

AHS Board and Executive Expense Report

Name Glenda Yeates
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of December 2015

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)
Dec-15	P-Card	Meetings			311		311			
Dec-15	Expense Claim	Orientation & Meetings	1,007	42	155	187	1,391			
Dec-15	Direct Billing	Meetings	1,137				1,137			
Total			\$ 2,144	\$ 42	\$ 466	\$ 187	\$ 2,839	\$ -	\$ -	\$ -

Total for the Month \$ 2,839

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 145
 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.

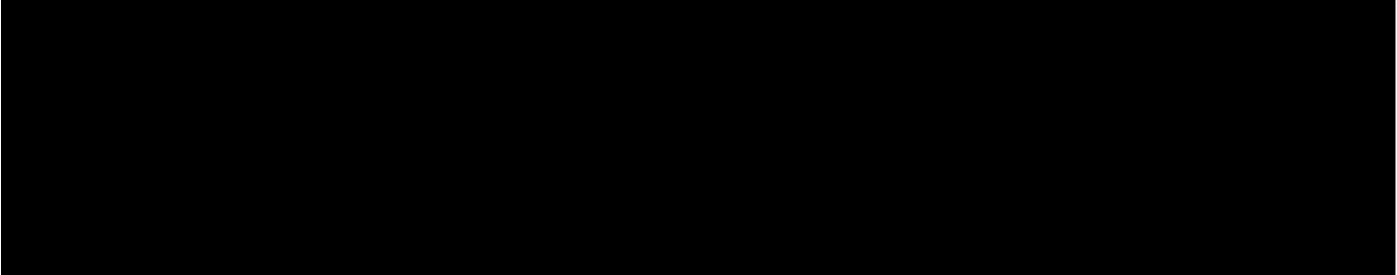
Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

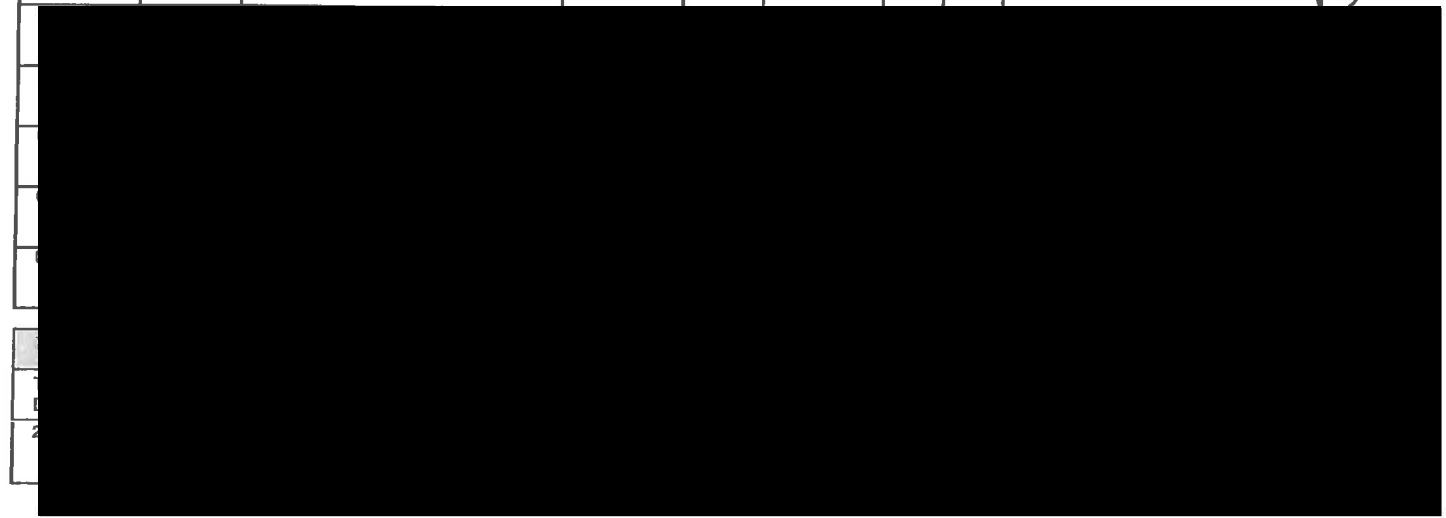
<u>PROCIUK, LORINDA</u> Cardholder's Name	<u>EXECUTIVE ASSOCIATE</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/12/2015</u>	
<u>PRESIDENT & CEO OFFICE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: \$1,284.12 \$310.64	
<u>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card # XXXXXXXXXX	

