

AHS Board and Executive Expense Report

Name Glenda Yeates
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of April 2017

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)
Apr-17	P-Card	Meetings				80	80			
Apr-17	Expense Claim	Meetings		166	236	469	871			
Apr-17	Direct Billing	Meetings	1,657		368		2,025			
Total			\$ 1,657	\$ 166	\$ 604	\$ 549	\$ 2,976	\$ -	\$ -	\$ -

Total for the Month \$ 2,976

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 203
 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.

AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total	
Glenda Yeates	AHS Board Member	Edmonton	\$	79.80

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/27/2017	Attend Board Meeting in Calgary		Taxi	\$ 39.80			Taxi to SouthPort Tower - Shared taxi with Richard Dicerni Items charged to Executive Assistant's June 2017 P-Card on behalf of Glenda Yeates.	1			
4/27/2017	Attend Board Meeting in Calgary		Taxi	\$ 40.00			Taxi from SouthPort Tower to private residence Items charged to Executive Assistant's June 2017 P-Card on behalf of Glenda Yeates.	1			

Approver(s) for the claim	Approval Status	Approval Date
Signature kept on file	Approve	

NAME AND ACCOUNT NO # [REDACTED]

• Glenda Yeates
• Richard Dicerri

DRIVER GST# 81780403
DATE Apr. 27 117
TIME 7:44 AM PM

Use Checker Cab Calgary APP
TEXT4TAXI
(403) 299-9999

FROM [REDACTED]
TO: South part In SW
NAME: Glenda & Richard

34.80	METER* CHARGE
5.00	LESS 10% DISCOUNT
3.00	PER TRIP
5.00	GRATUITY
39.80	TOTAL

SIGNATURE X [REDACTED]
INVOICE NUMBER [REDACTED]

FORM #1 (REV 03/2016)

(5)

39.80
56.80
40.00

136.60 ✓ PB

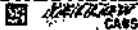
NAME AND ACCOUNT NO.

[REDACTED]

• Glenda Yeates



Use Checker Cab Calgary APP
TEXT4TAXI



Hop Aboard Calgary Brewery Tours.

FROM: 10301 Southport Lane SW

TO: [REDACTED]

NAME: Glenda

SIGNATURE X

METER CHARGE INCLUDES GOODS & SERVICES TAX (G.S.T.)
FORM 11 (REV. 03/2016) 210

C	[REDACTED]
MU	[REDACTED]
DRIVER	81214574R cool
GST#	
DATE	April 27
TIME	3:14 AM

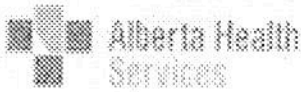
(403) 299-9999

40 00	METER CHARGE
	LESS 10%
	\$3.80 PER TRIP
	GRATUITY
40 00	SUNDY PAYABLE DUCTY
	TOTAL

INVOICE NUMBER [REDACTED]

(OT)

Employee # [REDACTED]



Voucher #
Reporting Convention
TRAVEL Application? - If yes, indicate one & only

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

Name: Glenda Yeates Expense Period Month: Mar-17

Address: [REDACTED] City: [REDACTED]

Province: [REDACTED] Postal Code: [REDACTED] Country: Canada

Reason for Expense: Return to airport on March 2, 2017 from attending Board Meeting on March 1, 2017. Attendance at Quality & Safety Committee meeting on March 20, 2017 in Calgary. Attendance at Board Meeting on March 29, 2017; and tour of RAH and meeting with Wisdom Council on March 30, 2017 in Edmonton.

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Category	Location	Functional	Expense	Total
	(NARS)	(if applicable)	Centre/Primary	Secondary Acct	(Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$113.00 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$570.16 ✓
Other (D)	101	0005	71110300000	41000000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$683.16

SECTION 3: AUTHORIZATION

683.16

I affirm 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 affirm the expenses included 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 affirm 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): Glenda Yeates Signature: *See below for signature* Date: [REDACTED] Phone: [REDACTED]

I affirm 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 affirm the expenses included 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 affirm 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): Linda Hughes Position Title/Program Group: Board Chair

Signature: *Linda Hughes* Date: April 12/17

April 8, 2017

✓
AB

Health and Personal Information forms developed by AHS under the authority of section 87 of the Access to Information Act. For more information, contact the Privacy Officer at 780-495-1000.

