

AHS Board and Executive Expense Report

Name Glenda Yeates
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of June 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)
Jun-16	Expense Claim	Meetings		61		97	158			
Jun-16	Direct Billing	Meetings	838		311		1,149			
Total			\$ 838	\$ 61	\$ 311	\$ 97	\$ 1,307	\$ -	\$ -	\$ -

Total for the Month \$ 1,307

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.



Voucher #
Naming Convention
T4A/HR Applicable? - if yes, indicate line & amt

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Glenda Yeates			Expense Period Month:	May-June 2016
Address:	[REDACTED]		City:	[REDACTED]	
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Return from attending Quality & Safety, Finance and Audit & Risk Committee Meetings on May 29th. Attendance at Board Committee Meetings June 2-3, 2016				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Code/BUIC #	Location (if applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$61.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$97.24
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$158.24 ✓ <i>pb</i>

SECTION 3: AUTHORIZATION			
<p>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.</p> <p>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.</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 below.</p>			
Claimant (Print Name):	Signature: I, by signing this form, attest that I am compliant with the above statements.	Date:	Phone#:
Glenda Yeates	<i>Glenda Yeates</i>	June 21/16	[REDACTED]
<p>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.</p> <p>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.</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 below.</p>			
Approved by (Print Name):	Position Title/Program Group		Date:
Linda Hughes	Board Chair		June 23/16
Signature: I, by signing this form, attest that I am compliant with the above statements.			
<i>Linda Hughes</i>			

Health and Personal Information or other form is collected by AHS under the authority of section 20(1) of the Health Information Act (HIA) and sections 33(1) and 34(2) of the Freedom of Information and Protection of Privacy Act (FIPPA) respectively, for the purpose of administering AHS Policies to Pay Program.

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

Deborah Rhodes
Deborah Rhodes
JPCorp. Services + CFO

Carry forward from Section 1

Name: **Glenda Yeates** Expense Period Month: **May-June 2016**

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				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Within Canada		Outside Canada					
			Meal Type	Allowance	Meal Type	Allowance				
29-May-16	Taxi from Ottawa Airport to residence (attended from Q&S, Finance and A&R Committee Meetings held on May 25-26, 2016).	Yes					\$33.99	✓		
1-Jun-16	Taxi from Edmonton Airport to hotel to attend Board Meetings on June 2-3, 2016.	Yes	D-\$24.00	\$24.00	✓		\$63.25	✓		
3-Jun-16	Per Diems for lunch and dinner.	Yes	LD-\$37.00	\$37.00	✓					
Total: (amount auto fills to page 1)			\$61.00		\$0.00		\$0.00	\$97.24	\$0.00	0.00

BOARD MEMBER Mileage Rate 0.505 **Total Mileage** \$ -

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

1
BLUE LINE TAXI
(613) 226-1111



NUMBERS:

1/2016

15:51

END:

AMOUNT:

\$

LARGE AMOUNT:

\$

SMALL AMOUNT:

\$

TOTAL:

\$

\$33.99

PALE:

**

AL NUMBER:

1

PASSENGER COPY*

CUSTOMER SERVICE 1-800-443-2812
INQUIRY@TAXITAB.COM
TAXITAB



2
24-7 TAXI

10577 109 ST #201

EDMONTON, AB, T5H3B1

MID: 87112250014

GST#: 000000000000000000

FLD: 044

Operator#:71126

SALE



Exp: 11/17

Visa

CHIP



00000031010

Visa

0080008000

TS: 12/16

Amount:

\$55.00

Disp:

\$0.75

Total:

\$54.25

Auth Code:

APPROVED

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 : Jun-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-May-2016	Direct Billing	Airline Ticket	Flight from Ottawa to Edmonton, then return to Ottawa on May 29th; June 1st Ottawa to Edmonton and return June 3rd (Invoice # 4 [REDACTED]) to attend Board Meetings on June 2-3, 2016.	Marlin Travel	838.43
1-Jun-2016	Direct Billing	Hotel	2 nights accommodation to attend Board Meetings on June 2-3, 2016 in Edmonton.	Other	310.64
Total Paid in the Month					\$ 1,149.07

