

AHS Board and Executive Expense Report

Name Glenda Yeates
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of March 2016

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)
Mar-16	P-Card	Meetings				36	36			
Mar-16	Expense Claim	Meetings		85		61	146			
Mar-16	Direct Billing	Meetings	1,050		311		1,361			
Total			\$ 1,050	\$ 85	\$ 311	\$ 97	\$ 1,543	\$ -	\$ -	\$ -

Total for the Month \$ 1,543

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>	<u>EXECUTIVE ASSOCIATE</u>	Billing Reporting Period:	<u>20/03/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>PRESIDENT & CEO OFFICE</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	\$320.42 \$36.00
Cardholder's Dept	Cardholder's Site/Location		
<u>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	XXXXXXXXXX
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
①								
②								
③	25/02/2016	420416464 INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi for Board Members B. Hemmelgen and G. Yeates from SSP to Airport on February 25, 2016.
④	10/03/2016	422270724 ROYAL RUBBER STAMP CO, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	62.33	CAD	62.33	2.97		Purchase of Date Stamp for Board Correspondence.
⑤								
⑥								

②
9-11



Signatures

Cardholder Designate (if Applicable)

By signing this statement

- 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.

Jennifer Hamstra
Name of Cardholder Designate

J. Hamstra
Signature of Cardholder Designate

Executive Secretary
Cardholder Designate Position/Title

April 06, 2016
Date of Signature

Cardholder

By signing this statement

- 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.

PROCIUK, LORINDA
Name of Cardholder

Lorinda
Signature of Cardholder

EXECUTIVE ASSOCIATE
Cardholder Position/Title

Date of Signature

Approver Designate (if Applicable)

By signing this statement

- 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.

Deb Rhodes
Name of Approver Designate

Deborah Rhodes
Signature of Approver Designate

VP Corporate Services & CFO
Approver Designate Position/Title

Apr. 6, 2016
Date of Signature

Approver

By signing this statement

- 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.

Linda Hughes
Name of Approver

Linda Hughes
Signature of Approver

Board Chair
Approver Position/Title

April 13, 2016
Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- 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:
- 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: _____

Jennifer Hamstra

From: INFINITY TRANSPORTATION I <payd_receipt@moneris.com>
Sent: Thursday, February 25, 2016 6:15 PM
To: Jennifer Hamstra
Subject: Transaction Receipt - Do Not Reply

INFINITY TRANSPORTATION I

(3)

~~B. Hemmelgarn~~ / G. Yeates
SSP - Airport
Feb. 25, 2016.

TYPE PURCHASE

ORDER ID [REDACTED]

CUSTOMER ID Londa Prociuk

CARD NUM [REDACTED]

ACCOUNT MASTERCARD

DATE Feb 25 2016 06:13PM

REF NUM [REDACTED]

AUTH CODE [REDACTED]

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

Voucher #
Naming Convention
TEANR Applicable? - if yes, indicate line & amt

**BOARD MEMBER
EXPENSE CLAIM FORM**

SECTION 1: PAYEE INFORMATION

Name:	Glenda Yeates		Expense Period Month:	Mar-16	
Address:	[Redacted]	City:	Ottawa		
Province:	[Redacted]	Postal Code:	[Redacted]	Country:	Canada
Reason for Expense	Attendance at Board Meetings on March 29-30, 2016.				

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BLUO #	Location (if applicable)	Functional Centre/Project	Expense/Secondary Acct.	Total (Note: This column will auto total)
Meals (A)	101	0005	7111030000	45000000	\$85.45
Travel Exp (B+C+E)	101	0005	7111030000	62212000	\$96.56
Other (D)	101	0005	7111030000	41090000	\$9.93
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$146.96

✓ P/B

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 with all the above statements	Date	Printed
Glenda Yeates	<i>Glenda Yeates</i>	April 10/16	[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>Linda Hughes</i>	April 13/16

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 30(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Voucher to Pay program.

For payment please submit to:
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Harris

Deborah Rhodes Apr. 12/16
 Deborah Rhodes, VP Corporate Services & CFO
 Position #: [Redacted] DOFA Level: [Redacted]

Carry forward from Section 1

Name:	Glenda Yeates	Expense Period Month:	42430
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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				
28-Mar-16	Taxi from Edmonton airport to hotel to attend Board Meetings on March 29 and 30, 2016.	Yes	LD-\$32.35	\$32.35			\$60.50	✓		
29-Mar-19	Dinner per diem.	Yes	D-\$20.75	\$20.75						
30-Mar-16	Lunch and dinner per diem (travel residence from Board meetings).	Yes	LD-\$32.35	\$32.35						
Total: (amount auto fills to page 1)			\$85.45	✓	\$0.00	\$0.00	\$60.50	✓	\$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

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6N-1C2
780-462-3456

Term Id:45024124782319
Item #:0960
Visa Credit
PURCHASE
Of Id:6614AA
Card #:

ATD:40000000031010

APPROVED

AMOUNT	CAD\$55.00
TIP	CAD\$5.50
=====	
TOTAL	CAD\$60.50



Ref: [REDACTED]
Auth: [REDACTED]
Resp. Code: 00
LUN: 4000000000
LST: F800

BOOK ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST

GST 100403670

Date: 2016/03/28 Time: 13:25:47
Response: AU [REDACTED]