For payment: 14th Floor, North Tower, Seventh Street Plaza, 10030

Deborah Rhodes
Deborah Rhodes, VP Corporate Services & CFO
Position #: [REDACTED] DOFA Level: [REDACTED] Date: Apr 7/17

Carry forward from Section 1

Name: **Glenda Yeates** Expense Period Month: **Mar-17**

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

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

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 Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
2-Mar-2017	Taxi from Westin hotel to YEG (attended Board Meeting on March 01, 2017).	Yes					\$55.20	✓		
20-Mar-2017	Parking and mileage from Canmore to Southport in Calgary and return to attend Quality & Safety Committee Meeting.	Yes	LD-\$32.35	\$32.35	✓		\$10.00	✓	230	
28-Mar-2017	Mileage from Canmore to YYC to fly to Edmonton for Board Meeting on Mar 29; tour of RAH and meet with Wisdom Council on March 30, 2017.	Yes	D-\$20.75	\$20.75	✓				115	
28-Mar-2017	Taxi from YEG to Westin Hotel in Edmonton.	Yes					\$61.50	✓		
29-Mar-2017	Per diem.	Yes	B-\$9.20	\$9.20	✓					
29-Mar-2017	Per diem.	Yes	D-\$20.75	\$20.75	✓					
30-Mar-2017	One night accommodation in Toronto as flight to Ottawa cancelled because of the weather.	Yes	D-\$20.75	\$20.75	✓	\$235.65	✓			
31-Mar-2017	Taxi from Ottawa Airport to residence.	Yes	B-\$9.20	\$9.20	✓		\$33.58	✓		
Total: (amount auto fills to page 1)			\$113.00	✓	\$0.00	\$235.65	\$160.28	\$0.00	345.00	

BOARD MEMBER Mileage Rate 0.505 **Total Mileage** \$ 174.23

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE SW
EDMONTON AB

CARD# [REDACTED]
CARD TYPE VISA
DATE 2017/03/28
TIME 0915 07:55:13
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$48.28
TIP \$7.20
TOTAL

\$55.20

Visa Credit

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 100403070

March 02, 2017

MORGUARD INVESTMENTS
- PA
10201 SOUTHPORT RD SW
CALGARY AB T2W4X8
4032139708

SALE

MID: [REDACTED]
TID: [REDACTED] REF#: [REDACTED]
Batch #: [REDACTED] 11:17:41
03/20/17
APPR CODE: [REDACTED]
VISA

AMOUNT \$10.00

APPROVED

Visa Credit

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

2

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2017/03/28
TIME 0293 19:31:13
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$55.00
TIP \$6.50
TOTAL

\$61.50

Visa Credit

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 100403070

3

BLU LINE TAXI
10135 31 AVE NW
EDMONTON AB

RECEIPT # [REDACTED]
DATE [REDACTED]
TIME [REDACTED]
AMOUNT [REDACTED]
TIP [REDACTED]
TOTAL [REDACTED]

BLU LINE TAXI

March 31, 2017.
\$33.58

✓

Westin Toronto Airport
 950 Dixon Road
 Toronto, ON M9W 5N4
 Canada
 Tel: 416-675-9444 Fax: 416-675-4426



Ms Glenda Yeates

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 30-MAR-17 23:31
 Depart Date : 31-MAR-17 06:50
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]

(4)

Copy Tax Invoice

Tax ID : 869382002 RT0002
 Westin Toronto Arpt MAR-31-2017 07:00 [REDACTED]

Date (MDY)	Reference	Description	Charges (CAD)	Credits (CAD)
30-MAR-17	[REDACTED]	Room Revenue	203.15	
30-MAR-17	[REDACTED]	Room HST(Harmonized Sales Tax)	26.41	
30-MAR-17	[REDACTED]	DMP Destination Marketing Prgm	5.39	
30-MAR-17	[REDACTED]	DMP - HST	0.70	
31-MAR-17	[REDACTED]	Visa [REDACTED]		-235.65

