

## Official Administrator and Executive Expense Report

**Name** Deb Rhodes  
**Title:** Vice President Corporate Services & Chief Financial Officer  
**Location** Edmonton  
 Expenses submitted during the month of September 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-14	Expense Claim	Meetings		168	376	816	1,360			
Sep-14	Direct Billing	Meetings	994				994			
<b>Total</b>			\$ 994	\$ 168	\$ 376	\$ 816	\$ 2,354	\$ -	\$ -	\$ -

**Total for the Month** \$ 2,354

Maximum daily single meal expense claimed in the month \$ 62 3 people  
 Maximum daily base hotel rate claimed in the month \$ 177  
 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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

## TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

<b>SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)</b>													
<ul style="list-style-type: none"> <li>• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system</li> <li>• Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system</li> <li>• If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Expense Date From:</td> <td>12-Sep-14</td> <td>To</td> <td>13-Sep-14</td> </tr> <tr> <td>Travel Period from:</td> <td></td> <td>To</td> <td>(if applicable)</td> </tr> <tr> <td>Out-of-Province Travel</td> <td colspan="3">Yes</td> </tr> </table>	Expense Date From:	12-Sep-14	To	13-Sep-14	Travel Period from:		To	(if applicable)	Out-of-Province Travel	Yes		
Expense Date From:	12-Sep-14	To	13-Sep-14										
Travel Period from:		To	(if applicable)										
Out-of-Province Travel	Yes												
Name: <u>Deborah Rhodes</u>	Position (Title): <u>VP Corporate Services &amp; CFO</u>												
Location: [REDACTED] Dept: [REDACTED] DOFA Level: [REDACTED] (if applicable)	Union: <u>n/a</u> Business Phone: [REDACTED] Ext: [REDACTED]												
Employee # (E-People): [REDACTED]													

<b>SECTION E: FINANCE CODING &amp; TOTAL CLAIM</b>		
CAPITAL PROJECT CODING ONLY →	Project Number <u>ITO-11-250-0</u>	Project Task Number <u>10.1.06.03</u>
	Expenditure Organization <u>101 . 0005 . 71125000127</u>	Expenditure Type <u>62314000</u>

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	
2A	101	0005	71125000127	\$181.50	101	0005	71125000127	62314000	\$281.55 ✓	\$181.50	\$181.50
2B										\$281.55	\$281.55
2C											
2D											
				\$181.50					\$281.55 ✓	TOTAL CLAIM <b>\$463.05</b>	

NOTE: This section auto fills from page 2A, 2B, 2C & 2D | NOTE: These fields do not automatically fill for Section C & D

<b>SECTION F: AUTHORIZATION</b>	
I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services 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 above.	
Employee Signature: <u>Deborah Rhodes</u>	Date: <u>Oct 10/14</u>
I attest that I have read and understand all applicable policies of Alberta Health Services 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 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 above.	
Approved By (PRINT ONLY): <u>Vickie Kaminski</u>	DOFA Level: [REDACTED] Position #: [REDACTED] Ext: [REDACTED]
Signature: <u>Vickie Kaminski</u>	Title: <u>President's CEO</u> Date: <u>Oct 16/14</u>
I attest that I have read and understand all applicable policies of Alberta Health Services 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 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 above.	
Approved By (PRINT ONLY): _____	DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
Signature: _____	Title: _____ Date: _____

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.

Please forward completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

09704 pos (rev 2014 06)

- 1 of 3 -

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0005 71125000127

Emp # (E-People) [REDACTED]

If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip. DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B: TRAVEL EXPENSES

NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter)  
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

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 on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
12-Sep-14	Travel to Madison, Wisconsin EPIC headquarters for contract discussion related to Information Technology	US	Cong	Yes	D-\$20.75									
13-Sep-14	Meeting EPIC headquarters	US	Cong	yes	BD-\$29.85									
13-Sep-14	Mileage & Parking at the Airport <i>from home to airport</i>	AB	Cong	yes							\$50.00	✓	160.00	✓
<b>SUBTOTALS</b>											\$50.00			Total Kms 160.00

