

AHS Board and Executive Expense Report

Name Glenda Yeates
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of September 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)
Sep-17	Expense Claim	Meetings		145		418	563			
Sep-17	Direct Billing	Meetings	2,452		761		3,213			
Total			\$ 2,452	\$ 145	\$ 761	\$ 418	\$ 3,776	\$ -	\$ -	\$ -

Total for the Month \$ 3,776

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 184
 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.

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:	Jul-17
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Private Board Meeting on July 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	7111030000	45000000	\$20.75 ✓
Travel Exp (B+C+E)	101	0005	7111030000	62212000	\$70.50 ✓
Other (D)	101	0005	7111030000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$91.25 ✓ <i>JD</i>

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>	Sept. 21, 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>	Sept. 28, 2017

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 adm[...]

Deborah Rhodes Sept. 25 2017
 Deborah Rhodes, VP Corporate Services & CFO
 Position #: [REDACTED] DOFA Level: [REDACTED]

For payment please submit to:

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: Jul-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

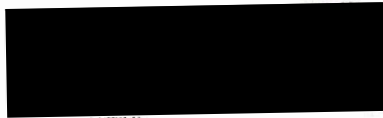
Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

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				
26-Jul-2017	Taxi from residence to Ottawa Airport to attend Private Board Meeting on July 27, 2017 in Calgary.	Yes	D-\$20.75	\$20.75	✓		\$34.70	✓		
5-Sep-2017	Taxi from Ottawa Airport to residence.	Yes					\$35.80	✓		
Total: (amount auto fills to page 1)			\$20.75	✓	\$0.00	\$0.00	\$70.50	✓	\$0.00	0.00

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

*Residence →
Ottawa
airport*

BLUE LINE TAXI
(613) 238 - 1111



TRIP NUMBER:
PASSENGERS:
START: 1/2/2017
END: 14:42
AMOUNT: \$ 30.00

TOTAL : \$ 34.70 ✓ \$34.70

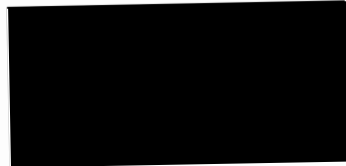
SALE :
TAXI NUMBER :
*PASSENGER COPY***

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



*Return to
Ottawa
airport →
Residence*

BLUE LINE TAXI
(613) 238 - 1111



TRIP NUMBER:
PASSENGERS:
START: 1/2/2017
END: 16:10
AMOUNT: \$ 30.00

TOTAL : \$ 35.80 ✓ \$35.80

SALE :
TAXI NUMBER :
*PASSENGER COPY***

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



BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION				
Name:	Glenda Yeates	Expense Period Month:	Sep-17	
Address:	[REDACTED]	City:	[REDACTED]	
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country: Canada
Reason for Expense	Attendance at Quality & Safety Committee Meeting on September 13; Finance Committee and Audit & Risk Committee Meetings on September 14; and Private Board Meeting on September 28, 2017 in Edmonton.			

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	\$124.60 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$347.54 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$472.14 ✓

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>Glenda Yeates</i>	Oct. 26, 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>	Nov. 2 / 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 administering the program.

Deborah Rhodes Oct. 27/17
Deborah Rhodes, VP Corporate Services & CFO
Position #: [REDACTED] DOFA Level: [REDACTED]

For payment please submit to: [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:	Sep-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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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				
13-Sep-2017	Taxi from residence to Ottawa Airport to attend Board Committee Meetings on September 13-14, 2017 in Edmonton.	Yes	BLD-\$41.55	\$41.55			\$35.65	✓		
13-Sep-2017	Taxi from YEG to hotel.	Yes					\$61.00	✓		
13-Sep-2017	ETS Fare from hotel to SSP to attend Quality & Safety Committee Meeting.	Yes					\$3.25	✓		
14-Sep-2017	Taxi from SSP to YEG.	Yes	LD-\$32.35	\$32.35	✓		\$59.34	✓		
15-Sep-2017	Taxi from Ottawa Airport to residence.	Yes					\$33.59	✓		
27-Sep-2017	Taxi from YEG to hotel.	Yes	D-\$20.75	\$20.75	✓		\$63.25	✓		
28-Sep-2017	Per diems.	Yes	BD-\$29.95	\$29.95	✓					
28-Sep-2017	Taxi from SSP to YEG.	Yes			✓		\$57.50	✓		
1-Oct-2017	Taxi from Ottawa Airport to residence.	Yes					\$33.96	✓		
Total: (amount auto fills to page 1)			\$124.60	✓	\$0.00	\$0.00	\$347.54	✓	\$0.00	0.00

