

AHS Board and Executive Expense Report

Name	David Weyant
Title	AHS Board Chair
Location	Calgary
Expenses sub	mitted during the month of December 2019

							Travel (.)						
МММ-ҮҮ	Source Document	Purpose	Air	fare	M	eals	Accommod	ation	Other Travel	Tot Tra		Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-19 Dec-19	Expense Claim Direct Billing	Meetings Meetings				95		134 190	639		868 190			
Total			\$	-	\$	95	\$	324	\$ 639	\$ 1	1,058	\$-	\$ -	\$
Total for the Month	\$ 1,058													
	ily single meal expens ily base hotel rate clai	e claimed in the month	\$ \$	21 169										

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.

Alberta Health Services

AHS - AP Processing - Internal Use Only

Voucher #

Naming Convention:

T4A/NR Applicable? - If yes, indicate line & amt

BOARD MEMBER EXPENSE CLAIM FORM

SECTION	N 1: PAYE		IATION						
Name:	David We	eyant					Expens Month:	e Period	Nov-Dec 2019
Address:					City:				
Province:				Postal Code:		Country	:	Canada	
Reason for Expense Attended the Human Resources Committee Meeting on November 27, 2019; chaired the Board Meeting and Public Board Meeting on November 28, 2019; and attended an AHS Review Expert Panel meeting on Decem 16, 2019 in Edmonton.									
SECTION	2: FINA	NCE CODI	NG & TOTAL CLA	AIM					
Descr	iption	<u>Corp/BU/O</u> <u>rg</u>	Location (If applicable)	<u>Functiona</u> <u>Centre/Prim</u>	7.6	<u>Expe</u> Seconda		(Note: Ti	<u>Total</u> his column will auto fill)
Meals (A)		101	0005	711103000	000	4500	0000		\$94.65
Travel Exp	o (B+C+E)	101	0005	711103000	000	6221	2000		\$773.56
Other (D)		101	0005	711103000	00 410		090000		\$0.00
			I	OTAL AMOUNT PAYAB	LE BY ACCOU	NTS PA	YABLE		\$868.21
				SECTION 3: AUTHOR	RIZATION				
with such pol I attest the ex my behalf fro	licy to the bes xpenses enclo om Alberta He	st of my unders osed in this clai ealth Services o	standing and belief. m are for valid business r any other Organization	rta's Travel, Meal and Hospital purposes for Alberta Health Se n. by using a cost effective meth	ervices Board and th	nat this clai	m has no	t been previ	iously claimed by me or on
Claimant (P				signing this form, attest that I am comp			Date	-2017 AN	Phone#
David Wey	yant, Q.C.		Please a	See attached lette	er to minist	ce .	Jebi	2,2020	
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.									
attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.									
1 1994	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 2/26	120
Health an	d Personal in Freed	formation on th om of Information	is form is collected by AF on and Protection of Priv	IS under the authority of section acy (FOIP) Act, respectively, fo	20(b) of the Health r the purpose of adn	Information ninistering	n Act (HIA AHS Proc) and section cure to Pay p	ns 33(c) and 34(2) of the rogram.

For payment please submit to:

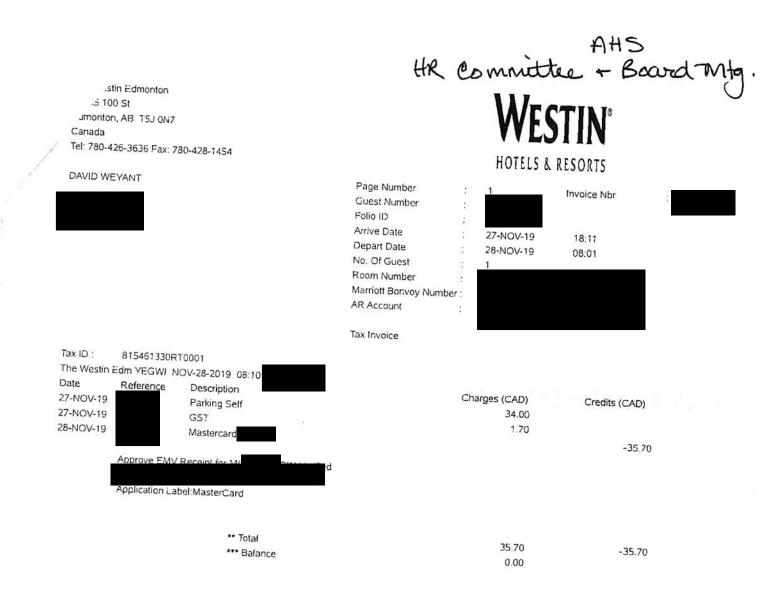
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

Feb. 14/20

Created: November 01, Deborah Rhodes, VP Corporate Services & CFO Rev 12 eff Jun 25, 201 Position # DOFA Level:

-F 1 د ر

Carry for	Carry forward from Section 1									
Name:	David Weyant							Expense Period Month:	Nov-Dec	2019
Comp	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									nation is
Rationale	Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)									
SECTION	4A: BOARD MEMBER - T	RAVEL EX	PENSE	CLAIM	l					
	Members follow the Gover									
· · · · · · · · · · · · · · · · · · ·	meal allowances outside C x C for USA, Appendix	D for Interna		cy redir	ects to t	ne Nation	al Joint Co	ouncil (NJC) travel	directive	or rates
		1	T	llowand	e OR Re	ceipt)(A)				
Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	a mothod	Allowance Within Canada		With Receipt <u>or</u> Allowance Outside Canada		modation	(Flight, Car Rental, Fuel, Parking, Taxi)	Other (Itemize)	<u>Mileage km</u> (E)
	point, uotano or experiantare,	used?	<u>Meal</u> <u>Type</u>	Allow- ance	<u>Meal</u> <u>Type</u>	<u>Amount</u>	<u>(B)</u>	(C)	(0)	
27-Nov-2019	Mileage from residence to Edmonto and return to attend HR Committee Meeting on Nov. 27 and Board Meetings on Nov 28.	Yes								598
27-Nov-2019	Parking at hotel and lunch per diem. Attended Human Resources C		L-\$11.60 eting on ir	\$11.60 Edmoi				\$35.70		
28-Nov-2019	Dinner per diem. Chaired Board Meeting and F		D-\$20.75 leeting in	\$20.75 Edmon	ton					
15-Dec-2019	Mileage from residence to Edmonto and return to attend a meeting with the AHS Review Expert Panel on December 16, 2019	Yes								598
15-Dec-2019	1 night accommodation to attend above meeting and dinner per diem. Attended AHS Review Expert		D-\$20.75 g in Edmo	\$20.75 nton			\$133.88			
16-Dec-2019	Breakfast, lunch and dinner per diems. Attended AHS Review Exper	Yes Panel Meetin	BLD-\$41.55 ng in Edmo	120108015050						
	Total: (amount auto fills to	o page 1)	I	\$94.65		\$0.00	\$133.88	\$35.70	\$0.00	1,196.00
	BOARD MEMBER Mileage Rate 0.505 Total Mileage \$ 603.98									



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

DAVID WEYANT

Tax ID :

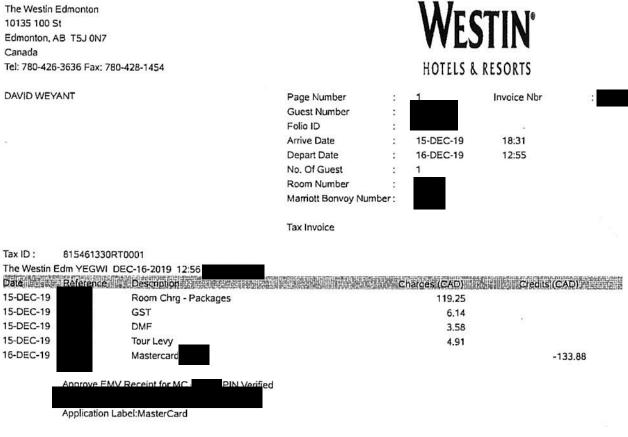
15-DEC-19

15-DEC-19

15-DEC-19

15-DEC-19

16-DEC-19



** Total *** Balance 133.88 0.00 -133.88

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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 : November - December 2019

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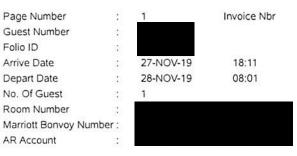
DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Nov-19	Direct Billing	Hotel	One night accommodation to attend Board Meetings on November 28, 2019 in Edmonton.	Vision Travel	\$189.7
					\$
Total Paid in th	ie Month			•	\$ 189.73

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

DAVID WEYANT

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Copy Tax Invoice

Folio ID

Tax ID : 815461330RT0001 The Westin Edm YEGWI NOV-29-2010 14:22

Date Referen	ce Description	Charges (CAD)	Credits (CAD)
27-NOV-19	Room Chrg - Special Corp	169.00	
27-NOV-19	GST	8.70	
27-NOV-19	DMF	5.07	
27-NOV-19	Tour Levy	6.96	
28-NOV-19	Direct Bill		-189.73
	_		
	** Total	189.73	-189.73
	*** Balance	0.00	

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