each fare).

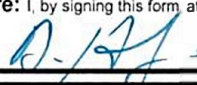
Employee # [REDACTED]

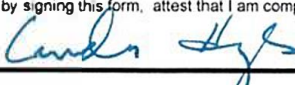
AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

## BOARD MEMBER EXPENSE CLAIM FORM


<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	Brenda Hemmelgarn			Expense Period Month:	Feb-19
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	All expenses in this claim are based on: Attended Private and Public Board Meetings on February 28, 2019 in Edmonton				

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
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	\$103.10 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$103.10</b> ✓

<b>SECTION 3: AUTHORIZATION</b>			
I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.			
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#
Brenda Hemmelgarn		March 28 2019	[REDACTED]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.	
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
	Apr 3/19

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Information and Protection of Privacy (FOIP) Act, respectively, for the purposes of:

Apr. 11/19  
  
Deborah Rhodes, VP Corporate Services & CFO

**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

**Carry forward from Section 1**

Name:	Brenda Hemmelgarn	Expense Period Month:	Feb-19
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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**

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				
27-Feb-2019	Parking at YYC to attend Private and Public Board Meetings on February 28, 2019 in Edmonton.	Yes					\$39.85	✓		
27-Feb-2019	Taxi from YEG to hotel.	Yes					\$63.25	✓		
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$103.10	✓	\$0.00	0.00

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ -
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**RECEIPT**  
**GST NO. R122556194**

TKT NO: [REDACTED]  
POF: CS2  
IN: 02/27/19 17:37  
OUT: 02/28/19 18:28 ✓  
PAID: \$ 39.85  
DURATION: 1 00: 51  
(GST INCLUDED)

VISA  
[REDACTED]  
YOU HAVE 10 MIN.  
TO EXIT



GREATER EDMONTON TAXI  
SERVICE  
10135 31 AVE NW  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2019/02/27  
TIME 0505 21:42:19  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

-----  
PURCHASE  
AMOUNT \$55.00  
TIP \$8.25  
TOTAL

\$63.25 ✓  
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Visa Credit  
[REDACTED]

**APPROVED**

AUTH# [REDACTED]  
THANK YOU

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YELLOW 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> Feb-19
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Feb-19	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return on February 28, 2019 to attend Private and Public Board Meetings on February 28, 2019 in Edmonton (Invoice [REDACTED])	Vision Travel	\$598.66
27-Feb-19	Direct Billing	Hotel	One night accommodation to attend Private and Public Board Meetings on February 28, 2019 in Edmonton.	Vision Travel	\$181.03
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
<b>Total Paid in the Month</b>					\$ [REDACTED]

\$779.69

**From:** tripinfo@visiontravel.ca  
**Sent:** Thursday, February 21, 2019 4:44 PM  
**To:** [REDACTED]@VISIONTRAVEL.CA  
**Subject:** Invoice and Itinerary for HEMMELGARN/BRENDA MS - 27February19 - Vision Travel  
Locator [REDACTED]



Vision Travel DT Ontario-West Inc  
[REDACTED], , Canada,  
www.visiontravel.ca  
GST Reg : 723782728 RT 0001

## Invoice/Itinerary

Invoice: [REDACTED]  
Issued: 21 February 2019

Agency Ref.: [REDACTED]  
Sales Person: [REDACTED]

Customer Number: [REDACTED]  
Customer Ref.: [REDACTED]

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

Passenger(s): HEMMELGARN/BRENDA MS

**Disclaimer: It is your responsibility to carefully review this itinerary immediately upon receipt and notify us if there are any discrepancies.**

**AIR - Wednesday, February 27 2019**

[Add To Calendar](#)

**Air Canada Flight AC8158 Economy Class**

<b>Depart</b>	Calgary, Alberta <a href="#">Weather</a> Calgary International Airport 07:55 PM Wednesday, February 27 2019	<b>Arrive</b>	Edmonton, Alberta <a href="#">Weather</a> Edmonton International Airport 08:51 PM Wednesday, February 27 2019
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**Duration:** 0 hour(s) and 56 minute(s) Non-stop  
**Status:** Confirmed - Air Canada Booking Reference [REDACTED]  
**Operated By:** AIR CANADA EXPRESS - JAZZ  
**FF Number:** [REDACTED] HEMMELGARN/BRENDA MS - please reconfirm at check-in  
**Online Check In:** Available 24 hours prior - [click here](#)  
**E Upgrade:** For Eligible Flight - Aeroplan Members [click here](#)

**Remarks:** SEAT 2C - HEMMELGARN/BRENDA MS  
AIR CANADA CPMFOR  
ATOPM L5TXT  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]



AIR - Thursday, February 28 2019

[Add To Calendar](#)

**Air Canada Flight AC8155 Economy Class**

<b>Depart</b>	Edmonton, Alberta <a href="#">Weather</a> Edmonton International Airport 05:25 PM Thursday, February 28 2019	<b>Arrive</b>	Calgary, Alberta <a href="#">Weather</a> Calgary International Airport 06:20 PM Thursday, February 28 2019
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**Duration:** 0 hour(s) and 55 minute(s) Non-stop  
**Status:** Confirmed - Air Canada Booking Reference: [REDACTED]  
**Operated By:** AIR CANADA EXPRESS - JAZZ  
**FF Number:** [REDACTED] HEMMELGARN/BRENDA MS - please reconfirm at check-in  
**Online Check In:** Available 24 hours prior - [click here](#)  
**E Upgrade:** For Eligible Flight - Aeroplan Members [click here](#)

**Remarks:** SEAT 5C - HEMMELGARN/BRENDA MS  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]

**Invoice Details**

Transaction	Document / Booking Number	Base Fare	Other Tax	GST/HST	QST	Total
Invoice Number: Vendor AC AIR CANADA	[REDACTED]	523.70	74.96	0.00	0.00	598.66
					Billed to: [REDACTED]	
	<b>Totals:</b>	<b>523.70</b>	<b>74.96</b>	<b>0.00</b>	<b>0.00</b>	<b>598.66</b>
					<b>Total Credit Card Billing:</b>	<b>598.66</b>
					<b>Balance Due:</b>	<b>0.00</b>

# WESTIN®

HOTELS & RESORTS

Westin Edmonton A/R  
10135 100th St  
Edmonton, AB T5J 0N7  
Tel: 1-888-828-8085  
Fax: 780-423-3785

Alberta Health Services

Canada  
Attn:

Page Number 1  
AR Account [REDACTED]  
Statement Date 03-07-2019

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STATEMENT

Tax ID - 815461330RT0001

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Date	Description	Amount	Balance
28-FEB-19	[REDACTED]/Folio ***HEMMELGARN, BRENDA [REDACTED]		
27-FEB-19	Room Chrg - Special C	169.00	
27-FEB-19	DMF	5.07	
27-FEB-19	Occupancy/Tourism Tax	6.96	

181.03

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Continue