Statement of Transactions

Transaction	Trans ID	Merchant Name & Description	Trans Original	Currency	Trans Amount	GST	Freight	Description
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24/11/2015	410833791	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	3	310.64	CAD	✓ 310.64	14.79	Hotel accommodation for Glenda Yeates Nov 22-24/15
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✓
A/B

Linda Hughes

Linda Hughes
Board Chair

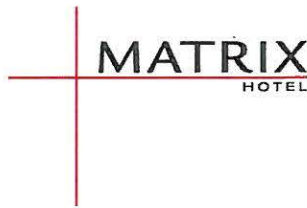
Mar. 13/16

Date

Dec. 31, 2015

handed delivered to A/P. Cjh

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<u>Colette Mooney</u> Name of Cardholder Designate <u>[Signature]</u> Signature of Cardholder Designate	<u>Exec. Assistant</u> Cardholder Designate Position/Title <u>Dec. 27, 2015</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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. A personal cheque for any personal expenses inadvertently charged is attached. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>PROCIUK, LORINDA</u> Name of Cardholder <u>[Signature]</u> Signature of Cardholder	<u>EXECUTIVE ASSOCIATE</u> Cardholder Position/Title <u>12/22/15</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Deborah Rhodes</u> Name of Approver Designate <u>[Signature]</u> Signature of Approver Designate	<u>VP Corp Services & CFO</u> Approver Designate Position/Title <u>Feb. 29/2016</u> Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Vickie Kaminski</u> Name of Approver <u>[Signature]</u> Signature of Approver	<u>President & CEO</u> Approver Position/Title <u>Dec 31 2015</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • Original (or scanned) itemized receipts with documented business reasons including names of participants where required • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____



5

Mrs Lorinda Prociuk



Room Number: [Redacted]
Arrival Date: 11-22-15
Departure Date: 11-24-15
Page No: 1 of 1

Guest Name: Yeates, Glenda

INFORMATION INVOICE

Folio No:

11-24-15

Date	Description	Charges	Credits
11-22-15	Room Revenue	145.00	
11-22-15	Destination Marketing Fee - 3%	4.35	
11-22-15	Tourism Levy - 4%	5.97	
11-23-15	Room Revenue	145.00	
11-23-15	Destination Marketing Fee - 3%	4.35	
11-23-15	Tourism Levy - 4%	5.97	
11-24-15	Mastercard [Redacted]		310.64
Total		310.64	310.64
Balance		0.00	

November 22, 2015 (\$310.64)

- Hotel accommodation for Glenda Yeates November 22-24/15 (billed Nov 24/15).

Signature: _____

I agree that my liability for all charges 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. G.S.T. #866344302 RT 0001

**BOARD MEMBER
[REDACTED] EXPENSE CLAIM FORM**

SECTION 1: PAYEE INFORMATION					
Name:	Glenda Yeates			Expense Period Month:	Nov-Dec 2015
Address:	[REDACTED]	City:	Ottawa		
Province:	ON	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Board Orientation - November 23-24, 2015 and Board Meeting on December 01, 2015.				

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	\$41.50
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$1,349.79
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$1,391.29
[REDACTED]					

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#
Glenda Yeates	<i>[Signature]</i>	1-Dec-15	[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>			Dec 10/15

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Programs and Services.

