

AHS Board and Executive Expense Report

NameCatherine MacNeillTitleCorporate Secretary (Acting)LocationCalgaryExpenses submitted during the month of January 2017

| | | | | Travel (1) | | | | | | | | | | |
|------------------------|--|--|----------|------------|----|-------|---------|-------|----------------|----------|-----------------|------------------------------------|--|--------------|
| MMM-YY | Source Document | Purpose | Air | fare | | Meals | Accommo | ation | Other Trave | | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
| Jan-17 Jan-17 | Expense Claim Direct Billing | Meetings Meetings | | | | 260 | | 877 | | 80 02 | 1,317 402 | | | |
| Total | | | \$ | - | \$ | 260 | \$ | 877 | \$5 | 82 | \$ 1,719 | \$- | · \$ - | \$- |
| Total for the Month | \$ 1,719 | | | | | | | | | | | | | |
| | ily single meal expens ily base hotel rate clai | e claimed in the month med in the month | \$ \$ | 24 174 | | | | | | | | | | |

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.

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2) Professional Development

Non economy air travel in the month

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

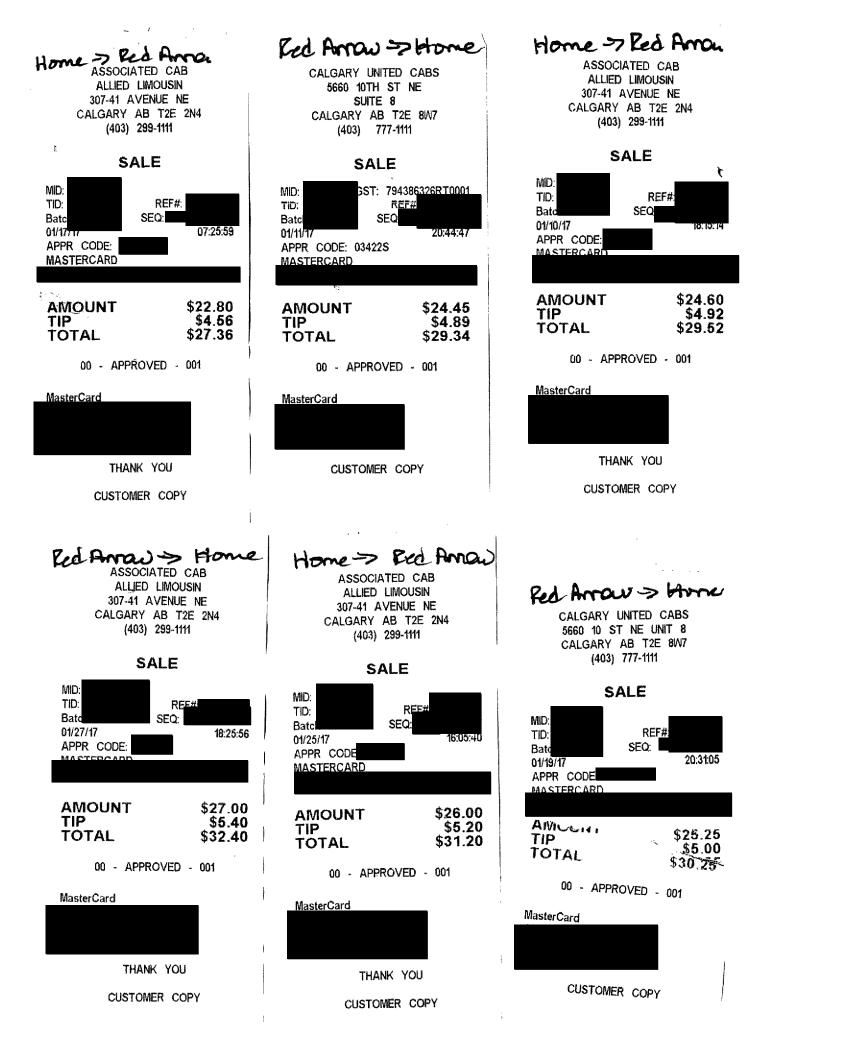
Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

