

AHS Board and Executive Expense Report

Name Dr. Brenda Hemmelgarn Title AHS Board Vice-Chair

Location Calgary

Expenses submitted during the month of October 2019

						Travel (1)						
ммм-үү	Source Document	Purpose	Airfare	Mea	als	Accommodation	Other Travel		Fotal ravel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Oct-19 Oct-19	Expense Claim Direct Billing	Meetings Meetings	32	0		497	42!	į	425 817			
Total			\$ 32	0 \$	-	\$ 497	\$ 42!	; \$	1,242	\$ -	\$ -	\$ -

Total for

the Month \$ 1,242

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.



Employeest	
AHS - AP Processing - Internal Use Only	
Voucher#	
Naming Convention:	
T4AINR Applicable? - If yes, indicate line & ami	

BOARD MEMBER EXPENSE CLAIM FORM

-		And the second s	_, ,, _,, _ ,					
SECTION 1: PAY	EE INFORM	IATION				Av.		
Name: Brenda Hemmelgarn					Expons Month:	o Porlod Oct-19		
Address:				Gity:				
Provinco:			Postal Codo:		Country:	Canada		
Reason for Expense Attended Board Meeting and on October 25 and Advisory (_		ton. Attended Board Meeting nton.		
SECTION 2: FINA	NCE CODII	NG & TOTAL CL	.AIM					
Doscription	Corp/BU/O rg	Location (If applicable)		ctional o/Primary	Exponsol Secondary Acci	<u>Total</u> (Noto: This column will auto fill)		
Meals (A)	101	0005	71110	300000	45000000	\$0.00		
Travel Exp (B+C+E)	101	0005	71110	0300000	62212000	\$425.46		
Other (D)	101	0005	71110	0300000	41090000	\$0.00		
	-0xxy		TOTAL AMOUNT P	AYABLE BY AC	COUNTS PAYABLE	\$425.46		
			SECTION 3: AU	THORIZATION	1			
l attest that I have read a with soris policy to the be			erta's Travel, Meal and F	lospitality Expenses	Policy, and confirm expen	ises being claimed are in compliance		
Lattest the expenses and my behalf from Alberta E	losed in this chil lealth Services o	m are for valid busines ir any öther Organization	116.			ot been previously claimed by me or on grantysis is provided below.		
Claimant (Prot Hame) Brenda Hemmelgar	'n	Signature: 1 &	Sign rights from artest trust.		Dato Mou	Phone#		
with such policy to the lie Lattest the expenses encl claimant or on their Leha Lattest that expenses sub	st of my unders osed in this clai If from Alberta i initted in this cl	tanding and belief in are for valid busines Health Services or any	erta's Travel, Meal and i s purposes for Alberta H other Organization, d by usin; a cost effectiv	repitality Expenses ealth Services Board e method, otherwise	and that this claim has no	ises being claimed are in compliance of been previously claimed by the granulysis is provided below.		
Approved by (Pont Name) Position Title/Program C David Weyant, Q.C. Board Chair					am Group			
Signaturo: i. er sgang ins	0	am a thought all the ob-				100 V. 272019		

Health and Personal information of this form is collected by AHS uniter the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

For payment please submit to:

14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

Created November 01, 20 Rev 12 eff Jun 25, 2018 Nov. 20/19

Carry for	ward from Section 1		
Name:	Brenda Hemmeldarn	Expense Period Month:	Oct-19

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)

All the below costs are based on: Attended Private Board Meeting and Public Board Meeting on October 9, 2019 in Edmonton. Attended Board Meeting on October 25 and Advisory Council Fall Forum on October 25-26, 2019 in Edmonton.

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).