For payment please submit to: Deborah Rhodes Dec 31/15
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB
 Deborah Rhodes, VP Corporate Services & CFO
 Position # [REDACTED] DOFA Level: [REDACTED]

Created: November 01, 2013
 Rev 7 eff November 27, 2015

Carry forward from Section 1

Name:	Glenda Yeates	Expense Period Month:	Nov-Dec 2015
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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 OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
20-Nov-15	Taxi from residence to Ottawa Airport to attend Board Orientation in Edmonton.	Yes					\$34.00	✓		
20-Nov-15	Flight from Ottawa to Edmonton to attend Board Orientation in Edmonton.	Yes					\$1,006.97	✓		
22-Nov-15	Dinner per diem.	Yes	D-\$20.75	\$20.75		✓				
23-Nov-15	Taxi from Edmonton Airport to hotel.	Yes					\$60.00	✓		
24-Nov-15	Dinner per diem.	Yes	D-\$20.75	\$20.75		✓				
24-Nov-15	Taxi from Ottawa Airport to residence.	Yes					\$33.00	✓		
30-Nov-15	Taxi from Edmonton Airport to hotel.	Yes					\$60.50	✓		
30-Nov-15	1 night accommodation to attend Board Meeting.	Yes				\$155.32	✓			
Total: (amount auto fills to page 1)			\$41.50		\$0.00	\$155.32	\$1,194.47	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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For payment please submit to:

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

Created: November 01, 2013
Rev 7 eff November 27, 2015

BLUELINE

Job #

RECEIPT FOR CAB FARE

Amount \$34. Date Nov-20/15

From Home

To Airport

Cab No. Driver

H.S.T. Included in meter fare



1 ✓

November 20, 2015 (\$34.00)
• Taxi from residence to Ottawa Airport to attend Board Orientation in Edmonton.

From Airport
To Matrix hotel
Time
Date 23rd Nov. 2015
Trip Amount 55.50 - 6.00
Driver Name
Car Number
GST 876 RT 556

3 ✓

November 23, 2015 (\$60.00)
• Taxi from Edmonton Airport to hotel.

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2015/11/30
TIME 0973 21:16:15
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$55.00
TIP \$5.50
TOTAL \$60.50

5 ✓

Visa Credit
A0000000031010
99DA84D1ED5E4589
0080008000-E800
693ADFF099CB44AE
0080008000-F800

APPROVED
AUTH [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

BLUELINE

Job #

RECEIPT FOR CAB FARE

Amount 33.00 Date

From

To

Cab No. Driver

H.S.T. Included in meter fare



4 ✓

November 24, 2015 (\$33.00)
• Taxi from Ottawa Airport to residence.

November 30, 2015 (\$60.50)
• Taxi from Edmonton Airport to hotel to attend Board Meeting.

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



Booking Information

Booking Reference: [REDACTED]

Customer Care

Air Canada
1-888-247-2262

Flight Arrivals and Departures
1-888-422-7533

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:
Ms Glenda Yeates

②

Mobile: [REDACTED]
Home: [REDACTED]
Work: [REDACTED]

November 20, 2015 (\$1,006.97)

- Flight from Ottawa Airport to Edmonton to attend Board Orientation (total cost of flight is \$1,169.55 only claiming \$1,006.97).

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC113	Ottawa, Ottawa Int'l (YOW) Fri 20-Nov 2015 08:45	Calgary (YYC) Fri 20-Nov 2015 11:17	0	4hr32	E90	Flex, G	F
AC8170 ¹	Calgary (YYC) Sun 22-Nov 2015 19:20	Edmonton, Edmonton Int'l (YEG) Sun 22-Nov 2015 20:10	0	0hr50	DH4	Flex, G	
AC178	Edmonton, Edmonton Int'l (YEG) Tue 24-Nov 2015 16:00	Toronto, Pearson Int'l (YYZ) Tue 24-Nov 2015 21:39 - Terminal 1	0	5hr33	320	Flex, G	F
AC470	Toronto, Pearson Int'l (YYZ) Tue 24-Nov 2015 22:30 - Terminal 1	Ottawa, Ottawa Int'l (YOW) Tue 24-Nov 2015 23:33	0		320	Flex, G	

F: Food for purchase on board All Air Canada Café purchases made on board Air Canada and Air Canada rouge flights, as well as on Air Canada Express flights operated by Jazz, are payable only with Visa, MasterCard and American Express credit cards.