*Amount below is Authorization only, not charged**

Date	Code	Authorized
30-MAR-17	[REDACTED]	[REDACTED]

** Total 235.65 -235.65
 *** Balance -0.00

✓

Continued on the next page

Westin Toronto Airport
950 Dixon Road
Toronto, ON M9W 5N4
Canada
Tel: 416-675-9444 Fax: 416-675-4426



Ms Glenda Yeates
[Redacted]

Page Number : 2 Invoice Nbr : [Redacted]
Guest Number : [Redacted]
Folio ID : [Redacted]
Arrive Date : 30-MAR-17 23:31
Depart Date : 31-MAR-17 06:50
No. Of Guest : 1
Room Number : [Redacted]
Club Account : [Redacted]

HST Summary for your stay:	Amount (CAD)
Room Revenue HST	26.41
Food & Beverage HST	0.00
Photo/Fax/Copy Services HST	0.00
Other Revenue HST	0.00
Total HST for your stay:	26.41

STAY LONGER - Enjoy more time to explore your destination with the benefits of Westin Weekend, from extended breakfast hours to late Sunday checkouts. Book your next Westin Weekend at westin.com/weekend

Tell us about your stay. www.westin.com/reviews

Signature _____

Employee # [REDACTED]

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Glenda Yeates			Expense Period Month:	Apr-17
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Finance Committee Meeting and Board Meetings on April 27, 2017 in Calgary.				

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	\$53.15 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$134.70 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$187.85 ✓

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>See att. email for approval</i>	May 03 2017	[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>	May 10/17

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

May 18/17
Deborah Rhodes
Deborah Rhodes, VP Corporate Services & CFO

For payment please submit Position #: [REDACTED] DOFA Level: [REDACTED]
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

Carry forward from Section 1

Name:	Glenda Yeates	Expense Period Month:	Apr-17
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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

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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 Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
26-Apr-2017	Taxi from residence to Ottawa Airport to attend Finance Committee and Board Meetings in Calgary on April 27, 2017.	Yes					\$36.72 ✓	✓		
26-Apr-2017	Taxi from Calgary Airport to Calgary Residence.	Yes	LD-\$32.35	\$32.35	✓		\$33.47 ✓	✓		
28-Apr-2017	Taxi from Calgary residence to Calgary Airport.	Yes					\$30.00 ✓	✓		
28-Apr-2017	Taxi from Ottawa Airport to residence.	Yes	BL-\$20.80	\$20.80	✓		\$34.51 ✓			
Total: (amount auto fills to page 1)			\$53.15	✓	\$0.00	\$0.00	\$134.70 ✓	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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BLUE LINE TAXI
 (403) 299-1111

TAXI NO. [REDACTED]
 RECEIPT NO. [REDACTED]
 ORDER NO. [REDACTED]
 TRIP NUMBER [REDACTED]
 PROCEEDINGS [REDACTED]
 04/26/2017
 START: 08:44 END: 08:44
 FARE AMOUNT: \$ 21.31
 TIP AMOUNT: \$ 4.72
 TOTAL: \$ 26.03
 TAX PAID: [REDACTED]
 APPROVAL: [REDACTED]

PASSENGER COPY

CUSTOMER SERVICE: 1-800-441-2022
 (403) 299-1111 (Toll Free)
 04/11/06

\$36.72 ✓



ASSOCIATED CAB
 ALLIED LIMOUSIN
 207-41 AVENUE NE
 CALGARY AB T2E 2N4
 (403) 299-1111
 CAR#561

SALE

MO [REDACTED]
 TD [REDACTED] REF# [REDACTED]
 DATE 04/26/17 SEQ [REDACTED]
 APPR CODE [REDACTED]
 VISA [REDACTED]