			Meal (Allowance OR Receipt)(A)							
Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method	Allowa Within C				Accom- modation (B)	<u>Transportation</u> (Flight, Car Rental, Fuel, Parking, Taxi)	Other (Itemize)	Mileage km (E)
		used?	Meal Type	Allow- ance	Meal_ Type	<u>Amount</u>	1	(C)		
8-Oct-2019	Taxi from residence to YYC to travel to Edmonton for the Board Meeting on Public Board Meeting on October 9, 2019.	Yes						\$44.16		
8-Oct-2019	Taxi from YEG to hotel to attend above meetings.	Yes						\$63.25		
24-Oct-2019	Mileage from Calgary to Edmonton and return to attend Board Meeting on Oct 25; and Advisory Council Fall Forum on Oct. 25-26, 2019.	Yes								629.8
						- 35				
			.741							
	Total: (amount auto fills to	page 1)		\$0.00		\$0.00	\$0.00	\$107.41	\$0.00	629.80

BOARD MEMBER Mileage Rate

0.505

Total Mileage

\$ 318.05

Home to oirport

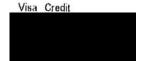
ASSOCIATED CAB
/ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY, AB T2E2N4
(403) 299-1111
CAR#996

SALE DUPLICATE

	RE
Batch #:	SEQ:
10/08/19	14:19:11
APPR CODE:	
VISA	

AMOUNT TIP TOTAL \$38.40 \$5.76 \$44.16

00 - APPROVED - 001



Thank You Please Come Again

CUSTOMER COPY

Airport to hotel

AIRPORT TAXI SERVICE 4608 101 ST. (7808907070) EDMONTON AB

CARD
CARD TYPE
VISA
DATE
2019/10/08
TIME
0007 18:58:09
INVOICE #
RECEIPT NUMBER

PURCHASE
AMOUNT \$55.00
TIP \$8.25

TOTAL

\$63.25

Visa Credit



APPROVED

AUTH# THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST#807721436



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

_				
r	Name :	Dr Brenda Hemmelgarn	Reporting Period for the Month of :	Oct-19

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
8-Oct-2019			Attend Board Meetings and Public Board Meetings on Oct 9, 2019 in		
8-001-2019	Direct Billing	Airline Ticket	Edmonton - Flight from Calgary to Edmonton on Oct 8, 2019	Vision Travel	\$319.96
0.0+ 2010			Attend Board Meetings and Public Board Meetings on Oct 9, 2019 in		
8-Oct-2019	Direct Billing	Hotel	Edmonton	Other	\$189.73
24.0-+ 2040			Advisory Council Fall Forum in Edmonton on Oct 25 and 26, 2019 -		
24-Oct-2019	Direct Billing	Hotel	Accommodations for the nights of Oct 24 and 25, 2019	Other	\$307.62
	Direct Billing	Airline Ticket		Vision Travel	
	Direct Billing	Airline Ticket		Vision Travel	
Total Paid in th	e Month				\$ 817.31

From:

Brenda Hemmelgarn

Sent:

Tuesday, October 08, 2019 1:46 PM

To:

Subject:

RE: Invoice and Itinerary for HEMMELGARN/BRENDA MS - 08October19 - Vision Travel

Locator:

Thanks!

From:

Sent: October 8, 2019 1:43 PM **To:** Brenda Hemmelgarn

Cc

Subject: FW: Invoice and Itinerary for HEMMELGARN/BRENDA MS - 08October19 - Vision Travel Locator:

:

Hi Brenda...here is your new flight information.

Safe travels ©

Jennifer

From: tripinfo@visiontravel.ca [mailto:tripinfo@visiontravel.ca]

Sent: Tuesday, October 08, 2019 1:42 PM

To:

Subject: Invoice and Itinerary for HEIVIIVIELGAKN/BRENDA IVIS - USUCTOBER19 - VISION Travel Locator

Caution - This email came from an external address and may contain unsafe content. Ensure you trust this sender before opening attachments or clicking any links in this message.



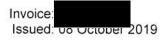
Vision Travel DT Ontario-West Inc

, , Canada,

www.visiontravel.ca

GST Reg: 723782728 RT 0001

Invoice/Itinerary



Agency Ref. Sales Person.