Operated by:
¹ Air Canada Express - Jazz

Passenger Information

1: Ms Glenda Yeates : Adult (16+), Ticket Number [REDACTED]

Air Canada - Aeroplan [REDACTED] Meal Preference: **None**
 Payment Card: [REDACTED] Special Needs: **None**
 Seat Selection: AC113 **23D**, AC8170 **11D**, AC178 **23D**, AC470 **16F**

Purchase Summary

Fare Summary	Adult
Passenger Type	
Air Transportation Charges	
Flight 1 (Flex)	385.00
Flight 2 (Flex)	132.00
Flight 3 (Flex)	363.00
Surcharges	58.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	87.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	3.00
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)	127.30
Air Travellers Security Charge (ATSC)	14.25

Total before options (per passenger)	1169.55
Number of passengers	x 1
Total with options	1169.55
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$1169.55

Payment Information

Credit/Debit Card [REDACTED] - Amount paid: **\$1169.55**

The following amount (tax inclusive) will appear on your credit card or debit card statement:

- Air Canada: \$1169.55 (Air Transp. Charges - per ticket)

Ticket number(s): [REDACTED]

Fare Rules

Flight 1: Ottawa (YOW) To Calgary (YYC) - **Flex**

Flight 2: Calgary (YYC) To Edmonton (YEG) - **Flex**


Flight 3: Edmonton (YEG) To Ottawa (YOW) - **Flex**

• Changes:

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Same-day confirmed changes** at check-in or at the airport are permitted at a flat fee of \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.
- **Same-day standby** is available: on flights between Toronto and Montreal or Ottawa, on flights between Calgary, Edmonton and Vancouver, as well as on flights between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) or Newark (EWR) airports (connecting flights excluded).
- Flights can only be used in sequence from the place of departure specified on the itinerary.

• Cancellations:

- Tickets are **non-refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
- Customers who **no-show** their flight will forfeit the fare paid.
- **Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Air Canada will provide a full refund without penalty when you cancel a **new ticket** (i.e. when a new booking is made and you are assigned a booking reference) within 24 hours of purchase.
- Flights operated by Air Canada: earn 100% Aeroplan Miles (Altitude Qualifying Miles)
- Read complete fare rules applicable to this fare.

 **Fly Carbon Neutral.** Offset your portion of this flight's CO₂ emissions.
Offset now | [Learn more](#)

Review Flight Details

for comparison only.

Time remaining to complete this page: **9:03** . [Learn more](#)

The grand total shown includes all taxes, fees, carrier surcharges (where applicable) and other charges. Fares shown are the best available uniform rates at this time for the number of tickets requested and the selected travel times and dates. The price of your ticket is not guaranteed until you receive a booking reference.

Review your itinerary

Flight	From	To	Date	Depart	Arrive	Stops	Duration	Aircraft	Fare Type	Meal Service
AC171	Ottawa, Ottawa Int'l (YOW)	Edmonton, Edmonton Int'l (YEG)	Sun 22-Nov	17:50	20:13	0	4hr23	320	Flex, G	F
AC178	Edmonton, Edmonton Int'l (YEG)	Toronto, Pearson Int'l (YYZ) Terminal 1	Tue 24-Nov	16:00	21:39	0	5hr33	320	Flex, G	F
AC470	Toronto, Pearson Int'l (YYZ) Terminal 1	Ottawa, Ottawa Int'l (YOW)	Tue 24-Nov	22:30	23:33	0		320	Flex, G	

F: [Food for purchase on board](#) All Air Canada Café purchases made on board Air Canada and Air Canada rouge flights, as well as on Air Canada Express flights operated by Jazz, are payable only with Visa, MasterCard and American Express credit cards.

