

## AHS Board and Executive Expense Report

**Name** Catherine MacNeill  
**Title** Corporate Secretary (Acting)  
**Location** Calgary

Expenses submitted during the month of October 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)
Oct-16	Expense Claim	Meetings		165	488	128	781			
Oct-16	Direct Billing	Meetings	268				268			
<b>Total</b>			\$ 268	\$ 165	\$ 488	\$ 128	\$ 1,049	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,049

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.

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
MACNEILL, CATHERINE	Corporate Secretary - Acting	Calgary	\$ 780.48

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/13/2016	To attend Board Committee meetings in Edmonton	AB - Other Zones	Taxi	\$ 42.00				1			
9/13/2016	To Attend Board Committee Meetings in Edmonton	AB - Other Zones	Meals Per Diem	\$ 106.00			Bfast 2 * 10.50 = \$21.00 Lunch 1 * 13.00 = \$13.00 Dinner 3 * 24.00 = \$72.00	3			
9/15/2016	To Attend Board Committee Meetings in Edmonton	AB - Other Zones	Taxi	\$ 30.48				1			
9/15/2016	To attend Board Committee Meetings in Edmonton	AB - Other Zones	Accommodations	\$ 332.54				2			
10/26/2016	To Attend Board Meetings in Edmonton	AB - Other Zones	Taxi	\$ 27.80				1			
10/26/2016	To Attend Board Meetings in Edmonton	AB - Other Zones	Meals Per Diem	\$ 58.50			Bfast 1 * 10.50 = \$10.50 Dinner 2 * 24.00 = \$48.00	2			
10/27/2016	To Attend Board Meetings in Edmonton	AB - Other Zones	Accommodations	\$ 155.32				1			
10/27/2016	To Attend Board Meetings in Edmonton	AB - Other Zones	Taxi	\$ 27.84				1			

Approver(s) for the claim	Approval Status	Approval Date
GIESBRECHT, TINA	Approve	2-Nov-16

Home → Red Arrow

ASSOCIATED CAB  
ALLIED LIMOUSIN  
307-41 AVENUE NE  
CALGARY AB T2E 2N4  
(403) 299-1111

**SALE**

MID [REDACTED]  
TID [REDACTED] REF# [REDACTED]  
Batch # [REDACTED] SEQ: [REDACTED]  
09/13/16 16:19:30  
APPR CODE: [REDACTED]  
MASTERCARD [REDACTED]

AMOUNT \$35.00  
TIP \$7.00  
TOTAL \$42.00

00 - APPROVED [REDACTED]

MasterCard [REDACTED]

THANK YOU

CUSTOMER COPY

Red Arrow → Home

310 MCKENZIE ROAD SE  
CALGARY AB T2B 1A2

TERMINAL ID: [REDACTED]  
MERCHANT ID: [REDACTED]  
VEHICLE ID: [REDACTED]  
DRIVER ID: [REDACTED]  
GST ACCOUNT # [REDACTED]  
TRIP NUMBER [REDACTED]  
PASSENGERS: 1

09-13-2016  
START 19:59 END 20:20  
DISTANCE 141.00 RATE 1  
FARE AMOUNT \$ 24.19

TAX AMOUNT \$ 1.21  
TIP AMOUNT \$ 5.08

TOTAL \$ 30.48

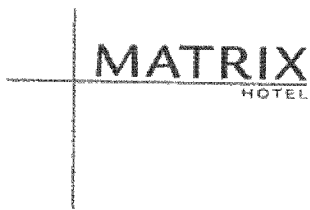
\$30.48

MASTERCARD SALE [REDACTED]  
APPROVAL NUMBER [REDACTED]

\*\*\*PASSENGER COPY\*\*\*

THANK YOU  
CALL 403-299-1111  
WWW.THECHECKERPOPCAB.COM





MS Catherine Macneill

Room Number: [REDACTED]  
Arrival Date: 09-13-16  
Departure Date: 09-15-16  
Page No: 1 of 1

Guest Name.