Customer Number: Customer Ref.:

ALBERTA HEALTH SERVICES 10030 - 107 STREET 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 Passenger Protection Regulations:

As of July 15, 2019, airlines will be required to meet new obligations concerning communication, denied boarding, tarmac delay, baggage and the transportation of musical instruments. For more information visit: https://rppa-appr.ca

WS: www.westjet.com/canadian-passenger-rights

AIR - Tuesday, October 8 2019 Add To Calendar WestJet Flight WS3145 Economy Class Depart Arrive Calgary, Alberta Weather Edmonton, Alberta Weather Calgary International Airport Edmonton International Airport 04:15 PM Tuesday, October 8 2019 05:08 PM Tuesday, October 8 2019 Duration: 0 hour(s) and 53 minute(s) Non-stop Status: Confirmed - WestJet Booking Reference Operated By: WESTJET ENCORE Online Check In: Available 24 hours prior - click here Baggage Allowance: 1 Piece(s)

- Sunday, December	1 2019				
Eamonton					
Confirmed					
Document / Booking	Base Fare	Other Tax	GST/HST	QST	Total
	270.48	49.48	0.00	0.00	319.96
			ь	illed to.	
Totals:	270.48	49.48	0.00	0.00	319.96
		To			319.96 0.00
	Edmonton Confirmed Document / Booking	Confirmed Document / Booking Base Fare Number 270.48	Edmonton Confirmed Document / Booking Base Fare Other Tax Number 270.48 49.48 Totals: 270.48 49.48	Edmonton Confirmed Document / Booking Base Fare Other Tax GST/HST Number 270.48 49.48 0.00 B Totals: 270.48 49.48 0.00 Total Credit Care	Edmonton Confirmed Document / Booking Base Fare Other Tax GST/HST QST Number 270.48 49.48 0.00 0.00 Billed to:

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada

Tel: 780-426-3636 Fax: 780-428-1454



BRENDA HEMMELGARN

Page Number :
Guest Number :
Folio ID :
Arrive Date :
Depart Date :
No. Of Guest :
Room Number :
Marriott Bonvoy Number :
AR Account :

Copy Tax Invoice

Tax ID: 815461330RT0001

The Westin Edm YEGWI OCT-15-2019 15:26

Date	Reference Description	Charges (CAD)	Credits (CAD)
08-OCT-19	Room Chrg - Special Corp	169.00	
08-OCT-19	GST	8.70	
08-OCT-19	DMF	5.07	
08-OCT-19	Tour Levy	6.96	
11-OCT-19	Direct Bill		-189.73
	** Total	189.73	-189.73
	*** Balance	0.00	

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Tell us about your stay. www.westin.com/reviews



EDMONTON SOUTH CONFERENCE CENTRE

4404 Gateway Boulevard NW, Edmonton, Alberta, T6H 5C2 Tel: 780-434-6415 Fax: 780-436-9247

Alberta Health Services 10030 107 Street NW Suite 14 Edmonton AB T5J 3E4 Canada

AHS CommunityEngagement AdvisoryCouncils, N

Room:
Folio:
Cashier:
Arrival: 10-23-19
Departure: 10-31-19

Reference: A/R Invoice: A/R Account:



0.00

Date	Description	Additional Information	Charges	Credits

	Hemmelgarn, Brenda Room #		
10-24-19	Room Charge	Routed From Hemmelgarn Brenda Of	137.00
10-24-19	Room Destination Marketing Fee	Room # Routed From Hemmelgarn Brenda Of	4.11
10 21 10	Noon Boomaton Wantoning 1 00	Room #	
10-24-19	Room GST	Routed From Hemmelgarn Brenda Of	7.06
		Room #	
10-24-19	AB Tourism Levy	Routed From Hemmelgarn Brenda Of	5.64
		Room #	
10-25-19	Room Charge	Routed From Hemmelgarn Brenda Of	137.00
	-	Room #	
10-25-19	Room Destination Marketing Fee	Routed From Hemmelgarn Brenda Of	4.11
	· ·	Room #	
10-25-19	Room GST	Routed From Hemmelgarn Brenda Of	7.06
		Room #	
10-25-19	AB Tourism Levy	Routed From Hemmelgarn Brenda Of	5.64
	•	Room #	
	Guest Total		307.62