AHS Public Disclosure Expense Claims

| Claimant | Claimant Title | Claimant | Expense Claim | | | | | | | | | |
|-----------|---|---------------|------------------|----------------|-----------|----------|----------|--|------|-----------|----------|----------|
| Name | | Location | Total | | | | | | | | | |
| MACNEILL, | Corporate | Calgary | \$ 1,316.77 | | | | | | | | | |
| CATHERINE | Secretary | | | | | | | | | | | |
| Expense | Business reason | | Expense Location | Expense Type | Amount | From | То | Justification | # of | # of | Attendee | Trip |
| Date | | | | | | Location | Location | | days | Attendees | Name(s) | Distance |
| 1/10/2017 | To attend Foundat Committee Meetin | - | AB - Other Zones | Meals Per Diem | \$ 24.00 | | | Dinner \$24.00 | 1 | | | |
| 1/10/2017 | To attend Foundat Committee Meetir | - | AB - Other Zones | Taxi | \$ 29.52 | | | | 1 | | | |
| 1/11/2017 | To attend Foundat Committee Meetir | - | AB - Other Zones | Meals Per Diem | \$ 34.50 | | | Bfast \$10.50 Dinner \$24.00 | 1 | | | |
| 1/11/2017 | To attend Foundat Committee | ions Steering | AB - Other Zones | Accommodations | \$ 167.28 | | | | 1 | | | |
| 1/11/2017 | To attend Foundat Committee Meetir | - | AB - Other Zones | Taxi | \$ 29.34 | | | | 1 | | | |
| 1/17/2017 | To attend Board Co meetings in Edmor | | AB - Other Zones | Meals Per Diem | \$ 37.00 | | | Lunch \$13.00 Dinner \$24.00 | 1 | | | |
| 1/17/2017 | To attend Board Co meetings in Edmor | | AB - Other Zones | Тахі | \$ 27.36 | | | | 1 | | | |
| 1/18/2017 | To attend Board Co meetings in Edmor | | AB - Other Zones | Meals Per Diem | \$ 47.50 | | | Bfast \$10.50 Lunch \$13.00 Dinner \$24.00 | 1 | | | |
| 1/18/2017 | To attend Board Co meetings in Edmor | | AB - Other Zones | Accommodations | \$ 319.22 | | | | 2 | | | |
| 1/19/2017 | To attend Board Co meetings in Edmor | | AB - Other Zones | Meals Per Diem | \$ 34.50 | | | Bfast \$10.50 Dinner \$24.00 | 1 | | | |
| 1/19/2017 | To attend Board Co meetings in Edmor | | AB - Other Zones | Тахі | \$ 30.25 | | | | 1 | | | |
| 1/25/2017 | To attend Board m Edmonton | eetings in | AB - Other Zones | Meals Per Diem | \$ 24.00 | | | Dinner \$24.00 | 1 | | | |
| 1/25/2017 | To attend Board m Edmonton | eetings in | AB - Other Zones | Taxi | \$ 31.20 | | | | 1 | | | |

AHS Public Disclosure Expense Claims

| Claimant Name | Claimant Title | Claimant Location | Expense Claim Total | | | | | | | | | | |
|------------------------|-------------------------------|----------------------|------------------------|------------------|---------|-----------|------------------|----------------|---------------------------------|--------------|-------------------|---------------------|------------------|
| MACNEILL, CATHERINE | Corporate Secretary | Calgary | \$ 1,316.77 | | | | | | | | | | |
| Expense Date | Business reason | | Expense Locatio | n Expense T | уре | | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
| 1/26/2017 | To attend Board m Edmonton | eetings in | AB - Other Zone | 6 Meals Per | Diem | \$ 34.50 | | | Bfast \$10.50 Dinner \$24.00 | 1 | | | |
| 1/26/2017 | To attend Board m Edmonton | eetings in | AB - Other Zone | 6 Accommo | dations | \$ 390.70 | | | | 2 | | | |
| 1/27/2017 | To attend Board m Edmonton | eetings in | AB - Other Zone | 6 Meals Per | Diem | \$ 23.50 | | | Bfast \$10.50 Lunch \$13.00 | 1 | | | |
| 1/27/2017 | To attend Board m Edmonton | eetings in | AB - Other Zone | 5 Taxi | | \$ 32.40 | | | | 1 | | | |
| Approver(s) | for the claim | Approval St | | Approval Date | | - | - | - | - | - | - | - | |
| GIESBRECHT, | , TINA | Approve | | 22-Mar-17 | | | | | | | | | |



MATRIX

Room Number: Arrival Date:

Departure Date:

Page No:

01-10-17

01-11-17

1 of 1

Catherine Macneill

Guest Name:

INFORMATION INVOICE

Folio No:

| | | | | 01-11-17 |
|----------|--------------------------------|--|---------|----------|
| Date | Description | en e | Charges | Credits |
| 01-10-17 | Room Revenue | ann an | 149.00 | |
| 01-10-17 | Destination Marketing Fee - 3% | | 4.47 | |
| 01-10-17 | Tourism Levy - 4% | | 6.14 | |
| 01-10-17 | Room GST - 5% | | 7.67 | |
| | | Total | 167.28 | 0.00 |
| | | Balance | 167.28 | |

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

MATRIX

Catherine Macneill



Guest Name:

INFORMATION INVOICE

Folio No:

| | | | | | 01-18-17 |
|----------|---|---------|------------------------------|--|------------------------------|
| Date | Description | | | Charges | Credits |
| 01-17-17 | Room Service | | | 29.75 LP | test |
| 01-17-17 | Room Revenue | | | 149.00 | |
| 01-17-17 | Destination Marketing Fee - 3% | | | 4.47 | |
| 01-17-17 | Tourism Levy - 4% | | | 6.14 | |
| 01-18-17 | Room Service | | | 26.06 M | ed |
| 91-18-17 | Room Revenue | | | 149.00 | |
|)1-18-17 | Destination Marketing Fee - 3% | | | 4.47 | 1 |
| 01-18-17 | Tourism Levy - 4% | | | 6.14 | |
| | | Total | | 375.03 | 0.00 |
| - Bl | Minges Make | Balance | · | 375.03 (29.75 (26.01 <u>371.3</u> | |
| | Signature: l agree that my liability for all charg that the indicated person. company char | | y part or the full amount of | these 37 | 31 5.03 55.81 19.22 |

Room Number: Arrival Date: 01-17-17 Departure Date: 01-19-17 Page No: l of l

MATRIX

Catherine Macneill



Guest Name:

INFORMATION INVOICE

Folio No:

| | | | | 01-27-17 |
|--|---|--|--|----------------|
| Date | Description | | Charges | Credits |
| 01-25-17 | Room Service | | 33.59 5 | real |
| 01-25-17 | Room Revenue | | 174.00 | |
| 01-25-17 | Destination Marketing Fee - 3% | | 5.22 | |
| 01-25-17 | Tourism Levy - 4% | | 7.17 | |
| 01-25-17 | Room GST - 5% | | 8.96 | |
| 01-26-17 | Room Service | | 23.60 - M | real |
| 01-26-17 | Room Revenue | | 174.00 | |
| 01-26-17 | Destination Marketing Fee - 3% | | 5.22 | |
| 01-26-17 | Tourism Levy - 4% | | 7.17 | |
| 01-26-17 | Room GST - 5% | | 8.96 | |
| ************************************** | | Total | 447.89 | 0.00 |
| | 447.89 | Balance | 447.89 | |
| | (33.59)~ | 57.19 | | |
| | (23.60) | a second and a second and a second and a second and a second a s | The 25th | - Dinner |
| 2 1, | et culus 390,70 | meals _= | > 26th | Sreab Ditim |
| punig | Leg : Mining Signature: Mining I agree that my liability for all char that the indicated person, compar ct | | 274 | brea |
| JUIC | | | | 1 cmil |
| trail | $\begin{array}{c} & & & \\ & & & \\ & & & \\$ | arges is not waived and agree to be held perso by or association fails to pay for any part or th harges. G.S.T. #105631154 RT 0008 | nally liable in the event e full amount of these 25th | |
| | | $	au\omega$ | ×' 27t. | |

| Room Number: | |
|-----------------|----------|
| Arrival Date: | 01-25-17 |
| Departure Date: | 01-27-17 |
| Page No: | 1 of 1 |



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:

| Name : Catherine MacNeill | Reporting Period for the Month of : Jan-17 |
|---------------------------|--|
|---------------------------|--|

YES

| DD-MMM-YY | Payment Method | Category | Description/Purpose of the Expense | Name of Vendor | Amount Paid |
|------------------|----------------|----------------------------|---|----------------|-------------|
| 10-Jan-17 | Direct Billing | Other Transportation | Red Arrow from Calgary to Edmonton and Return (January 11) to attend the Foundations Steering Committee Meeting | Marlin Travel | 133.92 |
| 17-Jan-17 | Direct Billing | Other Transportation | Red Arrow from Calgary to Edmonton and Return (January 19) to attend the Quality & Safety and Finance Committee Meetings | Marlin Travel | 133.92 |
| 25-Jan-17 | Direct Billing | Other Transportation | Red Arrow from Calgary to Edmonton and Return (January 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 | - |
| Total Paid in th | ne Month | | | | \$ 401.76 |