**INFORMATION INVOICE**

Folio No: [REDACTED]

10-21-16

Date	Description		Charges	Credits
09-13-16	Room Service	Room# [REDACTED] : CHECK# [REDACTED]	21.90	
09-13-16	Room Revenue		145.00	
09-13-16	Destination Marketing Fee - 3%		4.35	
09-13-16	Tourism Levy - 4%		5.97	
09-14-16	Room Service	Room [REDACTED] : CHECK# [REDACTED]	<del>45.72</del>	
09-14-16	Room Revenue		145.00	
09-14-16	Destination Marketing Fee - 3%		4.35	
09-14-16	Tourism Levy - 4%		5.97	
09-15-16	Refreshment Centre - Diet Coke	6	<del>7.35</del>	
09-15-16	Mastercard	[REDACTED]		385.61
<b>Total</b>			<b>385.61</b>	<b>385.61</b>
<b>Balance</b>			<b>0.00</b>	

385.61  
(45.72)  
(7.35)

~~\$ 53.07~~  
\$ 332.54

**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

Home → Red Arrow

ASSOCIATED CAB  
ALLIED LIMOUSIN  
307-41 AVENUE NE  
CALGARY AB T2E 2N4  
(403) 299-1111

SALE

MID: [REDACTED]  
TID: [REDACTED] REF# [REDACTED]  
Batch # [REDACTED] SEQ: [REDACTED]  
10/26/16 10:00:43  
APPR CODE: [REDACTED]  
MASTERCARD [REDACTED]

AMOUNT \$22.80  
TIP \$5.00  
TOTAL \$27.80

00 - APPROVED [REDACTED]

MasterCard  
[REDACTED]

THANK YOU  
CUSTOMER COPY

NO SIGNATURE REQUIRED  
RECEIPT COPY

Red Arrow →  
Home

MAYFAIR TAXI LTD  
7003 FARRELL RD SE, CALGARY, AB T2H 0J3  
403 275 1355

TERMINAL ID: [REDACTED]  
RESTAURANT ID: [REDACTED]  
VEHICLE ID: [REDACTED]  
DRIVER ID: [REDACTED]  
GST ACCOUNT # [REDACTED]  
TRIP NUMBER [REDACTED]  
PASSENGERS [REDACTED]

TO: [REDACTED]  
START: 22:00 ETR: 22:18  
DISTANCE: 17.00 RATE: 1  
FARE AMOUNT \$ 22.80

TAX AMOUNT \$ 1.00  
TIP AMOUNT \$ 5.00

TOTAL \$ 27.80

\$27.84

MASTERCARD SALE [REDACTED]  
APPROVAL NUMBER [REDACTED]

\*\*\*PASSENGER COPY\*\*\*





MS Catherine Macneill



Room Number: [Redacted]  
Arrival Date: 10-26-16  
Departure Date: 10-27-16  
Page No: 1 of 1

Guest Name:

**INFORMATION INVOICE**

Folio No:

10-26-16

Date	Description	Charges	Credits
10-26-16	Room Revenue	145.00	
10-26-16	Destination Marketing Fee - 3%	4.35	
10-26-16	Tourism Levy - 4%	5.97	
<b>Total</b>		<b>155.32</b>	<b>0.00</b>
<b>Balance</b>		<b>155.32</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

## Executive Expenses Report Direct Billing Summary

### Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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> Catherine MacNeill	<b>Reporting Period for the Month of :</b> September and October 2016
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
13-Sep-16	Direct Billing	Other Transportation	Red Arrow from Calgary to Edmonton and Return (September 15) to attend the Community Engagement, Finance and Audit & Risk Committee Meetings	Marlin Travel	133.92
26-Oct-16	Direct Billing	Other Transportation	Red Arrow from Calgary to Edmonton and Return (October 27) to attend Board Meetings	Marlin Travel	133.92
	Direct Billing	Choose from Drop-down List		Marlin Travel	
	Direct Billing	Choose from Drop-down List		Marlin Travel	
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
<b>Total Paid in the Month</b>					<b>\$ 267.84</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: N61107  
Agent: BREANN KELLY Tel: 780-425-8611

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: August 3, 2016  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

