

AHS Board and Executive Expense Report

Name	Glenda Yeates
Title	AHS Board Member
Location	Edmonton
Expenses sul	omitted during the month of January 2016

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МММ-ҮҮ	Source Document	Purpose	ŀ	Airfare	M	leals	Accor	nmodation	ther ravel	Fotal Travel	Devel	essional lopment (2)	Worl Sess Hostin Hospi (3	ions g and tality	Othe (4)	r
Jan-16	P-Card	Meetings							85	85						
Jan-16	Expense Claim	Meetings		346		95			153	594						
Jan-16	Direct Billing	Meetings		871				466		1,337						
Total			\$	1,217	\$	95	\$	466	\$ 238	\$ 2,016	\$	-	\$	-	\$	
Total for																

the Month \$ 2,016

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.

Jan.29 Wolic Dialoc P-Card Q. .

details Online ® Cardholder Statement Report

	PRESIDENT & CEO OFFICE SEVENTH STREET PLAZA Cardholder's Capit Cardholder's Ste/Location LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA Total Statement Amount: Longbodder's e-mail address Last 8 digits of the P-Card # Statement Amount: \$500.21 Statement Amount: <td< th=""><th>PRESIDENT & CEO OFFICE SEVENTH STREET PLAZA Carcholder's Copt Carcholder's StefLocation LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA Total Statement Amount: Carcholder's e-mail address Last B digits of the P-Card # Statement of Transactions Trans (D) Merchant Nerve & Description Amount: Anount Carcholder's Copt Loss 10 Merchant Nerve & Description Transe.tion Trans (D) Merchant Nerve & Description Amount: Anount Cardholder's e-mail address Statement of Transactions Cardholder's e-mail address Transe.tion Trans (D) Merchant Nerve & Description Anount Anount Cardholder's e-mail address 23/12/2015 413914454 NFINITY TRANSPORTATED, LINCUSINES 9 97.00 Cardholder's grave Account & Street Plaze for AND TAXICABS 9 72.00 CAD 24/12/2015</th><th>PROCIUK, L</th><th>and for an other state</th><th></th><th>EXECUTIVE ASSOC</th><th>CIATE</th><th></th><th></th><th></th><th></th><th></th></td<>	PRESIDENT & CEO OFFICE SEVENTH STREET PLAZA Carcholder's Copt Carcholder's StefLocation LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA Total Statement Amount: Carcholder's e-mail address Last B digits of the P-Card # Statement of Transactions Trans (D) Merchant Nerve & Description Amount: Anount Carcholder's Copt Loss 10 Merchant Nerve & Description Transe.tion Trans (D) Merchant Nerve & Description Amount: Anount Cardholder's e-mail address Statement of Transactions Cardholder's e-mail address Transe.tion Trans (D) Merchant Nerve & Description Anount Anount Cardholder's e-mail address 23/12/2015 413914454 NFINITY TRANSPORTATED, LINCUSINES 9 97.00 Cardholder's grave Account & Street Plaze for AND TAXICABS 9 72.00 CAD 24/12/2015	PROCIUK, L	and for an other state		EXECUTIVE ASSOC	CIATE					
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Linda Hughes (Board Chair