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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Residence
Ottawa
airport

BLUE LINE TAXI
(613) 238 1111

Co-op Taxi Line
(780) 425-2525
www.co-optaxi.com

\$13.25 ✓

TERMINAL ID:
MERCHANT ID:
VEHICLE ID:
DRIVER ID:



Terminal [Redacted]
Driver [Redacted]
17/09/13 11:12:42

TRIP NUMBER:
PASSENGERS:

VISA
Card: [Redacted]
Visa Credit
CHIP CARD

DATE: 2017
START: 04:54

END: [Redacted]

TAXI AMOUNT:

\$ [Redacted]

VERIFIED BY PIN

Ref # [Redacted]
Auth # [Redacted]

TOTAL AMOUNT:

\$ 4.11

TOTAL: \$ 35.65 ✓

FARE : \$ 55.00
TIP : \$ 6.00
TOTAL : \$ 61.00 ✓



PASSENGER COPY
CUSTOMER SERVICE 1-800-443-2012
INQUIRY@TAXITAB.COM
TAXITAB
\$35.65



\$61.00

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain this
copy for your records

BLUE LINE TAXI
(613) 238 - 1111

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

Merchant Copy

Thank you for choosing
Co-op taxi

CARD [Redacted]
CARD TYPE VISA
DATE 2017/09/14
TIME 0238 11:08:11
INVOICE # [Redacted]
RECEIPT NUMBER [Redacted]

PURCHASE
AMOUNT \$51.60
TIP \$7.74
TOTAL

\$59.34 ✓
Visa Credit

APPROVED

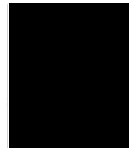
AUTH [Redacted]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.1456
BARREL TAXI 780.485.7777
EDMTAXI.COM
GST 100403070

TERMINAL ID:
MERCHANT ID:
VEHICLE ID:
DRIVER ID:



TRIP NUMBER:
PASSENGERS:

DATE: 2017
START: 01:20

END: 01:20

TAXI AMOUNT:

\$ 29.2

TOTAL AMOUNT:

\$ 33.59

TOTAL: \$ 33.59 ✓

VISA SALE:

APPROVAL NUMBER:

PASSENGER COPY

CUSTOMER SERVICE 1-800-443-2012
INQUIRY@TAXITAB.COM
TAXITAB

\$33.59



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

CARD [REDACTED]
CARD TYPE VISA
DATE 2017/09/27
TIME 1482 22:55:44
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$8.25
TOTAL **\$63.25**

Visa Credit

[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2017/09/29
TIME 0881 05 35 16
INVOICE # [REDACTED]
RECEIPT NUMBER
CB0039258-001-001-082-0
PURCHASE
AMOUNT \$50.00
TIP \$7.50
TOTAL

\$57.50

Visa Credit

[REDACTED]

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

1482 SERVICE
101 TRAIL ST. NW
EDMONTON AB T6B 0A2
Tel: 780-462-3456
Fax: 780-489-7777
2017092922

Purchase
10/01/17 Batch [REDACTED]
10-01-53
Rel: [REDACTED]
Inv: [REDACTED]
Amount: \$ 29.50
Tax: \$ 4.42
Total: \$ 33.96

\$33.96

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 : Jul-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
26-Jul-2017	Direct Billing	Airline Ticket	Flight from Ottawa to Edmonton to attend Board Meetings on July 27, 2017 in Calgary and return on September 5, 2017 (Invoice [REDACTED]).	Marlin Travel	813.94
26-Jul-2017	Direct Billing	Hotel	One night accommodation to attend the Board Meetings on July 27, 2017 in Calgary.	Other	163.54
	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					\$ 977.48



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 20 Jun 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: MS GLENDA YEATES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	705.30	0.00	\$0.00	67.96	0.00	773.26 CAD
PRE PAID SEATS CAD Confirmation # [REDACTED]	40.68	0.00	\$0.00	0.00	0.00	40.68 CAD
Total:	745.98	0.00	0.00	67.96	0.00	813.94 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	06/19/2017	[REDACTED]	[REDACTED]	773.26 CAD
	[REDACTED]	06/19/2017	[REDACTED]	[REDACTED]	40.68 CAD
Total Payment:					813.94 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.

