

## www.albertahealthservices.ca

## **AHS Board and Executive Expense Report**

NameCatherine MacNeillTitle:Corporate Secretary & Legal CounselLocationCalgaryExpenses submitted during the month of October 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)
Oct-17 Oct-17	Expense Claim Direct Billing	Meetings Meetings			95	160	117 268	372 268	63		
Total			\$	- \$	95	\$ 160	\$ 385	\$ 640	\$ 63	\$-	\$-
Total for the Month	\$ 703										

Maximum daily single meal expense claimed in the month	\$ 24
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.

## **AHS Public Disclosure Expense Claims**

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total										
MACNEILL, CATHERINE	Corporate Secretary & Legal Counsel	Calgary	\$ 435.09										
Expense Date	Business reason		Expense Location	Expense Type	Amo	ount	From Location	To Location	Justification		# of Attendees	Attendee Name(s)	Trip Distance
10/5/2017	Travel to Edmonton for Cro Corporation Course	wn	AB - Other Zones	Taxi	\$		Red Arrow	Home		1			
10/5/2017	To attend Crown Corporati Edmonton	on Course in	AB - Other Zones	Meals Per Diem	\$	37.00			Lunch \$13.00 Dinner \$24.00	1			
10/5/2017	Travel to Edmonton to atte Corporation Course	nd Crown	AB - Other Zones	Taxi	\$	29.04	Home	Red Arrow		1			
10/25/2017	To attend Board meeting ir	Edmonton	AB - Other Zones	Meals Per Diem	\$	24.00			Dinner \$24.00	1			
10/26/2017	To attend Board meeting ir	Edmonton	AB - Other Zones	Meals Per Diem	\$	34.50			Bfast \$10.50 Dinner \$24.00	1			
10/25/2017	Travel to Edmonton for Boa	ard meeting	AB - Other Zones	Тахі	\$	30.24	Home	Red Arrow		1			
10/26/2017	Travel to Edmonton for Boa	ard meeting	AB - Other Zones	Taxi	\$	28.45	Red Arrow	Home		1			
10/26/2017	To attend Board meeting ir	Edmonton	AB - Other Zones	Accommodations	\$	159.61				1			
10/31/2017	To attend ICD course - Polit Government Policy Disrupt		AB - Other Zones	Courses and Professional Development	\$	63.00				1			
Approver(s) fo	or the claim	Approval S	tatus	Approval Date	ĺ		•	•		•	•	•	•
GIESBRECHT,	TINA	Approve		11-Dec-17	1								

ASSOCIATED CAB ALLIED LIMOUSIN 307-41 AVENUE NE CALGARY AB T2E 2N4 (403) 299-1111 CAR#1315 SALE MID: TID: Batch #: SEQ: 10/05/17 APPR CODE: MASTERCARC	Red Arrow > Home CALGARY UNITED CABS 5660 10TH ST NE SUITE 8 CALGARY AB T2E 8W7 (403) 777-1111 SALE Batch #: SEC: 10/05/17 APPR CODE: MASTERCARD
	AMOUNT \$24.45
AMOUNT \$24.20 TIP \$4.84 TOTAL \$29.04	TIP \$4.80 TOTAL \$29.25
00 - APPROVED - 001	00 - APPROVED - 001
MasterCard THANK YOU CUSTOMER COPY	MasterCard www.calgarycabs.ca CUSTOMER COPY
Mome -> Ped Proces Associated cab Allied Limousin 307-41 AVENUE NE CALGARY AB T2E 2N4 (403) 299-1111 CAR#368 SALE MID: TID: Batch #: 10/25/17 APPR CODE: MASTERCARD	CALGARY UNITED CABS 5660 10TH ST NE SUITE 8 CALGARY AB T2E 8W7 (403) 777-1111 SALE Batch #: 039 SEQ: 10/26/17 APPR CODE: MASTERCARD
AMOUNT \$25.20 TIP \$5.04 TOTAL \$30.24	AMOUNT \$23.45 TIP \$5.00 TOTAL \$28.45
00 - APPROVED - 001	00 - APPROVED - 001
MasterCard	MasterCard
THANK YOU	www.calgarycabs.ca
CUSTOMER COPY	CUSTOMER COPY

# MATRIX

## Catherine Macneill

# Room Number:Arrival Date:10-25-17Departure Date:10-26-17Page No:1 of 1

10-26-17

Guest Name:

## INFORMATION INVOICE

Folio No:

				10 10 11
Date	Description		Charges	Credits
10-25-17	Room Revenue		149.00	
10-25-17	Destination Marketing Fee - 3%		4.47	
10-25-17	Tourism Levy - 4%		6.14	
		Total	175.96	0.00
		Balance	175.96	
			(16.35)	
			157.6	١

#### 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

# RECEIPT

## Institute of Corporate Directors Institut des administrateurs de sociétés

2701-250 Yonge Street Toronto, ON M5B 2L7

Sold Ms Catherine A. MacNeill

To:

Corporate Secretary and Legal Counsel Alberta Health Services GST Remittance Number: 12179 8201 QST Remittance Number: 1204855478

Invoice No.

