

AHS Board and Executive Expense Report

Name David Weyant
Title AHS Board Chair
Location Calgary

Expenses submitted during the month of September 2019

| | | | 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) |
| Sep-19 | Expense Claim | Meetings | | 21 | | 31 | 52 | | | |
| Sep-19 | Direct Billing | Meetings | | | 454 | 137 | 591 | | | |
| Total | | | \$ - | \$ 21 | \$ 454 | \$ 168 | \$ 643 | \$ - | \$ - | \$ - |

Total for the Month \$ 643

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 200
 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

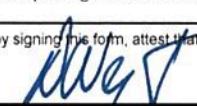
Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

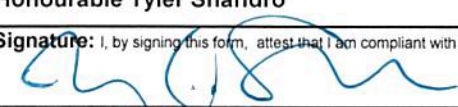
| | |
|--|--|
| AHS - AP Processing - Internal Use Only | |
| Voucher # | |
| Naming Convention: | |
| T4A/NR Applicable? - If yes, indicate line & amt | |

BOARD MEMBER EXPENSE CLAIM FORM

| | | | | | |
|-------------------------------------|---|--------------|------------|-----------------------|--------|
| SECTION 1: PAYEE INFORMATION | | | | | |
| Name: | David Weyant | | | Expense Period Month: | Sep-19 |
| Address: | [REDACTED] | City: | [REDACTED] | | |
| Province: | [REDACTED] | Postal Code: | [REDACTED] | Country: | Canada |
| Reason for Expense | Attended various meetings at Southport, Calgary (including C. MacNeill and C. Turner) on Sept 04; HR and Q&S Committee Meetings on Sept 11; Finance and A&R Committee Meetings on Sept 12 in Edmonton. Attended CEC Committee Meeting on Sept 13, 2019 at Southport, Calgary. | | | | |

| SECTION 2: FINANCE CODING & TOTAL CLAIM | | | | | |
|--|-------------|--------------------------|---------------------------|------------------------|--|
| Description | Corp/BU/Org | Location (If applicable) | Functional Centre/Primary | Expense/Secondary Acct | Total (Note: This column will auto fill) |
| Meals (A) | 101 | 0005 | 71110300000 | 45000000 | \$20.75 |
| Travel Exp (B+C+E) | 101 | 0005 | 71110300000 | 62212000 | \$30.69 |
| Other (D) | 101 | 0005 | 71110300000 | 41090000 | \$0.00 |
| TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE | | | | | \$51.44 |

| | | | |
|--|--|-------------|------------|
| SECTION 3: AUTHORIZATION | | | |
| I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief. | | | |
| 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 Weyant, Q.C. |  | 25-Oct-2019 | [REDACTED] |

| | | | |
|---|------------------------------|--|-------------|
| I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief. | | | |
| 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 | | |
| Honourable Tyler Shandro | Minister of Health | | |
| Signature: I, by signing this form, attest that I am compliant with all the above statements | | | Date |
|  | | | Nov 8, 2019 |

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



Carry forward from Section 1

Name: **David Weyant** Expense Period Month: **Sep-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)

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).

| Date | Description: (include purpose of trip, mode of travel, starting point, details of expenditure) | Cost Effective method used? | Meal (Allowance OR Receipt)(A) | | | | Accommodation (B) | Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C) | Other (Itemize) (D) | Mileage km (E) |
|---|---|-----------------------------|----------------------------------|-----------|--|--------|---------------------|--|-----------------------|------------------|
| | | | Allowance Within Canada | | With Receipt or Allowance Outside Canada | | | | | |
| | | | Meal Type | Allowance | Meal Type | Amount | | | | |
| 4-Sep-2019 | Taxi to Southport to attend various meetings (including one with C. MacNeill and one with C. Turner). | Yes | | | | | \$30.69 | | | |
| 11-Sep-2019 | Dinner per diem. Attend Human Resources Committee and Quality & Safety Committee Meetings in YEG | Yes | D-\$20.75 | \$20.75 | | | | | | |
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| | | | | | | | | | | |
| Total: (amount auto fills to page 1) | | | \$20.75 | | \$0.00 | \$0.00 | \$30.69 | \$0.00 | 0.00 | |

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

[REDACTED]

From: David Weyant [REDACTED]
Sent: Wednesday, September 04, 2019 6:46 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Fwd: Your Wednesday afternoon trip with Uber

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.

Hi Jennifer,

Attached is a receipt for reimbursement for my trip down to Southport today for various meetings including Catherine MacNeill and Colleen Turner.

Please let me know the procedure if this is not correct.

Thanks,

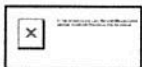
David

DAVID WEYANT, Q.C.

Sent from my phone.

----- Original message -----

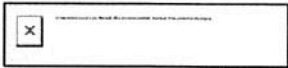
From: Uber Receipts <uber.canada@uber.com>
Date: 2019-09-04 1:38 p.m. (GMT-07:00)
To: David Weyant [REDACTED]
Subject: Your Wednesday afternoon trip with Uber



Total: **CA\$30.69**
Wed, Sep 04, 2019

Thanks for riding, David

We hope you enjoyed your ride this afternoon.



Total

CA\$30.69

| | |
|-----------------------------|-----------|
| Trip Fare | CA\$24.09 |
| Subtotal | CA\$24.09 |
| TNC fee recovery surcharge | CA\$0.45 |
| GST | CA\$1.46 |
| Wait Time | CA\$0.79 |
| Tolls, Surcharges, and Fees | CA\$3.90 |

Switch CA\$30.69

A temporary hold of CA\$29.86 was placed on your payment method at the start of the trip. This is not a charge and has or will be removed. It should disappear from your bank statement shortly. [Learn More](#)

[Visit the trip page](#) for more information, including invoices (where available)

You rode with Jean-Yves



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

| | |
|----------------------------|---|
| Name : David Weyant | Reporting Period for the Month of : Sep-19 |
|----------------------------|---|

| DD-MMM-YYYY | Payment Method | Category | Description/Purpose of the Expense | Name of Vendor | Amount Paid |
|--------------------------------|----------------|----------------------------|--|----------------------------|-----------------|
| 10-Sep-19 | Direct Billing | Other Transportation | Bus transportation from Calgary to Edmonton and return to attend Human Resources Committee and Quality & Safety Committee Meetings on September 11, 2019; and Finance and Audit & Risk Committee Meetings on September 12, 2019. | Vision Travel | \$137.52 |
| 10-Sep-19 | Direct Billing | Hotel | Two nights accommodation to attend above meetings (Note: reimbursed AHS for excess hotel costs \$38.00). | Vision Travel | \$453.74 |
| | Direct Billing | Choose from Drop-down List | | Choose from Drop-down List | \$ |
| | Direct Billing | Choose from Drop-down List | | Choose from Drop-down List | \$ |
| | Direct Billing | Choose from Drop-down List | | Choose from Drop-down List | \$ |
| Total Paid in the Month | | | | | \$591.26 |

From: [REDACTED]@visiontravel.ca
Sent: Tuesday, September 03, 2019 2:41 PM
To: [REDACTED]
Subject: Invoice and Itinerary for WEYANT/DAVID - 10September19 - Vision Travel Locator: [REDACTED]

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
9929 - 108 St.
Edmonton, AB
T5K 1G8
(780) 425-8611 1-866-425-8611

www.visiontravel.ca
GST Reg : 723782728 RT 0001

Invoice/Itinerary

Invoice [REDACTED]
Issued: 03 September 2019

Agency Ref. [REDACTED]
Sales Person [REDACTED]

Customer Number [REDACTED]
Customer Ref. [REDACTED]

ALBERTA HEALTH SERVICES
10030 107 STREET
EDMONTON AB
T5J 3E4

Passenger(s): WEYANT/DAVID

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>

<https://rppa-appr.ca/>

AIR - Tuesday, September 10 2019

[Add To Calendar](#)

XI Flight XI1 Economy Class

| | | | |
|---------------|--|---------------|-------------------------------------|
| Depart | Calgary, Alberta Weather | Arrive | Weather |
| | Calgary International Airport | | YEA |
| | 04:30 PM Tuesday, September 10 2019 | | 07:50 PM Tuesday, September 10 2019 |

Duration: 3 hour(s) and 20 minute(s) Non-stop
Status: Confirmed

Remarks: RED ARROW BUS
RED ARROW ORDER [REDACTED]
SEAT 2B
DEPARTING CALGARY DOWNTOWN 205 9 AVE
ARRIVING EDMONTON DOWNTOWN 10014 104 ST

AIR - Friday, September 13 2019

[Add To Calendar](#)

XI Flight XI1 Economy Class

| | | | |
|---------------|------------------------------------|---------------|--|
| Depart | Weather | Arrive | Calgary, Alberta Weather |
| | YEA | | Calgary International Airport |
| | 02:00 PM Friday, September 13 2019 | | 06:05 PM Friday, September 13 2019 |

Duration: 4 hour(s) and 5 minute(s) Non-stop
Status: Confirmed

Remarks: RED ARROW BUS
RED ARROW ORDER [REDACTED]
SEAT 5A
DEPARTING EDMONTON DOWNTOWN 10014 104 ST
ARRIVING CALGARY DOWNTOWN 205 9 AVE

Invoice Details

| Transaction | Document / Booking Number | Base Fare | Other Tax | GST/HST | QST | Total |
|--------------------------------------|---------------------------|---------------|-------------|-----------------------------------|-------------|---------------|
| Invoice Number | [REDACTED] | | | | | |
| Vendor REDAR RED ARROW EXPRESS | | 137.52 | 0.00 | 0.00 | 0.00 | 137.52 |
| | | | | Billed to | [REDACTED] | |
| | Totals: | 137.52 | 0.00 | 0.00 | 0.00 | 137.52 |
| | | | | Total Credit Card Billing: | | 137.52 |
| | | | | Balance Due: | | 0.00 |

Remarks

 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

 24 HOUR EMERGENCY TRAVEL ASSISTANCE
 OUTSIDE REGULAR BUSINESS HOURS - MONDAY TO FRIDAY
 A SERVICE FEE MAY APPLY FOR CALLS TO THIS SERVICE
 WITHIN NORTH AMERICA - CALL 1-888-700-6063
 OUTSIDE NORTH AMERICA - CALL COLLECT 1-514-855-4263
 EMAIL 24HRSERVICE-MNL AT VISIONTRAVEL.CA
 PLEASE QUOTE ACCESS CODE 2EC0

 FOR MORE INFORMATION ON CANADAS CANNABIS ACT EFFECTIVE
 17 OCTOBER 2018 AND HOW IT RELATES TO TRAVEL PLANS PLEASE VISIT
 TRAVEL.GC.CA/TRAVELLING/CANNABIS-AND-INTERNATIONAL-TRAVEL

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



DAVID WEYANT

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 10-SEP-19 20:10
 Depart Date : 12-SEP-19 07:42
 No. Of Guest : 1
 Room Number : [REDACTED]
 Marriott Bonvoy Number : [REDACTED]
 AR Account : [REDACTED] Alberta Health Services

Copy Tax Invoice

Tax ID : 815461330RT0001

The Westin Edm YEGWI SEP-19-2019 14:04 [REDACTED]

| Date | Reference | Description | Charges (CAD) | Credits (CAD) |
|-------------|------------|--------------------------|---------------|---------------|
| 10-SEP-19 | [REDACTED] | Room Chrg - Special Corp | 219.00 | |
| 10-SEP-19 | [REDACTED] | GST | 11.28 | |
| 10-SEP-19 | [REDACTED] | DMF | 6.57 | |
| 10-SEP-19 | [REDACTED] | Tour Levy | 9.02 | |
| 11-SEP-19 | [REDACTED] | Room Chrg - Special Corp | 219.00 | |
| 11-SEP-19 | [REDACTED] | GST | 11.28 | |
| 11-SEP-19 | [REDACTED] | DMF | 6.57 | |
| 11-SEP-19 | [REDACTED] | Tour Levy | 9.02 | |
| 12-SEP-19 | [REDACTED] | Direct Bill | | -491.74 |
| ** Total | | | 491.74 | -491.74 |
| *** Balance | | | -0.00 | |

FIND CLARITY, BOOST HAPPINESS - Like a gym membership for your mind, Headspace gives you simple tools to feel happier, work smarter and sleep better. Get some Headspace at westin.com/headspace

Claiming only \$453.74

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

*Note: AHS Policy = \$200.00/day
 base rate.
 Personal Cheque for
 \$38.00 to reimburse AHS.*

Continued on the next page