Review final quote details

[Fare Summary](#) | [Fare Details](#)

[Modify your search](#) [Email itinerary](#)

Total for 1 adult

Air Transportation Charges

Departing Flight (Flex) (including surcharges)	436.00
Return Flight (Flex) (including surcharges)	386.00

Taxes, Fees and Charges **184.97**

Grand Total - Canadian dollars **\$1006.97**

[Convert currency](#)
for informational purpose only

You'll always find our **lowest prices** on [aircanada.com](#).
[We guarantee it.](#)

Secure your fare:
Free cancellation
within 24 hours of booking. You'll get a full refund - no questions asked.

Review the fare rules and the general conditions of carriage

Departing Flight Ottawa (YOW) To Edmonton (YEG) - **Flex**

Return Flight Edmonton (YEG) To Ottawa (YOW) - **Flex**

• Changes:

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Same-day confirmed changes** at check-in or at the airport are permitted at a flat fee of \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.
- **Same-day standby** is available: on flights between Toronto and Montreal or Ottawa, on flights between Calgary, Edmonton and Vancouver, as well as on flights between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) or Newark (EWR) airports (connecting flights excluded).
- Flights can only be used in sequence from the place of departure specified on the itinerary.

• Cancellations:

- Tickets are **non-refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
- Customers who **no-show** their flight will forfeit the fare paid.

- **Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Air Canada will provide a full refund without penalty when you cancel a **new ticket** (i.e. when a new booking is made and you are assigned a booking reference) within 24 hours of purchase.
- Flights operated by Air Canada: earn 100% Aeroplan Miles (Altitude Qualifying Miles)
- Read complete [fare rules](#) applicable to this fare.

View Air Canada's [General Conditions of Carriage and Tariffs](#) and [hazardous materials restrictions](#).

[Modify your search](#)

By clicking on 'I accept, Continue' below, you confirm that you have read and

flight cost comparison

ott → edmon Sunday N22
#527

comparison
without Calgary
leg.

1006.97

1169.55

personal cost

#162.58



Glenda Yeates

Room Number: [REDACTED]

Arrival Date: 11-30-15

Departure Date: 12-01-15

Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No:

12-01-15

Date	Description	Charges	Credits
11-30-15	Room Revenue	145.00	
11-30-15	Destination Marketing Fee - 3%	4.35	
11-30-15	Tourism Levy - 4%	5.97	
12-01-15	Visa [REDACTED]		155.32
Total		155.32	155.32
Balance		0.00	

6

November 30, 2015 (\$155.32)

- 1 night accommodation to attend Board Meeting.

Signature:

I agree that my liability for all charges 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. G.S.T. #866344302 RT 0001

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 : Glenda Yeates	Reporting Period for the Month of : Dec-15
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
30-Nov-2015	Direct Billing	Airline Ticket	Flight from Toronto to Edmonton and return to Ottawa to attend Board meeting on december 1, 2015	Marlin Travel	1,136.45
	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	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 1,136.45

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
CA T5J 3E4

Invoice Number: [REDACTED]
Date: November 23, 2015
Page: 1/3
Our Reference: [REDACTED]

INVOICE

For

MS GLENDA YEATES

AC [REDACTED]