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Alberta Health Services

Proprietary and Confidential Powered by BMO Spend & Payment Solutions

hur 13/16

Date

P-Card details Online ® Cardholder Statement Report

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Services	Cardh	older Statement Report	
Signatures			
Cardholder Designate (If Applicable) By signing this statement • I hereby cartify that I have reviewed and reconcile Program User Guide and Training. I have allocate Program User Guide and Trai	ad this statement in BMO Online to the best of my ability in ad the transaction(s) to the proper cost centre.	accordance to AHS Corporate Policies.	
expenses being claimed are in compliance with si I attest the expenses enclosed in this claim are for claimed by me or on my behalf from Alberta Healt charged is attached. I attest that expenses submitted in this claim have provided. PROCIUK, LORINDA Teams of Cardholder Signature of Cardholder	rel, Hospitality and Working Session Expanse Policy (1122) uch policy. or valid business purposes for Alberta Health Services and th Services or any other Organization. A personal cheque f e been incurred by using a cost effective method, otherwise EXECUTIVE ASSOCIATE Cardholder Position/Title Date of Standare	that this claim has not been previously or any personal expenses inadventently	
Approver Designate (If Applicable) By signing this statement I attest that I have read and understand the "Traver expenses being claimed are in compliance with s	vei, Hospitality and Working Session Expense Policy (1122) such policy.	1	
claimed by the claimant or on their behalf from Al	ber valid business purposes for Alberta Health Services and liberta Health Services or any other Organization. A person re been incurred by using a cost effective method, otherwise $VPCopSev, 4$ Approver Designate Position/Title <u>Feb-29/2016</u>	al cheque for personal expenses inadvertently e rationale and supporting analysis is CCFCO APACINE DCL	HOY
Approver By signing this statement • I attest that I have read and understand the "Trave expenses being claimed are in compliance with a	vel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm	
 Lattest the expenses enclosed in this claim are for claimed by the claimant or on their behalf from Al observed been obtained 	or valid business purposes for Alberta Health Services and Iberta Health Services or any other Organization. A person we been incurred by using a cost effective method, otherwis	al cheque for personal expenses inadvertently	
Subshit approved statement with attachments to Acc	ounts Payabla.		
where required Signed Cardholder Statement Report (or copies of And where applicable: Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Servic" Return, refund and/or credit receipts Disputes letter 	es" ctions – inclucia where travallad to, who attended (if	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Ficor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only			
Reference #:	Reviewed by:	Date:	

Alberta Health

Colette Mooney

From: Sent: To: Subject: tobias tobias <tobias.goldengoose@gmail.com> Wednesday, December 23, 2015 10:47 AM Colette Mooney; Lorinda Prociuk Fwd: Transaction Receipt - Do Not Reply

Glenda Yeates & Brenda Nov.24/2015 SSP>Ap 72.00+25.00(extra for waiting)= 97.00

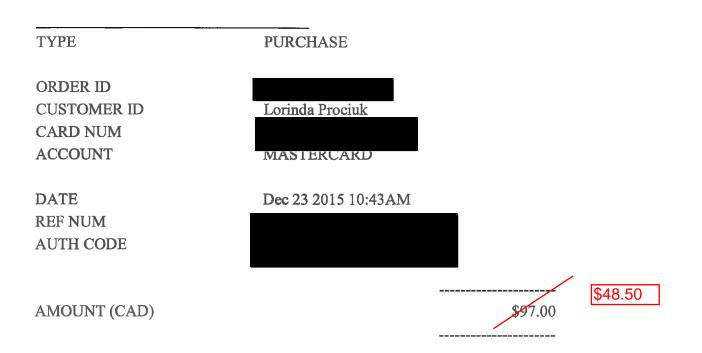
November 24, 2015 (\$97.00)

Billed Dec 23/15

67

• Taxi from Seventh Street Plaza to YEG for AHS Board members Glenda Yeates and Brenda Hemmelgarn on Nov 24/15.

INFINITY TRANSFORTATION I



Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -Retain this copy for your records

Colette Mooney

From: Sent: To: Subject: tobias tobias <tobias.goldengoose@gmail.com> Wednesday, December 23, 2015 10:47 AM Colette Mooney; Lorinda Prociuk Fwd: Transaction Receipt - Do Not Reply

Glenda Yeates & Brenda-Dec.01/2015 SSP>Ap December 1, 2015 (\$72.00)

Billed Dec 23/15

• Taxi from Seventh Street Plaza to YEG for AHS Board members Glenda Yeates and Brenda Hemmelgarn on Dec 1/15.