Ship Ms Catherine A. MacNeill

Corporate Secretary and Legal Counsel Alberta Health Services

Account N	o.	Purchase Order No.	. c	order Date	Order Number		Terms	Invoice Date	
			1	0/10/2017		Upo	n Receipt	10/10/2017	
Qty	Descript	ion					Unit Price	Extended Price	
1	ICD Ca 10/31/2 Calgary Political	l and Government Poli	st Session				60.00	) 60.0	
Line Ite	GST/HST: m Total	Other	Total PST/QST: Tax	Subtota	I Amount R	eceived	Am	ount Due	
		1 1					1		

## Refund & Cancellation Policy

To be eligible for a full refund, cancellations must be received in writing 72 hours prior to the event date.

If you register for an event and do not attend, you are liable for the full event fee. If you are unable to attend, you may transfer your ticket to someone else. However, please note that if your replacement has a different membership status with an associated price differential, you will be either credited or charged the balance after the event.

All refund requests must be emailed to the Chapter Administrator or events@icd.ca <mailto:events@icd.ca>.

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## **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 :	Oct-17	

YES

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid	
05-Oct-17	Direct Billing	Other Transportation	Red Arrow from Calgary to Edmonton and Return to attend Crown Corporation Course	Marlin Travel	133.92	
25-Oct-17	Direct Billing		Red Arrow from Calgary to Edmonton and Return (Oct 26) to attend Board Meeting	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	-	
Total Paid in th	Total Paid in the Month					

From: Sent: To: Subject: Red Arrow Reservations <itinerary@redarrow.ca> August 10, 2017 12:49 PM

Red Arrow Itinerary/Receipt

×

## INVOICE

2017-08-10

You can reach us at:

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

Corpo	rate	Sal	es
Corpo	iuco	Jui	00

EDMONT	ON, AB T5	J 3E4		-				,
ORDER#	ORDERED	CUSTOMER#	<b>P.O.</b>	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
	2017-08- 10				2017-10-05	2017-10-05		Website User

Travellers:

MacNeill/Catherine

DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
3 hrs 50 mins	Adult	1	\$ 70.48	\$ 66.96
3 hrs 20 mins	Adult	1	\$ 70.48	\$ 66.96
2				
	3 hrs 50 mins	3 hrs 50 mins Adult	3 hrs 50 mins Adult 1	3 hrs 50 mins Adult 1 \$ 70.48

				<b>Base Price:</b>	\$ 140.96
				<b>Discounts:</b>	\$ 7.04
The second s	s Received		MOINT	Service Charges:	\$ 0.00
2017- 08-10	ALBERTA HEALTH SERVICES - MARLIN TRAVEL	MasterCard	\$ 133.92	Invoice Total: Payments	<b>\$ 133.92</b> <b>\$ 133.92</b>
				Received: Balance Due:	\$ 0.00

## PLEASE NOTE THAT A PAPER TICKET IS NOT REQUIRED FOR CHECK-IN.

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 incur 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. \*\*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 your monthly statement & not individual invoices.

If you wish to change or cancel your booking, please contact a Passenger Experience Representative at 1-800-232-1958.

## Thank you for booking with Red Arrow Motorcoach. We appreciate your business!

Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication



## Invoice

T5J 3E4	File Locator:
10030 - 107 STREET EDMONTON AB	Agents email:
ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES	Trip #: Booking Date: 11 Aug 17 Client:

#### PASSENGERS: MS CATHERINE MACNEILL

REFERENCE/ DESC	RIPTION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
RED ARROW Cor	nfirmation #			133.92	0.00	\$0.00	0.00	0.00	133.92 CAD
			Total:	133.92	0.00	0.00	0.00	0.00	133.92 CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form of	f Payment			Amount
		08/11/2017							0.00 CAD
		08/11/2017							133.92 CAD
							Total Pa	133.92 CAD	
					Bi	alance Du	e CAD Cu	0.00 CAD	
CORPORATE UNIT	101 VEL BOARD MEETIN	16		Total G	ST	0.00	Tota	al HST	\$0.00

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

				Trip #:			
ALBERTA HEALTH SERVICES				Booking Date:	11 Aug 1	7	
ALBERTA HEALTH SERVICES				Client:			
10030 - 107 STREET				Agent:			
EDMONTON AB				Agents email:			
T5J 3E4							
				File Locator:			
MY ITINERARY							
Passengers	Citizens	hin	Required Trave	Documents			
CATHERINE MACNEILL	Not Spec		Not Specified				
All passengers need to ensure the well as for their return to Canada			met for entry to the a	pplicable destinati	ons as		
AIR							
Passengers: CATHERINE MA	CNEILL	jiř L		Booking Date: File Locator/Tick	a set a state of a set of a set of a	08/10/2017	
Airline Flight	From	Terminal	То	Cla	ass Se	at S	tops
CHARTER AIRLINE 00001	CALGARY INTL		EDMONTON INTL		Y 00		
CHARTER AIREINE 00001	10/25/2017 4:30PM		10/25/2017 7:50F				
AIR		1.6		Booking Date:	<u> </u>	)8/10/2017	
Passengers: CATHERINE MA	CNEILL			File Locator/Ticke	et #:		
Airline Flight	From	Terminal	То	Cla	iss Se	at Si	tops
CHARTER AIRLINE 00002	EDMONTON INTL		CALGARY INTL		Y		
	10/26/2017 4:30PM		10/26/2017 7:50P	М			

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