GOVERNMENT CENTRE
 MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8
 Tél.: 780 425 8611
 GST REG# 88510191

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

Trip #: [REDACTED]
Booking Date: 20 Jun 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: 06/19/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00353	OTTAWA INTL 07/26/2017 4:05PM		CALGARY INTL 07/26/2017 6:26PM	G		

Passengers: GLENDAYEATES Booking Date: 06/19/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00353	OTTAWA INTL 07/26/2017 4:05PM		CALGARY INTL 07/26/2017 6:26PM	G		

Passengers: GLENDAYEATES Booking Date: 06/19/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00350	CALGARY INTL 09/05/2017 9:35AM		OTTAWA INTL 09/05/2017 3:22PM	G		

Passengers: GLENDAYEATES Booking Date: 06/19/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00350	CALGARY INTL 09/05/2017 9:35AM		OTTAWA INTL 09/05/2017 3:22PM	G		


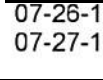
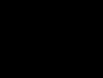


DELTA

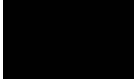

CALGARY SOUTH

135 Southland Drive S.E Calgary, Alberta, T2J 5X5
 Telephone: 403-278-5050 Fax: 403-225-5834

Marlin Travel
 Alberta Health Services
 PO BOX 1600
 EDMONTON AB T5J 2N9
 Canada

Room: 
 Folio: 
 Cashier: 
 Arrival: 07-26-17
 Departure: 07-27-17

Yeates, Glenda

A/R Invoice: 
 A/R Account: 

Date	Description	Additional Information	Charges	Credits
07-26-17	Room Charge	Cost cent: 101.0005.7111030000 JENNIFER HAMSTRA	154.00	
07-26-17	DMF		4.02	
07-26-17	Tourism Levy		5.52	
07-26-17	Rooms - GST		7.90	
08-08-17	GST Exempt- 120903		-7.90	

GST Summary	
Registration No: 895126332	
Room	7.90
F&B	0.00
Other	9.54
Total	17.44

Total	163.54	0.00
Balance Due	163.54	CDN

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

Expense Report Direct Bill Summary

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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 : Sep-17
-----------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
13-Sep-2017	Direct Billing	Airline Ticket	Flight from Ottawa to Edmonton to attend Q&S Committee Meeting on Sept. 13; Finance and Audit & Risk Committee Meetings on Sept. 14 and return on September 14, 2017 (Invoice # [REDACTED])	Marlin Travel	\$816.50
13-Sep-2017	Direct Billing	Hotel	One night accommodation to attend the meetings as per above.	Other	\$184.13
27-Sep-2017	Direct Billing	Airline Ticket	Flight from Ottawa to Edmonton to attend Board Meetings on September 28, 2017 and return on September 29, 2017 (Invoice # [REDACTED])	Marlin Travel	\$821.54
27-Sep-2017	Direct Billing	Hotel	Two nights accommodation to attend the meetings as per above.	Other	\$413.16
Total Paid in the Month					\$ 2,235.33



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 31 Aug 17 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED] File Locator: [REDACTED]
--	--

PASSENGERS: MS GLENDA YEATES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	712.90	0.00	\$0.00	71.96	0.00	784.86 CAD
AIR CANADA Ticket # [REDACTED]	31.64	0.00	\$0.00	0.00	0.00	31.64 CAD
Total:	744.54	0.00	0.00	71.96	0.00	816.50 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	08/29/2017			0.00 CAD
	[REDACTED]	08/29/2017		[REDACTED]	784.86 CAD
	[REDACTED]	08/29/2017		[REDACTED]	31.64 CAD
				Total Payment:	816.50 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.