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: MEA MOORE Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: May 10, 2016
Page: 1/4
Our Reference: [REDACTED]

INVOICE

For

MS GLENDA YEATES
[REDACTED]

Wednesday, May 25, 2016

Air

AIR CANADA
From: OTTAWA ON
To: EDMONTON INTL AB
Stops: 0 Arrival: 25May16

Flight: 193 G CLASS
07:25 AM Equipment: E90
09:47 AM

Mile(s) Flown: 1771

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

Hotel

Check In: 25May2016
Check Out: 26May2016

Rooms: 1
1 Night(s)

EDMONTON AB
TRAVELINK
MATRIX HOTEL
10640-100 AVE.EDMONTON
AB,CANADA
T5J3N8

GOV
Rate: 145.00 CAD per Night

Tel: 7804292861
Confirmation: [REDACTED]

Sunday, May 29, 2016

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

Invoice Number: [REDACTED]
Date: May 10, 2016
Page: 2/4
Our Reference: [REDACTED]

INVOICE

Sunday, May 29, 2016

Air

AIR CANADA
From: CALGARY AB
To: OTTAWA ON
Stops: 0 Arrival: 29May16

Flight: 118 G CLASS
09:35 AM Equipment: E90
03:30 PM

Mile(s) Flown: 1790

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

Wednesday, June 1, 2016

Air

AIR CANADA
From: OTTAWA ON
To: EDMONTON INTL AB
Stops: 0 Arrival: 01Jun16

Flight: 143 G CLASS
08:05 PM Equipment: E90
10:27 PM

Mile(s) Flown: 1771

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

Hotel

Check In: 01Jun2016
Check Out: 03Jun2016

Rooms: 1
2 Night(s)

EDMONTON AB
TRAVELINK
MATRIX HOTEL
MATRIX HOTEL, EDMONTON
AB, CANADA
T5J3N8

GOV
Rate: 145.00 CAD per Night

Tel: 7804292861
Confirmation: [REDACTED]


Friday, June 3, 2016

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

Invoice Number: [REDACTED]
 Date: May 10, 2016
 Page: 3/4
 Our Reference: [REDACTED]

INVOICE

Friday, June 3, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: TORONTO PEARSON
Stops: 0 **Arrival:** 03Jun16
 AIR CANADA CONFIRMATION [REDACTED]
 TICKET NUMBER [REDACTED]
 SEAT [REDACTED]

Flight: 154 G CLASS
 03:55 PM **Equipment:** 321
 09:34 PM

Mile(s) Flown: 1671

 Air

AIR CANADA
From: TORONTO PEARSON
To: OTTAWA ON
Stops: 0 **Arrival:** 03Jun16
 AIR CANADA CONFIRMATION [REDACTED]
 TICKET NUMBER [REDACTED]
 SEAT [REDACTED]

Flight: 470 G CLASS
 10:30 PM **Equipment:** A320
 11:31 PM

Mile(s) Flown: 242

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	633.43
	Tax:	55.00
	Ticket Total:	688.43
AIR CANADA WEB [REDACTED]	[REDACTED]	150.00

Total:

Grand Total:	838.43
Less Credit Card Payments:	838.43
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.....

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

Invoice Number: [REDACTED]
Date: May 10, 2016
Page: 4/4
Our Reference: [REDACTED]

INVOICE

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.

MATRIX HOTEL

Booked by: Marlin Travel

Cost Centre: 101.0005.7111030000

Approved by: Lorinda Prociuk

Alberta Health Services

Room Number: [REDACTED]

Arrival Date: 06-01-16

Departure Date: 06-03-16

Page No: 1 of 1

P/O Number: Cost center:

Guest *Yeates, Glenda*

COPY OF INVOICE

Folio No: [REDACTED]

06-07-16

Date	Description	Charges	Credits
06-01-16	Room Revenue	145.00	
06-01-16	Destination Marketing Fee - 3%	4.35	
06-01-16	Tourism Levy - 4%	5.97	
06-02-16	Room Revenue	145.00	
06-02-16	Destination Marketing Fee - 3%	4.35	
06-02-16	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. #105631154 RT 0008