

AHS Board and Executive Expense Report

Name David Carpenter
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of July 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) |
| Jul-16 | Expense Claim | Meetings | | 35 | | 227 | 262 | | | |
| Total | | | \$ - | \$ 35 | \$ - | \$ 227 | \$ 262 | \$ - | \$ - | \$ - |

Total for the Month \$ 262

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ -
 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.



Employee # [Redacted]

| | |
|------------------------------------------------|--|
| AHS - AP Processing - Internal Use Only | |
| Voucher # | |
| Naming Convention | |
| TRAVEL Applicable? If yes, indicate line & amt | |

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

| | | | | |
|--------------------|-----------------------------------------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| Name: | David Carpenter | | Expense Period Month: | Jul-16 |
| Address: | [Redacted] | City: | [Redacted] | |
| Province: | Alberta | Postal Code: | [Redacted] | Country: Canada |
| Reason for Expense | Attend Tours of FMC and Sheldon M. Chumir Health Centre on July 28th and Board Meetings on July 29, 2016. | | | |

SECTION 2: FINANCE CODING & TOTAL CLAIM

| Description | Corp/BU/O ID | Location (If applicable) | Functional Centre/Primary | Expense Secondary Acct | Total (Note: This column will auto fill) |
|-------------------------------------------------|--------------|--------------------------|---------------------------|------------------------|------------------------------------------|
| Meals (A) | 101 | 0005 | 71110300000 | 45000000 | \$34.50 ✓ |
| Travel Exp (B+C+E) | 101 | 0005 | 71110300000 | 62212000 | \$227.25 ✓ |
| Other (D) | 101 | 0005 | 71110300000 | 41090000 | \$0.00 ✓ |
| TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE | | | | | \$261.75 ✓ <i>DB</i> |

SECTION 3: AUTHORIZATION

I attest that I have read and understand all applicable policies that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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# |
| David Carpenter | <i>[Signature]</i> | | [Redacted] |

I attest that I have read and understand all applicable policies of that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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 |
| <i>[Signature]</i> | August 15, 2016 |

Health and Personal Information on this form is collected by AHS under 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 send to:
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, E

[Signature]
Deborah Rhodes, JPCorpserv, + CFO

Carry forward from Section 1

Name: **David Carpenter** Expense Period Month: **42552**

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

| Date | Description: (include purpose of trip, mode of travel, starting point, details of expenditure) | Cost Effective method used? | Meal Allowance | | | | Accommodation (B) | Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C) | Other (Itemize) (D) | Mileage km (E) |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------|----------------|-----------|----------------|-----------|-------------------|--------------------------------------------------------------|---------------------|----------------|
| | | | Within Canada | | Outside Canada | | | | | |
| | | | Meal Type | Allowance | Meal Type | Allowance | | | | |
| 27-Jul-16 | Mileage from Lethbridge to Calgary and return (attended Tours and Board Meetings on July 28-29, 2016). | Yes | | | | | | | 450 | |
| 27-Jul-16 | Per diem for dinner. | Yes | D-\$24.00 | \$24.00 | ✓ | | | | | |
| 28-Jul-16 | Per diem for breakfast. | Yes | B-\$10.50 | \$10.50 | ✓ | | | | | |
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| | | | | | | | | | | |
| Total: (amount auto fills to page 1) | | | \$34.50 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 450.00 | |

BOARD MEMBER Mileage Rate 0.505 **Total Mileage** \$ 227.25

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