AMOUNT \$29.10
 TIP \$4.37
 TOTAL \$33.47

00 - APPROVED - 001

Visa Credit

\$33.47 ✓

THANK YOU
 CUSTOMER COPY

BLUE LINE TAXI
 (403) 299-1111

TAXI NO. [REDACTED]
 RECEIPT NO. [REDACTED]
 ORDER NO. [REDACTED]
 TRIP NUMBER [REDACTED]
 PROCEEDINGS [REDACTED]
 04/26/2017
 START: 11:45 END: 11:45
 FARE AMOUNT: \$ 20.45
 TIP AMOUNT: \$ 1.50
 TOTAL: \$ 21.95
 TAX PAID: [REDACTED]
 APPROVAL: [REDACTED]

PASSENGER COPY

CUSTOMER SERVICE: 1-800-441-2022
 (403) 299-1111 (Toll Free)
 04/11/06

\$34.51 ✓



Driver # Ajorn Car # [REDACTED]
 to Calgary Airport
 From April 28/17
 Date _____ Amount \$30.00 ✓
 GST# [Signature]

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-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
2-Mar-2017	Direct Billing	Airline Ticket	Flight from Edm. to Calgary (attended Board Meeting on Mar. 1 in Edm.); flight from Calgary to Edmonton to attend Board Meetings on March 29-30) and return to Ottawa on March 30 (Invoice # [REDACTED]).	Marlin Travel	814.90
28-Mar-2017	Direct Billing	Hotel	Two nights accommodation to attend Board Meeting on March 29, 2017; and tour of RAH and meeting with the Wisdom Council on March 30, 2017.	Marlin Travel [REDACTED]	368.26
				Other	
Total Paid in the Month					\$ 1,183.16



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 08 Feb 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
--	--

PASSENGERS: MS GLENDA YEATES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	681.00	0.00	\$0.00	108.96	0.00	789.96 CAD
PRE PAID SEATS CAD Confirmation # [REDACTED]	24.94	0.00	\$0.00	0.00	0.00	24.94 CAD
Total:	705.94	0.00	0.00	108.96	0.00	814.90 CAD

PAYMENTS				Form of Payment	Amount
Invoice #	Payment Date	Card Holder			
[REDACTED]	02/08/2017			[REDACTED]	789.96 CAD
	02/08/2017			[REDACTED]	24.94 CAD
Total Payment:					814.90 CAD
Balance Due CAD Currency					0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL AHS BOARD MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** **PLEASE REVIEW YOUR ITINERARY FOR ACCURACY**
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 ---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 08 Feb 17
Client: [REDACTED]
Agent: [REDACTED]
File Locator: [REDACTED]

MY ITINERARY

Passengers: GLENDA YEATES
Citizenship: Not Specified
Required Travel Documents: Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: GLENDA YEATES
Booking Date: 08 Feb 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08137	EDMONTON INTL 02 Mar 17 9:30AM		CALGARY INTL 02 Mar 17 10:24AM	G/	

Passengers: GLENDA YEATES
Booking Date: 08 Feb 17
File Locator/Ticket #: [REDACTED]

Passengers: GLENDA YEATES
Booking Date: 08 Feb 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08225	CALGARY INTL 28 Mar 17 6:00PM		EDMONTON INTL 28 Mar 17 6:52PM	G/	

Passengers: GLENDA YEATES
Booking Date: 08 Feb 17
File Locator/Ticket #: [REDACTED]

Passengers: GLENDA YEATES
Booking Date: 08 Feb 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00178	EDMONTON INTL 30 Mar 17 3:55PM		TORONTO PEARSON 30 Mar 17 9:32PM	G/	

Passengers: GLENDA YEATES
Booking Date: 08 Feb 17
File Locator/Ticket #: [REDACTED]

Passengers: GLENDA YEATES
Booking Date: 08 Feb 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00470	TORONTO PEARSON 30 Mar 17 10:30PM		OTTAWA INTL 30 Mar 17 11:30PM	G/	

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 08 Feb 17
Client: [REDACTED]
Agent: [REDACTED]
File Locator: [REDACTED]

Passengers: GLENDA YEATES

Booking Date: 08 Feb 17
File Locator/Ticket #: [REDACTED]