5070

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle  
→ details of travel location to & from must be included above under the purpose of travel column  
Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement  
(see Mileage details to the left)

\$0.505

Mileage \$ 80.80

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Travel \$ Subtotal 100.70

Auto fills on page 1 - TOTAL TRAVEL \$ 1518.50

Rationale is Required for expenses that are not Cost Effective

(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

**EXPENSE CLAIM DETAILS**

*If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.*

<b>SECTION C: OTHER EXPENSES</b>					Emp # (E-People) <span style="background-color: black; color: black;">[REDACTED]</span>		Page 3		
<ul style="list-style-type: none"> <li>• Expenses to be claimed in this section include but are not limited to: <u>Hospitality &amp; Hosting, Working Sessions, Recruitment, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses</u></li> <li>→ If expenses are for <u>travel, gas, etc., go to Section B on pg 2.</u></li> <li>• ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</li> </ul> <p align="center"><b>***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</b></p>									
Date dd-mm-yy	Business Reason for Expense - Detailed Description Required (include who attended (if meal/hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason)  A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED If you select "No" in this column or the amount being claimed exceeds the limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page				
		Bal Unit	Location	Functional Centre	Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Continuing Education Select type from dropdown menu (if applicable)	GST is ON this slip/receipt, enter total amount in this column WITH GST	GST is NOT on this slip/receipt, enter total amount in this column

**SECTION D: FOREIGN CURRENCY** ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)  
If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.

Please click on the following link for the Bank of Canada exchange rate using the date of expense: [Bank of Canada Currency Converter](#) → Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column

Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended (if meal), why travel was necessary and detailed explanation of reason)  A description of just "Meeting" will be returned for clarification	Finance Coding			Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Completion of the "Cost Effective Method Used" Column is REQUIRED If you select "No" in this column or the amount being claimed exceeds the limited stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
13-Sep-14	Taxi to Madison Airport	101	0005	71125000127		Yes	\$71.00	✓ USD	1.1076	\$78.64 ✓
13-Sep-14	One night Hotel Accommodation in Madison	101	0005	71125000127		Yes	\$183.20	✓ USD	1.1076	\$202.91 ✓

**Rationale is Required for expenses that are not Cost Effective**  
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

Expenses Paid (Retain a copy for your records)  
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization  
- 3 of 3 -

Driver: 4700 Chuck  
 Date: 09 13 '14  
 From: [Redacted]  
 To: [Redacted]  
 Amount: \$71.00  
 Comment:

Union Cab of Madison Cooperatives; Providing Quality Transportation since 1979.

Taxi to Madison Airport  
 \$ 71 USD = \$ 78.64 CAN

GST# R128599776  
 Edmonton Airports  
 Can-15J 2T2 Edmonton  
 Tax CodeCA5%  
 Exit Lane 12/09/14 20:10  
 Receipt [Redacted]  
 Short-term parking tkt  
 DL - No. 000905  
 12/09/14 11:53 -  
 14/09/14 11:52 -  
 Period 2d0h0'  
 (Tax) \$50.00  
 Total \$50.00  
 Payment Received  
 VISA [Redacted] \$50.00  
 Merch: 82005340013  
 Auth [Redacted]  
 Type: Swiped  
 Sub Total \$47.62  
 Tax 5% 2.38

Parking at  
 Edmonton Airport



MADISON MONONA TERRACE

HILTON MADISON MONONA TERRACE  
9 East Wilson Street | Madison, WI | 53703  
T: 608 255 5100 | F: 608 251 4550  
E: sales.madisonmononaterace@hilton.com

NAME AND ADDRESS:  
RHODES, DEBORAH

EDMONTON CN 0  
UNITED STATES OF AMERICA

Room: [REDACTED]  
Arrival Date: 9/12/2014 9:08:00 PM  
Departure Date: 9/13/2014

Adult/Child: 1/0  
Room Rate: 160.00

Rate Plan: [REDACTED]  
HH # [REDACTED]  
AL:  
Car:

Confirmation Number [REDACTED]

9/13/2014 Page: 1



DATE	REFERENCE	DESCRIPTION	AMOUNT
9/12/2014	[REDACTED]	GUEST ROOM	\$160.00
9/12/2014	[REDACTED]	SALES TAX	\$8.80
9/12/2014	[REDACTED]	ROOM TAX	\$14.40
9/13/2014	[REDACTED]	**BALANCE**	(\$183.20)
			\$0.00

# 183.20 USD = 202.91 CAD

ACCOUNT NO. [REDACTED]

DATE OF CHARGE 9/13/2014

FOLIO NO./CHECK NO. [REDACTED]

CARD MEMBER NAME  
RHODES, DEBORAH

AUTHORIZATION [REDACTED]

INITIAL

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO PAYMENT TO CARD HOLDER FOR SETTLEMENT

PURCHASES & SERVICES

TAXES

TIPS & MISC.

CARD MEMBER SIGNATURE

TOTAL AMOUNT

-183.20

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RE-TOLED OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

## TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

<b>SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)</b>		Expense Date From: 31-Jul-14 To Sept. 25, 2014	
<ul style="list-style-type: none"> <li>• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system</li> <li>• Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system</li> <li>• If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)</li> </ul>		Travel Period from: _____ To _____ (if applicable)	
Name: Deborah Rhodes		Position (Title): VP Corporate Services & CFO	
Location: _____	Dept: CFO Office	DOFA Level: _____ (if applicable)	Union: _____ Ext: _____
Employee # (E-People): _____			

<b>SECTION E: FINANCE CODING &amp; TOTAL CLAIM</b>	
CAPITAL PROJECT CODING ONLY →	Project Number _____ Project Task Number _____
	Expenditure Organization _____ Expenditure Type _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense		
2A	101	0005	7110500013	\$896.57						Total Section B	\$896.57
2B										Total Section C&D	
2C										Less Cash Advance	
2D										<b>TOTAL CLAIM</b>	<b>\$896.57</b>
				<b>\$896.57</b>	**User to enter Coding & \$ Amounts						
					NOTE: These fields do not automatically fill for Section C & D						

<b>SECTION F: AUTHORIZATION</b>	
<p>I attest that I have read and understand the "Travel, Hospitality &amp; Working Session Expense Policy (1122)" of Alberta Health Services, and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.</p> <p>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services, and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.</p> <p>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.</p>	
I, by signing this form, attest that I am compliant to all the above statements. <b>Employee Signature:</b> <u>Deborah Rhodes</u>	<b>Date:</b> <u>Oct 10/14</u>
<p>I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.</p> <p>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services, and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.</p> <p>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.</p>	
<b>Approved By (PRINT ONLY):</b> <u>Vickie Kaminaki</u>	<b>DOFA Level:</b> _____ <b>Ext:</b> _____
I, by signing this form, attest that I am compliant to all the above statements. <b>Signature:</b> <u>Vickie Kaminaki</u>	<b>Title:</b> <u>President &amp; CEO</u> <b>Date:</b> <u>Oct 16/14</u>
<p>I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.</p> <p>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services, and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.</p> <p>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.</p>	
<b>Approved By (PRINT ONLY):</b> _____	<b>DOFA Level:</b> _____ <b>Position #:</b> _____ <b>Phone #:</b> _____ <b>Ext:</b> _____
I, by signing this form, attest that I am compliant to all the above statements. <b>Signature:</b> _____	<b>Title:</b> _____ <b>Date:</b> _____

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Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

Varrows copied  
 09704 pos(Rev2014-06)

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0005 7110500013 Emp # (E-People) [REDACTED] Page 2A

If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT** separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

**SECTION B: TRAVEL EXPENSES** NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter'l)  
Ensure separate lines are used for claim items that differ in Province, US and Out of North America