Monday, November 30, 2015

 Air

AIR CANADA

From: TORONTO PEARSON

To: EDMONTON INTL AB

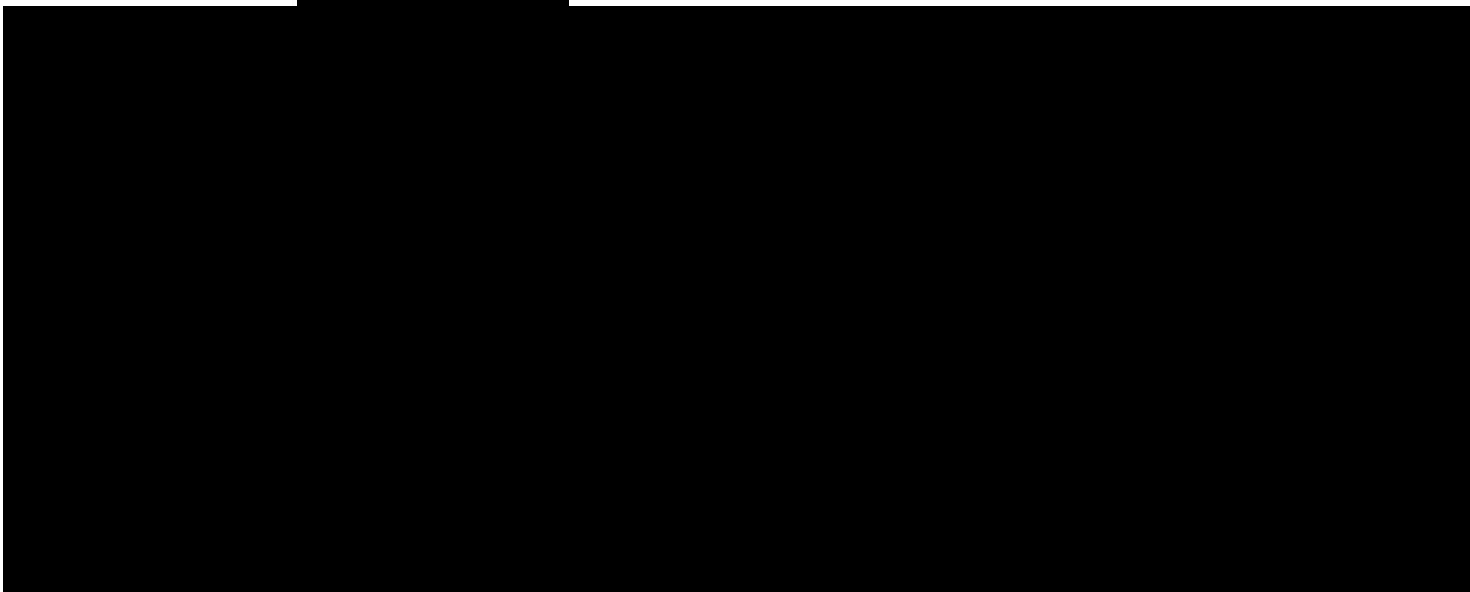
Stops: 0 Arrival: 30Nov15

SEAT 24F - NO AISLE SEATS AVAILABLE

TICKET NUMBER [REDACTED]

Flight: 157 Q CLASS
06:30 PM Equipment: A320
08:45 PM

Mile(s) Flown: 1671



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

Invoice Number: [REDACTED]
Date: November 23, 2015
Page: 2/3
Our Reference: [REDACTED]

INVOICE

Tuesday, December 1, 2015

 Air

AIR CANADA Flight: 178 U CLASS
From: EDMONTON INTL AB 04:00 PM Equipment: A320
To: TORONTO PEARSON 09:39 PM Mile(s) Flown: 1671
Stops: 0 Arrival: 01Dec15
SEAT 25D - FURTHEST FORWARD AISLE AVAILABLE
TICKET NUMBER [REDACTED]

 Air

AIR CANADA Flight: 470 U CLASS
From: TORONTO PEARSON 10:30 PM Equipment: A320
To: OTTAWA ON 11:36 PM Mile(s) Flown: 242
Stops: 0 Arrival: 01Dec15
SEAT 27D - FURTHEST FORWARD AISLE AVAILABLE
TICKET NUMBER [REDACTED]

Cost:

AIR CANADA WE [REDACTED]	1062.49
Tax:	73.96
Ticket Total:	1136.45

Total:

Grand Total:	1136.45
Less Credit Card Payments:	1136.45
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

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