GOVERNMENT CENTRE
 MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8
 Tél.: 780 425 8611
 GST REG# 88510191

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

Trip #: [REDACTED]
Booking Date: 31 Aug 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [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: 08/29/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00469	OTTAWA INTL 09/13/2017 6:00AM		TORONTO PEARSON 09/13/2017 7:04AM	G		

Passengers: GLENDA YEATES

Booking Date: 08/29/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00469	OTTAWA INTL 09/13/2017 6:00AM		TORONTO PEARSON 09/13/2017 7:04AM	G		

Passengers: GLENDA YEATES

Booking Date: 08/29/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00163	TORONTO PEARSON 09/13/2017 8:15AM		EDMONTON INTL 09/13/2017 10:13AM	G		

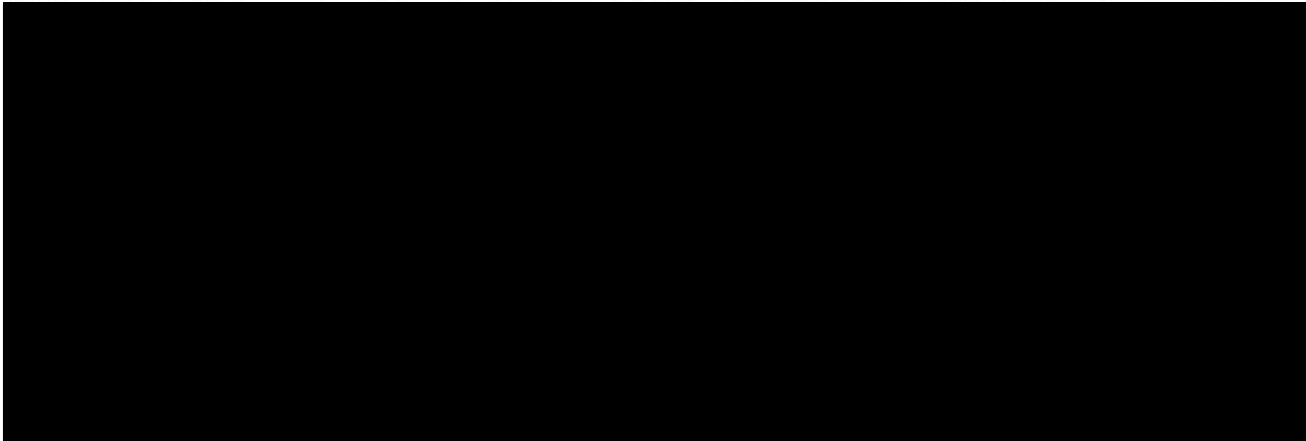
Passengers: GLENDA YEATES

Booking Date: 08/29/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00163	TORONTO PEARSON 09/13/2017 8:15AM		EDMONTON INTL 09/13/2017 10:13AM	G		

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

Trip #: [REDACTED]
Booking Date: 31 Aug 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]
File Locator: [REDACTED]



AIR

Passengers: GLENDA YEATES
Booking Date: 08/29/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08169	EDMONTON INTL 09/14/2017 5:05PM		CALGARY INTL 09/14/2017 5:58PM	G		

Passengers: GLENDA YEATES
Booking Date: 08/29/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08169	EDMONTON INTL 09/14/2017 5:05PM		CALGARY INTL 09/14/2017 5:58PM	G		

Passengers: GLENDA YEATES
Booking Date: 08/29/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00352	CALGARY INTL 09/14/2017 7:10PM		OTTAWA INTL 09/15/2017 12:54AM	G		

Passengers: GLENDA YEATES
Booking Date: 08/29/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00352	CALGARY INTL 09/14/2017 7:10PM		OTTAWA INTL 09/15/2017 12:54AM	G		

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 : 13-SEP-17 11:15
 Depart Date : 14-SEP-17 07:29
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : [REDACTED]

Copy

Tax ID : 815461330RT0001
 The Westin Edmonton SEP-15-2017 10:54 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
13-SEP-17	[REDACTED]	Room Charge	164.00	
13-SEP-17	[REDACTED]	GST	8.45	
13-SEP-17	[REDACTED]	Destination Marketing Fee	4.92	
13-SEP-17	[REDACTED]	Tourism Levy	6.76	
14-SEP-17	[REDACTED]	Transfer to A/R		-184.13
		** Total	184.13	-184.13
		*** Balance	-0.00	