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 on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-if meal, why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.America where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
31-Jul-14	Lunch Meeting with Don Sieben & Ronda White, re: AFAC	AB - Provinc	Meetings	Yes			L	\$62.13	✓					
26-Aug-14	Drove to Calgary to attend meetings with Minister, Dr. Cowell & CEO re: various operational matters	AB - Provinc	Meetings	Yes	LD-\$32.35	\$32.35	✓							600.00 ✓
24-Sep-14	Drove to Calgary for Corporate Services & CFO Retreat, Sept. 24 & 25	AB - Local	Meetings	Yes	L-\$11.60	\$11.60	✓							000.00 ✓
25-Sep-14	One night hotel accommodation & lunch	AB	Meetings yes	Yes	L-\$11.60	\$11.60	✓			\$172.89	✓			
<b>SUBTOTALS</b>						\$55.55		\$62.13		\$172.89				Total Kms 1200.00

**MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle**  
 → details of travel location to & from must be included above under the purpose of travel column  
 Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)	\$0.505
Mileage \$	\$606.00
Travel \$ Subtotal	\$290.57
<b>Auto fills on page 1 - TOTAL TRAVEL \$</b>	<b>\$896.57</b>

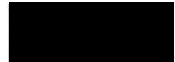
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

**Rationale is Required for expenses that are not Cost Effective**  
 (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)





Pazzo Pazzo Italian Cuisine  
 10016 - 103 Avenue  
 Edmonton, AB  
 780-425-7711  
 GST# 859337602



Check: [Redacted] Guests: 1  
 Table: [Redacted]  
 07/31/2014 11:37AM

1	SOFT DRINK	3.50
1	CRAB RAVIOLI	20.00
1	ANGEL HAIR	13.00
1	TORTELLINI	16.00
Subtotal		52.50
G.S.T.		2.63
<b>Total Due</b>		<b>\$55.13</b>

\*\*\*\*PLEASE PAY SERVER\*\*\*\*

**THANK YOU**

PLEASE FORWARD ANY CONCERNS OR  
 COMPLAINTS TO JAMES BURNS VIA EMAIL:  
 PAZZO@LIVE.CA OR BY PHONE: 7804058655

PAZZO PAZZO ITALIAN  
 CUISINE  
 10016 103RD AVENUE  
 EDMONTON AB

CARD [Redacted]  
 CARD TYPE INTERAC  
 ACCOUNT TYPE CHEQUING  
 DATE 2014/07/31  
 TIME 4271 12:50:03  
 RECEIPT NUMBER [Redacted]

PURCHASE  
 AMOUNT \$55.13  
 TIP \$7.00  
 TOTAL

**\$62.13** ✓

Interac  
 A0000002771010  
 E7D95C7CEBE3178B  
 0080008000-E800  
 0628152886D03098  
 0080008000-F800

**APPROVED**



THANK YOU

CARDHOLDER COPY

Audita Finance  
 Lunch Meeting with  
 Don Siebenkonda White



135 Southland Drive S.E. Calgary, Alberta, T2J 5X5  
 Tel: 403-278-5050 Fax: 403-225-5834

ALBERTA HEALTH SERVICES  
 Deborah Rhodes  
 Canada

Room: [REDACTED]  
 Folio: [REDACTED]  
 Cashier: [REDACTED]  
 Arrival: 09-24-14  
 Departure: 09-25-14

Group: ALBERTA HEALTH SERVICES

Date	Description	Additional Information	Charges	Credits
09-24-14	Package Charge		154.00	
09-24-14	DMF		4.62	
09-24-14	Room GST		7.93	
09-24-14	Tourism Levy		6.34	
09-25-14	Visa	[REDACTED]		172.89

GST Summary	
Registration No: 895126332	
Room	7.93
F&B	0.00
Other	0.00
<b>Total</b>	<b>7.93</b>

Total	172.89	172.89
Balance Due	0.00	CDN



Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

## 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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  No

Name: Deborah Rhodes	Reporting Period for the Month of: June - July 2014
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-06-17	Direct Billing	Transportation	Cancellation Fee for original flight booked on June 9, 2014	Marlin Travel	\$10.00
	Direct Billing	Transportation	Charges for seat selection to guarantee seat from Edmonton Grande Prairie	Marlin Travel	\$16.00
	Choose One	Choose One		Total	\$26.00
	Choose One	Choose One			