CUSTOMER COPY

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 : Mar-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
16-Feb-2016	Direct Billing	Airline Ticket	Fee for flight change (Invoice ██████)	Marlin Travel	60.82
3-Mar-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to Ottawa to attend Board Meetings on March 29 and 30, 2016. (Invoice ██████)	Marlin Travel	572.41
22-Mar-2016	Direct Billing	Airline Ticket	Flight from Edmonton to Toronto/Toronto to Ottawa changed from Air Canada to West Jet (as Board Meeting ended earlier and West Jet was more economical) (Invoice ██████). Note: Credit of \$385.00 with Air Canada to be used at a later date (Invoice ██████)	Marlin Travel	416.59
28-Mar-2016	Direct Billing	Hotel	2 nights accommodation to attend Board Meetings on March 29 and 30, 2016.	Other	310.64
Total Paid in the Month					\$ 1,360.46

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: February 16, 2016
Page: 1/3
Our Reference: [REDACTED]

INVOICE

For
MS GLENDA YEATES
AC [REDACTED]

Tuesday, February 23, 2016

 Air

AIR CANADA
From: OTTAWA ON
To: EDMONTON INTL AB
Stops: 0 Arrival: 23Feb16
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

Flight: 171 G CLASS
05:50 PM Equipment: A320
08:30 PM

Mile(s) Flown: 1771

Thursday, February 25, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 25Feb16
AIR CANADA E
AIR CANADA CONFIRMATION NNUILZ
SEAT 4D

Flight: 8153 W CLASS
06:40 PM Equipment: DH4
07:34 PM

Mile(s) Flown: 163

Monday, March 28, 2016

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 28Mar16

Flight: 8142 G CLASS
12:05 PM Equipment: DH4
12:55 PM

Mile(s) Flown: 163

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

Invoice Number: [REDACTED]
Date: February 16, 2016
Page: 2/3
Our Reference: [REDACTED]

INVOICE

Monday, March 28, 2016

AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

Tuesday, March 29, 2016

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: TORONTO PEARSON
Stops: 0 Arrival: 29Mar16
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

Flight: 178 G CLASS
04:00 PM Equipment: A320
09:38 PM

Mile(s) Flown: 1671

✈ Air

AIR CANADA
From: TORONTO PEARSON
To: OTTAWA ON
Stops: 0 Arrival: 29Mar16
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

Flight: 470 G CLASS
10:30 PM Equipment: A320
11:30 PM

Mile(s) Flown: 242

Cost:

AIR CANADA WEB [REDACTED]	10.82
AIR CANADA WEB [REDACTED]	50.00

Total:

Grand Total:	60.82
Less Credit Card Payments:	60.82
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	1133.82
Total Charges Previous Invoices:	1133.82
Total Balance Due:	0.00

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
SUTTE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: March 3, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS GLENDA YEATES
AC [REDACTED]

Monday, March 28, 2016

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 28Mar16

Flight: 8142 G CLASS
12:05 PM Equipment: DH4
12:55 PM

Mile(s) Flown: 163

AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

Tuesday, March 29, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: TORONTO PEARSON
Stops: 0 Arrival: 29Mar16

Flight: 178 G CLASS
04:00 PM Equipment: A320
09:38 PM

Mile(s) Flown: 1671

AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

 Air

AIR CANADA
From: TORONTO PEARSON
To: OTTAWA ON
Stops: 0 Arrival: 29Mar16

Flight: 470 G CLASS
10:30 PM Equipment: A320
11:30 PM

Mile(s) Flown: 242

AIR CANADA CONFIRMATION [REDACTED]

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

Invoice Number: [REDACTED]
Date: March 3, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Tuesday, March 29, 2016

TICKET NUMBER [REDACTED]

Cost:

AIR CANADA WEB [REDACTED]	500.93
Tax:	71.48
Ticket Total:	572.41

Total:

Grand Total:	572.41
Less Credit Card Payments:	572.41
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
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: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: March 22, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS GLENDA YEATES

Wednesday, March 30, 2016

 Air

WESTJET AIRLINES
From: EDMONTON INTL AB
To: TORONTO PEARSON
Stops: 0 Arrival: 30Mar16
WESTJET CONFIRAMTION [REDACTED]

Flight: 438 M CLASS
02:15 PM Equipment: 73W
07:53 PM

Mile(s) Flown: 1671

 Air

WESTJET AIRLINES
From: TORONTO PEARSON
To: OTTAWA ON
Stops: 0 Arrival: 30Mar16
WESTJET CONFIRAMTION [REDACTED]

Flight: 882 M CLASS
09:30 PM Equipment: 73W
10:30 PM

Mile(s) Flown: 242

Cost:
TKT- [REDACTED] E-TKT [REDACTED] 352.11

Tax: 64.48

Ticket Total: 416.59

Total:

Grand Total: 416.59

Less Credit Card Payments: 416.59

Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00



Alberta Health Services



Guest Name: Yeates, Glenda

Room Number: [Redacted]

Arrival Date: 03-28-16

Departure Date: 03-30-16

Page No: 1 of 1

P/O Number: [Redacted]

COPY OF INVOICE

Folio No [Redacted]

03-31-16

Date	Description	Charges	Credits
03-28-16	Room Revenue	145.00	
03-28-16	Destination Marketing Fee - 3%	4.35	
03-28-16	Tourism Levy - 4%	5.97	
03-29-16	Room Revenue	145.00	
03-29-16	Destination Marketing Fee - 3%	4.35	
03-29-16	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

April 5 2016
Co-ord to: 62312000
101 0005 7110300000