**For**  
MS CATHERINE MACNEILL

**Tuesday, September 13, 2016**

 **Air**

OTHER TRAVEL	<b>Flight:</b> 100	ECONOMY CLASS	
<b>From:</b> CALGARY AB	04:30 PM		
<b>To:</b> EDMONTON AB	07:50 PM		<b>Mile(s) Flown:</b> 163
<b>Stops:</b> 0 <b>Arrival:</b> 13Sep16			
RED ARROW ORDER NUMBER - [REDACTED] DEPARTING DOWNTOWN CALGARY FOR DOWNTOWN EDMONTON. SEAT NUMBER - 06A			

**Thursday, September 15, 2016**

 **Air**

OTHER TRAVEL	<b>Flight:</b> 110	ECONOMY CLASS	
<b>From:</b> EDMONTON AB	06:30 PM		
<b>To:</b> CALGARY AB	10:00 PM		<b>Mile(s) Flown:</b> 163
<b>Stops:</b> 0 <b>Arrival:</b> 15Sep16			
RED ARROW ORDER NUMBER - [REDACTED] DEPARTING DOWNTOWN EDMONTON FOR DOWNTOWN CALGARY. SEAT NUMBER - 06A			

**Cost:**  
RED ARROW MOTORCOACH [REDACTED] [REDACTED] 133.92



To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: August 3, 2016  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

**Total:**

<b>Grand Total:</b>	133.92
<b>Less Credit Card Payments:</b>	133.92
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

FOR YOUR RECORDS.

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



**Trip Statement**

ALBERTA HEALTH SERVICES  
 "SUITE 800, NORTH TOWER"  
 10030-107 ST  
 EDMONTON, AB T5J 3E4  
 CANADA

Trip #: [REDACTED]  
 Booking Date: 14 Oct 16  
 Client: [REDACTED]  
 Client Phone #: [REDACTED]  
 Client Email: [REDACTED]  
 Agent: BREANN KELLY

File Locator: [REDACTED]

PASSENGERS: MS CATHERINE MACNEILL

**INSURANCE**

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
RED ARROW Confirmation # [REDACTED]	133.92	0.00	\$0.00	0.00	0.00	133.92 CAD
<b>Total:</b>	<b>133.92</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>133.92 CAD</b>

**PAYMENTS**

Invoice #	Payment Date	Card Holder	Form of Payment	Amount
[REDACTED]	10/13/2016			0.00 CAD
[REDACTED]	10/13/2016		[REDACTED]	133.92 CAD
<b>Total Payment:</b>				<b>133.92 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

CORPORATE UNIT 101

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 -----  
 -----RED ARROW----- RESERVATION MAY BE CHANGED OR CANCELLED AT LEAST 2 HOURS PRIOR TO DEPARTURE. PLEASE CHECK WWW.REДАРROW.CA FOR A LISTING OF PICK UP AND DROP OFF LOCATIONS IN ALBERTA  
 RED ARROW TOLL FREE NUMBER 1 800 232 1958

ALBERTA HEALTH SERVICES  
"SUITE 800, NORTH TOWER"  
10030-107 ST  
EDMONTON, AB T5J 3E4  
CANADA

Trip #: [REDACTED]  
Booking Date: 14 Oct 16  
Client: [REDACTED]  
Client Phone #: [REDACTED]  
Client Email: [REDACTED]  
Agent: BREANN KELLY

File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
CATHERINE MACNEILL	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

Airline	Flight	From	Terminal	To	Class	Seat	Stops
	00100	CALGARY INTL 26 Oct 16 4:30PM		26 Oct 16 7:50PM	Y		

Passengers: CATHERINE MACNEILL  
Booking Date: 05 Aug 16  
File Locator/Ticket #: [REDACTED]



AIR

Airline	Flight	From	Terminal	To	Class	Seat	Stops
CHARTER AIRLINE	00101	27 Oct 16 6:30PM		CALGARY INTL 27 Oct 16 8:00PM	Y		

Passengers: CATHERINE MACNEILL  
Booking Date: 05 Aug 16  
File Locator/Ticket #: [REDACTED]