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Glenda Yeates

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 28-MAR-17 19:34
 Depart Date : 30-MAR-17 13:31
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : [REDACTED]

Copy

Tax ID : 815461330RT0001
 The Westin Edmonton APR-03-2017 11:41 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
28-MAR-17	[REDACTED]	Room Charge	164.00	
28-MAR-17	[REDACTED]	GST	8.45	
28-MAR-17	[REDACTED]	Destination Marketing Fee	4.92	
28-MAR-17	[REDACTED]	Tourism Levy	6.76	
29-MAR-17	[REDACTED]	Room Charge	164.00	
29-MAR-17	[REDACTED]	GST	8.45	
29-MAR-17	[REDACTED]	Destination Marketing Fee	4.92	
29-MAR-17	[REDACTED]	Tourism Levy	6.76	
30-MAR-17	[REDACTED]	Transfer to A/R		-368.26
** Total			368.26	-368.26
*** Balance			0.00	

Continued on the next page

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Glenda Yeates

Page Number : 2 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 28-MAR-17 19:34
 Depart Date : 30-MAR-17 13:31
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : [REDACTED]

FUEL YOUR BODY - It's easy to maintain a healthy lifestyle on the road. Our extensive SuperFoodsRx(TM) menu features nutrient-rich, delicious dishes that fuel your body and give you the focused energy you need. Discover dishes to supercharge your day at westin.com/eatwell

As a Starwood Preferred Guest you have earned at least 0 Starpoints for this visit [REDACTED]

Tell us about your stay. www.westin.com/reviews

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
03-28-2017	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
03-29-2017	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
03-30-2017	0.00	0.00	0.00	0.00	0.00	-368.26	-368.26	0.00
Total	328.00	16.90	13.52	0.00	0.00	-358.42	0.00	0.00

Continued on the next page

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 : Apr-17
-----------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
26-Apr-2017	Direct Billing	Airline Ticket	Flight from Ottawa to Calgary to attend Finance Committee Meeting and Board Meeting on April 27, 2017 and return on April 28, 2017. (Invoice # [REDACTED])	Marlin Travel	841.64
	Direct Billing			Other	
				Other	
Total Paid in the Month					\$ 841.64



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 03 Apr 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
--	---

PASSENGERS: MS GLENDA YEATES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	723.35	0.00	\$0.00	71.96	0.00	795.31 CAD
PRE PAID SEATS CAD Confirmation # [REDACTED]	46.33	0.00	\$0.00	0.00	0.00	46.33 CAD
Total:	769.68	0.00	0.00	71.96	0.00	841.64 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	04/03/2017		[REDACTED]	795.31 CAD
		04/03/2017			46.33 CAD
				Total Payment:	841.64 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL BOARD MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2ECO
 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 ---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 03 Apr 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
GLENDAYEATES	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: GLENDAYEATES
Booking Date: 04/03/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00447	OTTAWA INTL 04/26/2017 10:00AM		TORONTO PEARSON 04/26/2017 11:04AM	G		

Passengers: GLENDAYEATES
Booking Date: 04/03/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00447	OTTAWA INTL 04/26/2017 10:00AM		TORONTO PEARSON 04/26/2017 11:04AM	G		

Passengers: GLENDAYEATES
Booking Date: 04/03/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00173	TORONTO PEARSON 04/26/2017 12:40PM		CALGARY INTL 04/26/2017 2:51PM	G		

Passengers: GLENDAYEATES
Booking Date: 04/03/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00173	TORONTO PEARSON 04/26/2017 12:40PM		CALGARY INTL 04/26/2017 2:51PM	G		

Passengers: GLENDAYEATES
Booking Date: 04/03/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00118	CALGARY INTL 04/28/2017 11:00AM		OTTAWA INTL 04/28/2017 4:51PM	G		

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 03 Apr 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

Passengers: GLENDA YEATES

Booking Date: 04/03/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00118	CALGARY INTL 04/28/2017 11:00AM		OTTAWA INTL 04/28/2017 4:51PM	G		