INFINITY TRANSPORTATION I

ТҮРЕ	PURCHASE		
ORDER ID			
CUSTOMER ID	Lorinda Prociuk		
CARD NUM			
ACCOUNT	MASTERCARD		
DATE	Dec 23 2015 10:44AM		
REF NUM	· · · · · · · · · · · · · · · · · · ·		
AUTH CODE			
AMOUNT (CAD)		\$72.00	\$36.00

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -Retain this copy for your records

Employee #



AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention.	
TANNR Applicable? - If yes indicate line & and	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION	1 PAYE	E INFORM	ATION	<u> </u>			1	ă.	
Name:	Glenda Y	eates					Expense Month:	e Period	Dec 2015 -Jan 2016
Address:				_	City:	Ottawa	1		
Province	1			Postal Code:		Countr	y:	Canada	
Reason for	Expense	Attendance	at Board Meetings	on December 0	1st, January 20, 21	, and 28, 201	6.		
SECTION	12: FINA	ICE CODI	NG & TOTAL CL	AIM					
Desci	ription	<u>Com/BU/O</u> fa	Location (If applicable)		Functional nbw/Primary		<u>ense/</u> lary Acct	(Note T	<u>Tofet</u> his column will auto fill)
Meals (A)		101	0005	71	110300000	450	00000		\$94.60
Travel Exp) (B+C+E)	101	0005	71	110300000	622	12000		\$498.96
Other (D)		101	0005	71	110300000	410	00000		\$0.00 /
				TOTALAMOUN	T PAYABLE BY A	CCOUNTS P	YABLE		\$593.56 🗸
				SECTION 3	AUTHORIZATIO	N			
l attest the e my behalf fro	xpenses enclo om Alberta He	and in this claim with Services o	r any other Organizatio	purposes for Albert n.	a Health Services Board	and that this cla	im has not	been previ	ously claimed by me or on
		nitted in this c	aim have been Incurred					analysis in p	
Claimant (P Glenda Ye			1 1	signing this form, alter!	that I am compliant to all the	alicve statements	Date Teb	17/1	Phone#
l attest that (have read an	d understand a	all applicable policies of	that pertain to these	e expenses, and confirm	n expenses being	claimed a	e in compli	ance with such policies.
			m are for valid business Health Services or any c		a Health Services Board	and that this cla	im has not	been previ	ously claimed by the
l attest that e	expenses subr	nitted in this c	laim have been incurred	by using a cost effe	ctive method, otherwis	e rationale and s	upporting	analysis is p	rovided below.
	by (Print Nam	6)			Position Title/Prog	ram Group	· · · · · · · · · · · · · · · · · · ·		
Linda Hug					Board Chair				
signature:	I, by signing this	Rom, attest that	I em compliant with all the a	bove statements				Pate	6.18/16

Hrelih and Personal Information Act (HA) and sections 33(a) and 34(2) of the Freedom of Information and Protuction of Privacy (FOIP) Act, respectively, for the purpose of administuring AH2 Procure to Pay program.

Feb. 17/16 Amon 14th Floor, Deborah Rhodes, VP Corporate Services & CFO

DOFA Level:

r Hamstra

Position #:

Created: November 01, 2013 Rev 8 eff December 17, 2015

AP 3.000 F Page 1

AP Quality Compliance

Glenda Yeates							Expense Period	Dec 201	5 -Jan 201
pletion of the "cost effective	method us	ed" Colu	mn is r	aquired	lf you col	act "No" in			
	Required	in the "F	Rationa	le is Rec	luired" see	ction below			
le is Required for expense	s that are	not Cos	t Effec	tive: (s	upporting ar	alysis and do	cumentation must be	attached to	o this form)
N 4A: BOARD MEMBER - 1	RAVEL	XPENSE		M		میں میں اور			
Description: (include purpose	1	Meal (/	llowand	e OR Re	ceipt)(A)				
of trip, mode of travel,	Effective	Allow	ance	With	Receipt	Accom-	(Flight, Car Rental,	Other	Mileage
expenditure)	method used?	<u>Meai</u> Type	Allow- ance	<u>Meai</u> Type	<u>With</u> Receipt	(B)	Fuel, Parking, Taxi) (C)	(D)	(E)
Taxi from Ottawa airport to residence attended Board Meeting in Edmonton.	Yes	D-\$20,75	\$20.75	~			\$33.00	✓	
Taxi from YEG to hotel to attend Board Meetings on January 20 and 21, 2016.	Yes	D-\$20,75	\$20.75	1			\$60.00	\checkmark	
Per diem meals.	Yes	LD-\$32.35	\$32.35	1					
Flight from YEG to Vancouver and return to YEG on January 27 to attend Board Meeting on January 28, 2016.	Yes						\$345.96		
Taxi from YEG to hotel to attend Board Meetings on January 28, 2016.	Yes	D-\$20.75	\$20.75	1			\$60.00	√	
		_							
Total: (amount auto fills to n	() (200		\$94.60						
	Detion of the "cost effective is a sequired for expense e is Required for expense e is Required for expense a starting point. (include purpose of trip, mode of travel, starting point, details of expenditure) Taxi from Ottawa airport to residence attended Board Meeting in Edmonton. Taxi from YEG to hotel to attend Board Meetings on January 20 and 21, 2018. Per diem meals. Flight from YEG to Vancouver and return to YEG on January 27 to attend Board Meeting on January 28, 2016. Taxi from YEG to hotel to attend Board Meetings on January 28, 2016. Flight from YEG to hotel to attend Board Meetings on January 28, 2016.	Detion of the "cost effective method us Required e is Required for expenses that are • 4A: BOARD MEMBER - TRAVEL E Description: (include purpose of trip, mode of travel, starting point, details of expenditure) Cost Effective method used? Taxi from Ottawa airport to residence attended Board Meeting in Edmonton. Yes Taxi from YEG to hotel to attend Board Meetings on January 20 and 21, 2018. Yes Per diem meals. Yes Flight from YEG to Vancouver and return to YEG on January 27 to attend Board Meeting on January 28, 2018. Yes Taxi from YEG to hotel to attend Yes	Description: (include purpose of trip, mode of travel, starting point, details of expenditure) Cost Meal (// Meal (// Meal (// Meal (// Allow Taxi from Ottawa airport to residence attended Board Meeting in Edmonton. Yes D-\$20.75 Taxi from YEG to hotel to attend Board Meetings on January 20 and 21, 2018. Yes D-\$20.75 Flight from YEG to hotel to attend Board Meeting on January 27 to attende Board Meeting on January 28, 2016. Yes D-\$20.75 Taxi from YEG to hotel to attend Board Meeting on January 27, 2016. Yes D-\$20.75 Taxi from YEG to hotel to attend Board Meeting on January 28, 2016. Yes D-\$20.75 Taxi from YEG to hotel to attend Board Meeting on January 28, 2016. Yes D-\$20.75 Taxi from YEG to hotel to attend Board Meetings on January 28, 2016. Yes D-\$20.75 Taxi from YEG to hotel to attend Board Meetings on January 28, 2016. Yes D-\$20.75 Taxi from YEG to hotel to attend Board Meetings on January 28, 2016. Yes D-\$20.75 Image: Description of the strend Board Meetings on January 28, 2016. Yes D-\$20.75	Description: (include purpose of trip. mode of travel, starting point, details of expenditure) Cost Effective method used? Meal (Allowance Meal (Allowance Meal Allow- ance Taxi from VEG to hotel to esidence attended Board Meeting in Edmonton. Yes D-\$20.75 \$20.75 Flight from YEG to hotel to attend Board Meeting on January 20 and 21, 2016. Yes D-\$20.75 \$20.75 Flight from YEG to hotel to attend Board Meeting on January 20 and 21, 2016. Yes D-\$20.75 \$20.75 Flight from YEG to hotel to attend Board Meeting on January 20 and 21, 2016. Yes D-\$20.75 \$20.75 Flight from YEG to hotel to attend Board Meeting on January 27 to attend Board Meeting on January 28, 2016. Yes D-\$20.75 \$20.75 Flight from YEG to hotel to attend Board Meetings on January 28, 2016. Yes D-\$20.75 \$20.75 Taxi from YEG to hotel to attend Board Meetings on January 28, 2016. Yes D-\$20.75 \$20.75 Taxi from YEG to hotel to attend Board Meetings on January 28, 2016. Yes D-\$20.75 \$20.75 Image: Start from YEG to hotel to attend Board Meetings on January 28, 2016. Yes D-\$20.75 \$20.75 Image: Start from YEG to hotel to attend Board Meetings on January 28, 2016. Image: Start from YEG to hotel to attend Board Meetings on January 28, 2016. Image: S	Determined in the "cost effective method used" Column is required. Required in the "Rationale is Rec e is Required for expenses that are not Cost Effective: (s V 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM Description: (include purpose of trip, mode of travel, starting point, details of expenditure) Meal (Allowance OR Rec Text from Ottawa aliport to residence attended Board Meeting in Edmonton. Cost Yes Meal D-\$20.75 Allow Meal Neel Text