BETTER BALANCE - The soothing scent of White Tea revitalizes and uplifts from the moment you step through our doors. Enhance any environment by taking our signature scent home with you. Learn more at westin.com/store

Continued on the next page

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 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 : 13-SEP-17 11:15
 Depart Date : 14-SEP-17 07:29
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : [REDACTED]

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
09-13-2017	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
09-14-2017	0.00	0.00	0.00	0.00	0.00	-184.13	-184.13	0.00
	-----	-----	-----	-----	-----	-----	-----	-----
Total	164.00	8.45	6.76	0.00	0.00	-179.21	0.00	0.00



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 31 Aug 17 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED] File Locator: [REDACTED]
--	--

PASSENGERS: MS GLENDA YEATES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	712.90	0.00	\$0.00	67.96	0.00	780.86 CAD
AIR CANADA Ticket # [REDACTED]	40.68	0.00	\$0.00	0.00	0.00	40.68 CAD
Total:	753.58	0.00	0.00	67.96	0.00	821.54 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	08/29/2017			0.00 CAD
	[REDACTED]	08/29/2017		[REDACTED]	780.86 CAD
	[REDACTED]	08/29/2017			40.68 CAD
Total Payment:					821.54 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 -----
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GOVERNMENT CENTRE
 MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8
 Tél.: 780 425 8611
 GST REG# 88510191

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

Trip #: [REDACTED]
Booking Date: 31 Aug 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [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: 08/29/2017					
		File Locator/Ticket #: [REDACTED]					
Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00363	OTTAWA INTL 09/27/2017 8:15PM		EDMONTON INTL 09/27/2017 10:33PM	G		

Passengers: GLENDAYEATES		Booking Date: 08/29/2017					
		File Locator/Ticket #: [REDACTED]					
Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00363	OTTAWA INTL 09/27/2017 8:15PM		EDMONTON INTL 09/27/2017 10:33PM	G		



AIR

Passengers: GLENDAYEATES		Booking Date: 08/29/2017					
		File Locator/Ticket #: [REDACTED]					
Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00364	EDMONTON INTL 09/29/2017 7:00AM		OTTAWA INTL 09/29/2017 12:43PM	G		

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MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8
Tél.: 780 425 8611
GST REG# 88510191

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

Trip #: [REDACTED]
Booking Date: 31 Aug 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]
File Locator: [REDACTED]

Passengers: GLENDA YEATES

Booking Date: 08/29/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00364	EDMONTON INTL 09/29/2017 7:00AM		OTTAWA INTL 09/29/2017 12:43PM	G		

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 : 27-SEP-17 22:58
 Depart Date : 29-SEP-17 05:02
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : [REDACTED]

Copy

Tax ID : 815461330RT0001
 The Westin Edmonton OCT-03-2017 11:49 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
27-SEP-17	[REDACTED]	Room Charge	184.00	
27-SEP-17	[REDACTED]	GST	9.48	
27-SEP-17	[REDACTED]	Destination Marketing Fee	5.52	
27-SEP-17	[REDACTED]	Tourism Levy	7.58	
28-SEP-17	[REDACTED]	Room Charge	184.00	
28-SEP-17	[REDACTED]	GST	9.48	
28-SEP-17	[REDACTED]	Destination Marketing Fee	5.52	
28-SEP-17	[REDACTED]	Tourism Levy	7.58	
29-SEP-17	[REDACTED]	Transfer to A/R		-413.16
** Total			413.16	-413.16
*** Balance			0.00	

Continued on the next page

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 Canada
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Glenda Yeates

Page Number : 2 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 27-SEP-17 22:58
 Depart Date : 29-SEP-17 05:02
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : [REDACTED]

KIDS EAT WELL AT WESTIN - Discover kids' meals that are as delicious as they are nutritious with the Westin Eat Well Menu for Kids, developed with Superchefs(TM) to make kids and parents happy. Learn more 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
09-27-2017	184.00	9.48	7.58	0.00	0.00	5.52	206.58	0.00
09-28-2017	184.00	9.48	7.58	0.00	0.00	5.52	206.58	0.00
09-29-2017	0.00	0.00	0.00	0.00	0.00	-413.16	-413.16	0.00
Total	368.00	18.96	15.16	0.00	0.00	-402.12	0.00	0.00

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