From: Sent: To: Subject: Red Arrow Reservations <itinerary@redarrow.ca> January 18, 2017 12:13 PM

Invoice

160 0110W safely home

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

| ORDER# ORDERED CUSTOMER# P.O. | GROUP NAME DEPARTING RETURNING SALE | |
|-------------------------------|--|-----------------|
| 2017-01- | 2017-01- 10 2017-01-11 - | Website User |

Travellers:

MacNeill/Catherine

| PRODUCT DESCRIPTION | DURATION | OCCUPANCY | QTY | PRICE/UNIT | BILLED |
|---|---------------|-----------|-----|------------|----------|
| CALEDM 18:30 YYC Assigned to: 02A Departs Calgary (CALTO / Calgary Ticket Office) at 18:30 on 2017-01-10. Arrives Edmonton (EDMTO / Edmonton Ticket Office) at 22:15 on 2017-01-10. (3 hrs 45 mins) | 3 hrs 45 mins | Adult | 1 | \$ 70.48 | \$ 66.96 |
| ECEXP 16:30 Assigned to: 02B Departs Edmonton (EDMTO / Edmonton Ticket Office) at 16:30 on 2017-01-11. Arrives Calgary (CALTO / Calgary Ticket Office) at 19:50 on 2017-01-11. (3 hrs 20 mins) | 3 hrs 20 mins | Adult | 1 | \$ 70.48 | \$ 66.96 |

1

INVOICE

Date: 2017-01-18

You can reach us at:

Corporate Sales

,

| | | | | Base Price: | \$ 140.96 |
|-----------------|--|------------------------|--------------|-----------------------|-----------|
| | | | | Discounts: | \$ 7.04 |
| Payment DATE | s Received | BEFERENCE | 44404447 | Service Charges: | \$ 0.00 |
| 2017- | GUEST ALBERTA HEALTH SERVICES - MARLIN | REFERENCE MasterCard | AMOUNT \$ | Invoice Total: | \$ 133.92 |
| 01-09 | TRAVEL | | 133.92 | Payments Received: | \$ 133.92 |
| | | | | Balance Due: | \$ 0.00 |

TERMS: DUE UPON RECEIPT GST# BN139981476 Please note that the maximum luggage allowance per person is 4 pieces including carry on bags, and stowed luggage underneath the coach. Carry on bags include purses, backpacks and laptop bags. Additional luggage will incure additional fees. If you wish to time change, date change, or cancel for a full refund – 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. December 15 - January 5 to cancel or make any changes to a reservation we require 24 hours notice. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change. Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958. **Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit www.redarrow.ca or view the policy posted on our information boards at our Ticket Offices** **Red Arrow reserves the right to check I.D. or perform carry-on baggage checks at any time** CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF INDIVIDUAL INVOICES. Thank you for choosing Red Arrow. Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication

From: Sent: To: Subject: Red Arrow Reservations <itinerary@redarrow.ca> January 10, 2017 1:17 PM

Invoice

red arrow safely home

INVOICE

Date: 2017-01-10

You can reach us at:

Corporate Sales

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

| ORDER# ORDERED | CUSTOMER# | P.O. | GROUP | DEPARTING | RETURNING | SALES REP | SALES AGENT |
|----------------|-----------|------|-------|-----------|------------|--------------|----------------|
| 2017-01- | | | | 2017-01- | 2017-01-19 | 222424 | Website |
| 10 | | | | 17 | 2017-01-19 | - | User |

Travellers:

MacNeill/Catherine

| PRODUCT DESCRIPTION | DURATION | OCCUPANCY | QTY | PRICE/UNIT | BILLED |
|---|---------------|-----------|-----|------------|----------|
| CALEDM 08:00 Assigned to: 12A Departs Calgary (CALTO / Calgary Ticket Office) at 08:00 on 2017-01-17. Arrives Edmonton (EDMTO / Edmonton Ticket Office) at 11:50 on 2017-01-17. (3 hrs 50 mins) | 3 hrs 50 mins | Adult | 1 | \$ 70.48 | \$ 66.96 |
| ECEXP 16:30 Assigned to: 03B Departs Edmonton (EDMTO / Edmonton Ticket Office) at 16:30 on 2017-01-19. Arrives Calgary (CALTO / Calgary Ticket Office) at 19:50 on 2017-01-19. (3 hrs 20 mins) | 3 hrs 20 mins | Adult | 1 | \$ 70.48 | \$ 66.96 |