from VEG to hotel to attend Board Meetings on January 20 and 21, 2016. Yes D-\$20.75 \$20.75 ✓ Per diem meals. Yes LD-\$32.35 \$32.35 ✓ Flight from YEG to hotel to attend Board Meetings on January 20 and 21, 2016. Yes D-\$20.75 \$20.75 ✓ Solid from YEG to botel to attend Board Meetings on January 28, 2016. Yes D-\$20.75 \$20.75 ✓ Flight from YEG to hotel to attend Board Meetings on January 28, 2016. Yes D-\$20.75 \$20.75 ✓ Taxi from YEG to hotel to attend Board Meetings on January 28, 2016. Yes D-\$20.75 \$20.75 ✓ Isoard Meetings on January 28, 2016. Yes D-\$20.75 \$20.75 ✓ Isoard Meetings on January 28, 2016. Yes D-\$20.75 \$20.75 ✓ <td>Detion of the "cost effective method used" Column is required. If you sel Required in the "Rationale is Required" ser e Is Required for expenses that are not Cost Effective: (supporting ar NAA: BOARD MEMBER - TRAVEL EXPENSE CLAIM Description: (include purpose of frip, mode of travel, sizenditure) Cost Effective method used? Description: (include purpose of trip, mode of travel, sizenditure) Cost Effective method Meal (Allowance OR Racelpt)(A) Taxi from YEG to hotel to residence attended Board Meeting in Edmonton. Yes D.\$20.75 \$20.75 V Per diem meals. Yes D.\$20.75 \$20.75 V Image: Cost tended board Meeting in 2016. Yes D.\$20.75 \$20.75 V Image: Cost tended board Meeting in 2016. Yes D.\$20.75 \$20.75 V Image: Cost tended board Meeting on January 28 Yes Image: Cost tended board Meeting on January 28 Yes Image: Cost tended board Meeting on January 28, 2016. Yes D.\$20.75 \$20.75 Image: Cost tended board Meeting on January 28, 2016. 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If you select "No" in this column, Furt Required in the "Rationals is Required" section below e is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be difficunt of the "not cost Effective: VAA: BOARD MEMBER - TRAVEL EXPENSE CLAIM Meal (Allowance OR Receipt)(A) Accom: model to method used? Accom: Meal (Allowance OR Receipt)(A) Accom: model to method used? Accom: Meal (Allowance) Meal (Allowance) Receipt) Transportation (B) Transportation (C) \$33.00 Taxi from VEG to hole to attend Board Meeting on January 20 and 21, 2016. Yes D-\$20.75 \$20.75 \$20.75 \$345.98 Per diam meals. Yes UD-\$32.35 \$32.35 \$345.98 \$345.98 Tod from YEG to hole to attend Board Meetings on January 28, 2016. Yes D-\$20.75 \$20.75 \$20.75 \$20.75 \$20.00 Taxi from YEG to hole to attend Board Meetings on January 28, 2016. Yes D-\$20.75</td> <td>Month: Nonth: Month: Coal e Is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to Mail Mond: Mail Mond: Mond:</td>	Detion of the "cost effective method used" Column is required. If you sel Required in the "Rationale is Required" ser e Is Required for expenses that are not Cost Effective: (supporting ar NAA: BOARD MEMBER - TRAVEL EXPENSE CLAIM Description: (include purpose of frip, mode of travel, sizenditure) Cost Effective method used? Description: (include purpose of trip, mode of travel, sizenditure) Cost Effective method Meal (Allowance OR Racelpt)(A) Taxi from YEG to hotel to residence attended Board Meeting in Edmonton. Yes D.\$20.75 \$20.75 V Per diem meals. Yes D.\$20.75 \$20.75 V Image: Cost tended board Meeting in 2016. Yes D.\$20.75 \$20.75 V Image: Cost tended board Meeting in 2016. Yes D.\$20.75 \$20.75 V Image: Cost tended board Meeting on January 28 Yes Image: Cost tended board Meeting on January 28 Yes Image: Cost tended board Meeting on January 28, 2016. Yes D.\$20.75 \$20.75 Image: Cost tended board Meeting on January 28, 2016. Yes Image: Cost tended board Meeting on January 28, 2016. Yes Image: Cost tende board Meeting on January 28, 2016. Image: Cost tende board Meeting on January 28, 2016. Image: Cost tende board Meeting on January 28, 2016. Image: Cost tendeboard Meeting on January 28, 2016. <	Joietion of the "cost effective method used" Column is required. If you select "No" in Required in the "Rationale is Required" section below e is Required for expenses that are not Cost Effective: (supporting analysis and door analysis and door analysis) V 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM Description: (include purpose of trip, mode of trave), mode of trave), mode of trave), mode of trave, mode of trave), mod	Month: Month: Deletion of the "cost effective method used" Column is required. If you select "No" in this column, Furt Required in the "Rationals is Required" section below e is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be difficunt of the "not cost Effective: VAA: BOARD MEMBER - TRAVEL EXPENSE CLAIM Meal (Allowance OR Receipt)(A) Accom: model to method used? Accom: Meal (Allowance OR Receipt)(A) Accom: model to method used? Accom: Meal (Allowance) Meal (Allowance) Receipt) Transportation (B) Transportation (C) \$33.00 Taxi from VEG to hole to attend Board Meeting on January 20 and 21, 2016. Yes D-\$20.75 \$20.75 \$20.75 \$345.98 Per diam meals. Yes UD-\$32.35 \$32.35 \$345.98 \$345.98 Tod from YEG to hole to attend Board Meetings on January 28, 2016. Yes D-\$20.75 \$20.75 \$20.75 \$20.75 \$20.00 Taxi from YEG to hole to attend Board Meetings on January 28, 2016. Yes D-\$20.75	Month: Nonth: Month: Coal e Is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to Mail Mond: Mail Mond: Mond:

For payment please submit to:

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

BLUELINE	Job# RECEIPT FOR CAB FARE	
Amount 33	Do Date Dec-121-15)
To Loo	me	
H.S.T. Included in meter fare	Driver	

	TELON end	780.462.3456
2	GST# Date: $Am 92016$ Am Driver: Am Car From: $AR Part To: MATR/X10135-31 Avenue, Edmonton, AB T6N 1C2$	ount: 601

From To	MATRIXDIT
Time	
Date	2)-1-16
Trip Amount	
Driver Name	60-4
Car Number	1.4
GST	

3

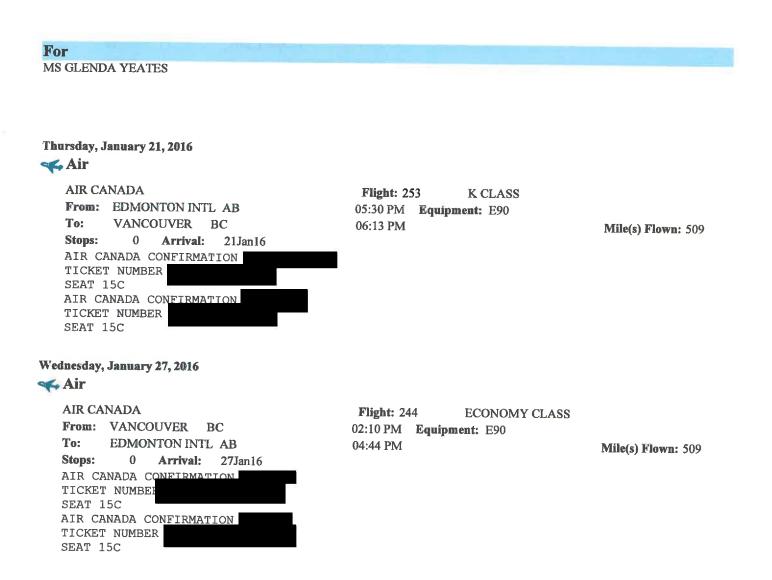
MARLIN TRAVEL O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST. EDMONTON, AB T5K 1G8 GST Reg#: 885101915 Branch: Agent:

To: MS GLENDA YEATES

Invoice Number: Date: Page: Our Reference:

January 8, 2016 1/2

INVOICE



To: MS GLENDA YEATES

Invoice Number: Date: Page: Our Reference:

January 8, 2016 2/2

INVOICE

Cost:			
AIR CANADA WEB	e de la companya de l	239.00	
	Tax:	64.96	
	Ticket Total:	303.96	
AIR CANADA WEE		42.00	
Total:			
	Grand Total:	345.96	
Less Cree	dit Card Payments:	345.96	
Credit / Balance D	ue To This Invoice:	0.00	V
	Total Balance Due:	0.00	

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:......DECLINED:.....DECLINED:.....DECLINED:.....DECLINED:....DECLINED:....DECLINED:....DECLINED:....DECLINED:...DECLINED:...DECLINED...DECLINED...DECLINED...DECLINED...DECTIZENSHIP AND PHOTO ID... OTHER...... 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 UNDER WRITTEN 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.



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:

Glenda Yeates	Reporting Period for the Month of : Jan-16
---------------	--

YES

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
19-Jan-2016	Direct Billing	Hotel	2 nights accommodation to attend board meetings on Jan 20 and 21 2016	Other	310.64
27-Jan-2016	Direct Billing	Hotel	1 night accommodation to attend board meeting on Jan 28, 2016	Other	155.32
19-Jan-2016	Direct Billing	Airline Ticket	To attend board meeting on Jan 20 & Jan 21 2016. Invoice number (\$817.32+\$21+\$32.77)	Marlin Travel	871.09
	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		\$ 1,337.05			



Alberta Health Services

Guest Name: Yeates, Glenda

COPY OF INVOICE

Foli

Room Number:	
Arrival Date:	01-19-16
Departure Date:	01-21-16
Page No:	1 of 1

01-26-16

Date	Description		Charges	Credit
01-19-16	Room Revenue		145.00	
01-19-16	Destination Marketing Fee - 3%		4.35	
01-19-16	Tourism Levy - 4%		5.97	
01 -20-16	Room Revenue		145.00	
01- 20- 16	Destination Marketing Fee - 3%		4.35	
01-20-16	Tourism Levy - 4%		5.97	
		Total	310.64	0.00
		Balance	310.64	

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



Alberta Health Services



Great Name: Yeater, Glenda

COPY OF INVOICE Folio

02-04-16

01-27-16

01-22-16

1 of 1

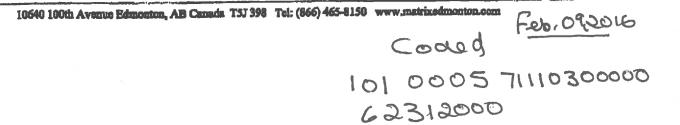
Room Number: Arrival Date:

Departure Date:

Page No:

Date	Description		Charges	Credits
01-27-16	Room Revenue		145.00	
01-27-16	Destination Marketing Fee - 3%		4.35	
01-27-16	Tourism Lovy - 4%		5.97	
		Total	155.32	8.03
		Balaaco	155.32	

Signature:______] I agree that my liability for all charges is not weived and agree to be held presently liable in the event that the indicated person, company or association fails to pay for any part or the fail smount of these charges. G.S.T. 4866344302 RT 0001



Branch: Agent:

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

nuary 8, 2016
1051 02
/:

INVOICE



Tuesday, January 19, 2016 ኊ Air

> AIR CANADA From: OTTAWA ON To: EDMONTON INTL AB Stops: 0 Arrival: 19Jan16 AIR CANADA CONFIRMATION TICKET NUMBER

 Flight:
 171
 G CLASS

 05:50 PM
 Equipment:
 A320

 08:30 PM

Mile(s) Flown: 1771

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

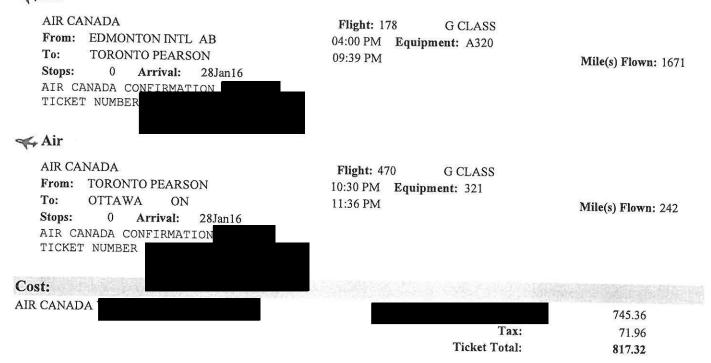
Invoice Number: Date: Page: Our Reference:

January 8, 2016 2/3

INVOICE

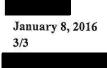


Air



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

Invoice Number:
Date:
Page:
Our Reference:



INVOICE

Total:

Grand Total:	817.32
Less Credit Card Payments:	817.32
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 UNDER WRITTEN 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. MARLIN TRAVEL O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST. EDMONTON, AB T5K 1G8 GST Reg#: 885101915 Branch:

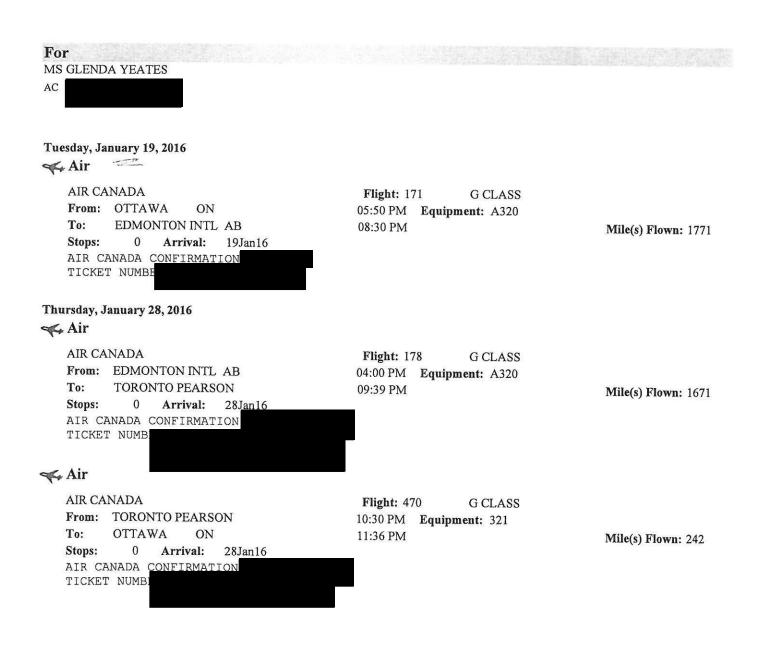
Agent:

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

Invoice Number:
Date:
Page:
Our Reference:

January 20, 2016 1/2

INVOICE



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

Invoice Number:
Date:
Page:
Our Reference:

January 20, 2016 2/2

INVOICE

Thursday, January 28, 2016

ost:	
IR CANADA	21.00
HST:	2.73
IR CANADA	23.73
otal:	32.77
Grand Total:	56.50
Less Credit Card Payments:	56.50 \$21+
Total GST/HST:	/2.73 \$32.77
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	817.32 \$53.77
Total Charges Previous Invoices:	817.32
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:.......DECLINED:......DECLINED:.....DECLINED:.....DECLINED:....DECLINED:....DECLINED:....DECLINED:VALID PASSPORT...VISA..TOURIST CARD.. ...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER......PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER....PROOF OF TOLEF AND PHOTO ID... OTHER....PROOF OF TOLEFY WITH THE AIRLINE. CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDER WRITTEN 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.