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch:  
Agent:

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number:  
Date: June 9, 2014  
Page: 1/3  
Our Reference:  
Your Reference:

## INVOICE

*Flight transferred to Annemarie Visockas*

For  
MS DEBORAH RHODES

MS ANNEMARIE VISOCKAS

Tuesday, June 24, 2014

 Air

WESTJET AIRLINES  
From: EDMONTON INTL AB  
To: KELOWNA BC  
Stops: 0 Arrival: 24Jun14

Flight: 197 P CLASS  
05:05 PM Equipment: 73W  
05:13 PM

Mile(s) Flown: 339

Wednesday, June 25, 2014

 Air

WESTJET AIRLINES  
From: KELOWNA BC  
To: CALGARY AB  
Stops: 0 Arrival: 25Jun14

Flight: 182 Q CLASS  
05:15 PM Equipment: 73W  
07:13 PM

Mile(s) Flown: 249

 Air

WESTJET AIRLINES  
From: KELOWNA BC  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 25Jun14

Flight: 312 G CLASS  
05:55 PM Equipment: 73W  
08:02 PM

Mile(s) Flown: 339

Monday, December 1, 2014

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: June 9, 2014  
Page: 2/3  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

Monday, December 1, 2014

## Tour

BSP TASF

From: KELOWNA BC 12:00 AM PACKAGE TOUR  
To: KELOWNA BC 01Dec14 12:00 AM  
MANAGEMENT FEE

## Tour

BSP TASF

From: KELOWNA BC 12:00 AM PACKAGE TOUR  
To: KELOWNA BC 01Dec14 12:00 AM  
MANAGEMENT FEE

### Cost:

[REDACTED]	E-TKT	[REDACTED]	253.00
		Tax:	90.96
		Ticket Total:	343.96
[REDACTED]		[REDACTED]	10.00
<b>Total:</b>		<b>Grand Total:</b>	353.96
		Less Credit Card Payments:	353.96
		Credit / Balance Due To This Invoice:	0.00
		<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND I HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA...TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: July 15, 2014  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

For  
MS DEBORAH RHODES

Thursday, July 17, 2014

✈ Air

AIR CANADA

From: EDMONTON INTL AB

To: GRANDE PRAIRIE

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION [REDACTED]

SEAT 6C 6D 6F

Flight: 8359 V CLASS  
06:30 AM Equipment: D8 (300 SERIES)  
07:40 AM

Mile(s) Flown: 250

✈ Air

AIR CANADA

From: GRANDE PRAIRIE

To: EDMONTON INTL AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION [REDACTED]

SEAT 10D 10F 10A

Flight: 8366 H CLASS  
03:15 PM Equipment: D8 (300 SERIES)  
04:23 PM

Mile(s) Flown: 250

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: July 15, 2014  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

Cost:			
AIR CANADA	[REDACTED]	[REDACTED]	442.00
		Tax:	64.96
AIR CANADA	[REDACTED]	Ticket Total:	506.96
Total:			16.00
		Grand Total:	522.96
		Less Credit Card Payments:	522.96
		Credit / Balance Due To This Invoice:	0.00
		Total Balance Due:	0.00

*Handwritten note: this amount disclosed July 201*

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA...TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

## 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions.
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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  No

Name: Deborah Rhodes	Reporting Period for the Month of: September - 2014
----------------------	---

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-09-12	Direct Billing	Transportation	Flights-Edmonton Madison, Wiscousin (return)	Marlin Travel	\$968.01
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
<b>Total Paid in the Month</b>					<b>\$968.01</b>





## Out of Province Travel Approval

- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services [Travel Policy](#)
- Pre-Approval form MUST be attached to the actual expense claim