| | | | | Base Price: | \$ 140.96 |
|-------------------|--|------------------------|--------------|-----------------------|-----------|
| | | | | Discounts: | \$ 7.04 |
| | s Received | Service Charges: | \$ 0.00 | | |
| DATE 2017- | GUEST ALBERTA HEALTH SERVICES - MARLIN | REFERENCE MasterCard | AMOUNT \$ | Invoice Total: | \$ 133.92 |
| 01-10 | TRAVEL Services | | 133.92 | Payments Received: | \$ 133.92 |
| | | | | Balance Due: | \$ 0.00 |

TERMS: DUE UPON RECEIPT GST# BN139981476 Please note that the maximum luggage allowance per person is 4 pieces including carry on bags, and stowed luggage underneath the coach. Carry on bags include purses, backpacks and laptop bags. Additional luggage will incure additional fees. If you wish to time change, date change, or cancel for a full refund – 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. December 15 - January 5 to cancel or make any changes to a reservation we require 24 hours notice. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change. Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958. **Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit www.redarrow.ca or view the policy posted on our information boards at our Ticket Offices***Red Arrow reserves the right to check I.D. or perform carry-on baggage checkes at any time** CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF INDIVIDUAL INVOICES. Thank you for choosing Red Arrow. Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication

From: Sent: To: Subject: Red Arrow Reservations <itinerary@redarrow.ca> January 10, 2017 1:19 PM

Invoice

rec orrow safely home

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

| ORDER# ORDERED CUSTON | MER# P.O. GRO | | RETURNING | SALES REP | SALES AGENT |
|-----------------------|---------------|----------------|------------|--------------|-----------------|
| 2017-01- 10 | | 2017-01- 25 | 2017-01-27 | - | Website User |

Travellers:

MacNeill/Catherine

| PRODUCT DESCRIPTION | DURATION | OCCUPANCY | QTY | PRICE/UNIT | BILLED |
|---|---------------|-----------|-----|------------|----------|
| CEEXP 16:30 Assigned to: 01A Departs Calgary (CALTO / Calgary Ticket Office) at 16:30 on 2017-01-25. Arrives Edmonton (EDMTO / Edmonton Ticket Office) at 19:50 on 2017-01-25. (3 hrs 20 mins) | 3 hrs 20 mins | Adult | 1 | \$ 70.48 | \$ 66.96 |
| EDMCAL 14:00 YYC Assigned to: 05A Departs Edmonton (EDMTO / Edmonton Ticket Office) at 14:00 on 2017-01-27. Arrives Calgary (CALTO / Calgary Ticket Office) at 18:05 on 2017-01-27. (4 hrs 5 mins) | 4 hrs 5 mins | Adult | 1 | \$ 70.48 | \$ 66.96 |

INVOICE

Date: 2017-01-10

You can reach us at:

Corporate Sales

| | | | | Base Price: | \$ 140.96 |
|-----------------|--|------------------------|--------------|-----------------------|-----------|
| | | | | Discounts: | \$ 7.04 |
| Payment DATE | s Received | Service Charges: | \$ 0.00 | | |
| 2017- | GUEST ALBERTA HEALTH SERVICES - MARLIN | REFERENCE MasterCard | AMOUNT \$ | Invoice Total: | \$ 133.92 |
| 01-10 | TRAVEL Services | | 133.92 | Payments Received: | \$ 133.92 |
| | | | | Balance Due: | \$ 0.00 |

TERMS: DUE UPON RECEIPT GST# BN139981476 Please note that the maximum luggage allowance per person is 4 pieces including carry on bags, and stowed luggage underneath the coach. Carry on bags include purses, backpacks and laptop bags. Additional luggage will incure additional fees. If you wish to time change, date change, or cancel for a full refund – 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. December 15 - January 5 to cancel or make any changes to a reservation we require 24 hours notice. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change. Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958. **Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit www.redarrow.ca or view the policy posted on our information boards at our Ticket Offices** **Red Arrow reserves the right to check I.D. or perform carry-on baggage checks at any time** CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF INDIVIDUAL INVOICES. Thank you for choosing Red Arrow. Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication