

AHS Board and Executive Expense Report

Name Deborah Rhodes
Title VP Corporate Services & Chief Financial Officer
Location Edmonton
 Expenses submitted during the month of August 2018

			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)
Aug-18	Expense Claim	Meetings		172	1,847	62	2,081			
Aug-18	Direct Billing	Meetings	846				846			
Total			\$ 846	\$ 172	\$ 1,847	\$ 62	\$ 2,927	\$ -	\$ -	\$ -

Total for the Month \$ 2,927

Maximum daily single meal expense claimed in the month \$ 31
 Maximum daily base hotel rate claimed in the month \$ 400
 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								
RHODES, DEBORAH	VP Corporate Services & Chief Financial Officer	Edmonton	\$ 2,080.58								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/26/2018	Attend EPIC UGM in Madison Wisconsin		Mileage-Local-Home Zone	\$ 30.81	Home	Edm International Airport	Attend EPIC UGM, Madison Wisconsin				61
8/26/2018	Attend EPIC UGM, Madison Wisconsin	United States	Accommodations	\$ 1,847.26			Cost of hotel in close proximity to attend EPIC UGM in Madison Wisconsin	4			
8/26/2018	Attend EPIC UGM, Madison Wisconsin	United States	Meals Per Diem	\$ 48.00			Attend EPIC UGM, Madison Wisconsin Lunch \$17.00 Dinner \$ 31.00				
8/27/2018	Attend EPIC UGM, Madison Wisconsin	United States	Meals Per Diem	\$ 44.70			Attend EPIC UGM, Madison Wisconsin Bfast \$13.70 Dinner \$ 31.00				
8/29/2018	Attend EPIC UGM, Madison Wisconsin	United States	Meals Per Diem	\$ 31.00			Attend EPIC UGM, Madison Wisconsin Dinner \$ 31.00				
8/30/2018	Attend EPIC UGM, Madison Wisconsin	United States	Meals Per Diem	\$ 48.00			Attend EPIC UGM, Madison Wisconsin Lunch \$17.00 Dinner \$ 31.00				
8/30/2018	Attend EPIC UGM in Madison Wisconsin		Mileage-Local-Home Zone	\$ 30.81	Edmonton International Airport	Home	Attend EPIC UGM, Madison Wisconsin				61
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		1-Oct-18							

**THE
MADISON
CONCOURSE
HOTEL**
AND GOVERNOR'S CLUB

1 West Dayton Street | Madison, Wisconsin 53703

Reservation # [REDACTED]
Send To Rhodes, Deborah

Phone

Guest Name Rhodes, Deborah Arrival Date 08/26/2018 Departure Date 08/30/2018
Group Name Epic Ugm 2018

Company Name Alberta Health Services Room Information [REDACTED]
Bill To Rhodes, Deborah

Trans Date	Description	Voucher	Amount
Charges			
08/26/2018	Epic Ugm 2018	[REDACTED]	299.00
08/26/2018	Local Tax	[REDACTED]	29.90
08/26/2018	State Tax Room	[REDACTED]	16.45
08/27/2018	Epic Ugm 2018	[REDACTED]	299.00
08/27/2018	Local Tax	[REDACTED]	29.90
08/27/2018	State Tax Room	[REDACTED]	16.45
08/28/2018	Epic Ugm 2018	[REDACTED]	299.00
08/28/2018	Local Tax	[REDACTED]	29.90
08/28/2018	State Tax Room	[REDACTED]	16.45
08/29/2018	Epic Ugm 2018	[REDACTED]	299.00
08/29/2018	Local Tax	[REDACTED]	29.90
08/29/2018	State Tax Room	[REDACTED]	16.45
Total Charges			1381.40
Payments			
08/28/2018	Visa	[REDACTED]	-690.70
08/30/2018	Visa	[REDACTED]	-690.70
Total Payments			-1381.40

$\$ 1381.40 @ 1.33724 = \$ 1847.26$ CDN $\$$

Balance Due 0.00

* USD Rate was what was charged on credit card.

I have received the goods and/or services in the amount shown hereon. I agree that my liability for this bill 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. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Guest Signature: _____

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 :	Reporting Period for the Month of : Jul-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
17-Jul-2018	Direct Billing	Airline Ticket	Return airfare to Madison WI to attend EPIC Annual General Meeting August 27-30, 2018. Flight cost included credit on file from September 2017 cancelled flight.	Marlin Travel	846.80
	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	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 846.80



Invoice

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

Trip #: [REDACTED]
 Booking Date: 19 Jul 18
 Client: [REDACTED]
 Agent: [REDACTED]
 File Locator: [REDACTED]

PASSENGERS: MS DEBORAH RHODES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
DELTA AIR LINES INC Ticket # [REDACTED]	646.00	0.00	\$0.00	0.80	200.00	846.80 CAD
Total:	646.00	0.00	0.00	0.80	200.00	846.80 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	07/17/2018		[REDACTED]	846.80 CAD
Total Payment:					846.80 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL EPIC USERS GROUP MEETING

***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** **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

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

Trip #: [REDACTED]
Booking Date: 19 Jul 18
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
DEBORAH RHODES	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: DEBORAH RHODES
Booking Date: 17 Jul 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
DELTA AIR LINES INC	02051	LAS VEGAS 26 Aug 18 4:20PM		MINNEAPOLIS 26 Aug 18 9:24PM	M/	
DELTA AIR LINES INC	02957	MINNEAPOLIS 26 Aug 18 10:20PM		MADISON 26 Aug 18 11:24PM	M/	
DELTA AIR LINES INC	00715	MADISON 30 Aug 18 5:20PM		MINNEAPOLIS 30 Aug 18 6:33PM	B/	
DELTA AIR LINES INC	02219	MINNEAPOLIS 30 Aug 18 7:25PM		EDMONTON INTL 30 Aug 18 9:27PM	B/	