Employee Information					
First Name Deborah		Last Name Rhodes		Employee Number [REDACTED]	
Phone Number [REDACTED]			Reports To Vickie Kaminski		
Department Office of the Acting VP, Corporates Services &CFO			Office Location [REDACTED]		
Travel Details					
Purpose of Trip CIS EPIC Conference					
Destination Madison, Wisconsin USA		From 12-Sep-2014	To 13-Sep-2014		
Finance Coding / Accounting Distribution					
Corp/BU/Org		Location / Site		Functional Centre / Primary	
Project Coding					
Project [REDACTED]	Task 10.1.06.03	Expense Type Out of Province Travel		Expense Org 101.0005.71125000127	
Estimate of Expenses					
Category	Description				Amount
Accommodation Charge	Hotel - 1 night stay in Madison, WI				\$200.00
Meals	1 breakfast (\$20), 1 lunch (\$30), 2 dinner (\$80)				\$130.00
Registration					
Airfare	Flight to Madison, WI				\$870.00
Taxi/Rental Car/Fuel/Parking/Bus/LRT	Parking & Mileage to/from YEG airport-\$100.00 tax to/from Madison -				\$200.00
Other Expenses (please specify)					
Currency <input type="checkbox"/> Cdn <input type="checkbox"/> USD <input type="checkbox"/> OTHER					\$1,500.00
<b>Total Estimated Travel Costs</b>		*Bank of Canada Currency Converter		Exchange Rate	\$0.00 Cdn\$ <b>\$1,500.00</b>
*Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate					
Approvals (Pre-approvals for all Out-of-Province Travel must be per DGFA table)			authorization table		
Employee Signature <i>Deborah Rhodes</i>		Date (dd-Mon-yyyy) 11-09-2014	Phone Number [REDACTED]		
Approved by (Print Name) Vickie Kaminski	Signature <i>[Signature]</i>	Date (dd-Mon-yyyy) 12-09-14	Phone Number [REDACTED]		
Title		Position Number	DOFA Level		
Approved by (Print Name)		Signature	Date (dd-Mon-yyyy)	Phone Number	
Title		Position Number	DOFA Level		

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.

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: September 11, 2014  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

For  
MS DEBORAH RHODES

Friday, September 12, 2014

✈ Air

DELTA AIRLINES  
From: EDMONTON INTL AB  
To: MINNEAPOLS/STPAUL  
Stops: 0 Arrival: 12Sep14  
Seat(s): 13D  
OPERATED BY COMPASS DBA DELTA CONNECTION  
[REDACTED]

Flight: 5850 Q CLASS  
02:25 PM Equipment: E75  
06:03 PM  
Reference: [REDACTED] Mile(s) Flown: 1086

✈ Air

DELTA AIRLINES  
From: MINNEAPOLS/STPAUL  
To: MADISON  
Stops: 0 Arrival: 12Sep14  
Seat(s): 29A

Flight: 864 Q CLASS  
07:35 PM Equipment: M88  
08:32 PM  
Reference: [REDACTED] Mile(s) Flown: 228

Saturday, September 13, 2014

✈ Air

DELTA AIRLINES  
From: MADISON  
To: MINNEAPOLS/STPAUL  
Stops: 0 Arrival: 13Sep14  
Seat(s): 27E  
[REDACTED]

Flight: 528 Q CLASS  
03:36 PM Equipment: M88  
04:37 PM  
Reference: [REDACTED] Mile(s) Flown: 228

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: September 11, 2014  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

Saturday, September 13, 2014

✈ Air

DELTA AIRLINES Flight: 5831 Q CLASS  
From: MINNEAPOLS/STPAUL 05:50 PM Equipment: E75  
To: EDMONTON INTL AB 07:50 PM Mile(s) Flown: 1086  
Stops: 0 Arrival: 13Sep14 Reference: HBVG8L  
OPERATED BY COMPASS DBA DELTA CONNECTION  
ONLY PREFERRED SEATS AVAILABLE FOR PRE-SELECTION FOR A FEE

Cost:

[REDACTED]	[REDACTED]	849.00
	Tax:	119.01
	Ticket Total:	968.01
Total:	Grand Total:	968.01
	Less Credit Card Payments:	968.01
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

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ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
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TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
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