

## AHS Board and Executive Expense Report

**Name** Glenda Yeates  
**Title** AHS Board Member  
**Location** Edmonton

Expenses submitted during the month of April 2019

			Travel (1)					Working Sessions Hosting and Hospitality		
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Hosting and Hospitality (3)	Other (4)
Apr-19	Expense Claim	Meetings		51	190	165	406			
Apr-19	Direct Billing	Meetings	1,271				1,271			
<b>Total</b>			\$ 1,271	\$ 51	\$ 190	\$ 165	\$ 1,677	\$ -	\$ -	\$ -

**Total for the Month**      \$      1,677

Maximum daily single meal expense claimed in the month      \$      21  
Maximum daily base hotel rate claimed in the month      \$      169  
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

<b>SECTION 1: PAYEE INFORMATION</b>			
Name:	Glenda Yeates	Expense Period Month:	Apr-19
Address:	[REDACTED]	City:	Ottawa
Province:	[REDACTED]	Postal Code:	[REDACTED]
		Country:	Canada
Reason for Expense	All the below expenses are related to the following 2 events: Chaired Quality & Safety Committee on March 13, 2019 in Edmonton (stayed in Alberta and returned home on April 01, 2019). Attended Private and Public Board Meetings on April 25, 2019 in Edmonton.		

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
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	\$50.70 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$354.86 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00 ✓
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$405.56</b> ✓

<b>SECTION 3: AUTHORIZATION</b>			
I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.			
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 attached email for signature/approval</i>	May 01 2019	[REDACTED]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.	
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 13/19

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

*Deborah Rhodes*  
Deborah Rhodes, VP Corporate Services & CFO

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

**Carry forward from Section 1**

<b>Name:</b>	Glenda Yeates	<b>Expense Period Month:</b>	Apr-19
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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**

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				
1-Apr-2019	Taxi from Ottawa Airport to residence (chaired QSC Meeting on March 13, 2019, stayed in AB returned on April 01, 2019).	Yes					\$34.14	✓		
24-Apr-2019	Taxi from residence to Ottawa Airport to attend Board Meetings on April 25, 2019 in Edmonton.	Yes					\$34.70	✓		
24-Apr-2019	Taxi from YEG to hotel.	Yes					\$63.25	✓		
24-Apr-2019	1 night accommodation.	Yes	D-\$20.75	\$20.75	✓	\$189.73	✓			
25-Apr-2019	Breakfast and dinner Per Diems.	Yes	BD-\$29.95	\$29.95	✓					
26-Apr-2019	Taxi from Ottawa Airport to residence.	Yes					\$33.04	✓		
<b>Total: (amount auto fills to page 1)</b>			\$50.70			\$0.00	\$189.73	\$165.13	\$0.00	0.00

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ -
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Atts  
sent to Jennifer

BLUE LINE TAXI  
(613) 238-1111

TERMINAL ID: [REDACTED]  
MERCHANT ID: [REDACTED]  
VEHICLE ID: [REDACTED]  
DRIVER ID: [REDACTED]  
TRIP NUMBER: 7331  
PASSENGERS: 1  
GROSS TOTAL  
START: 17:23 END: 17:23  
FARE AMOUNT: \$ 29.69  
TAX AMOUNT: \$ 4.45  
TOTAL: \$ 34.14 ✓  
VISA SALE: [REDACTED] ✓  
APPROVAL NUMBER: [REDACTED]

\*\*\*PASSENGER COPY\*\*\*  
CUSTOMER SERVICE 1-800-443-2612  
INQUIRY@TAXITAB.COM  
TAXITAB



Atts  
Madison → Ott. airport

BLUE LINE TAXI  
(613) 238-1111

TERMINAL ID: [REDACTED]  
MERCHANT ID: [REDACTED]  
VEHICLE ID: [REDACTED]  
DRIVER ID: [REDACTED]  
TRIP NUMBER: 922  
PASSENGERS: 1  
04-24-2019  
START: 12:29 END: 12:30  
FARE AMOUNT: \$ 30.10  
TIP AMOUNT: \$ 4.60  
TOTAL: \$ 34.70 ✓  
VISA SALE: [REDACTED] ✓  
APPROVAL NUMBER: [REDACTED]

\*\*\*PASSENGER COPY\*\*\*  
CUSTOMER SERVICE 1-800-443-2612  
INQUIRY@TAXITAB.COM  
TAXITAB



By AIR → Washin

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

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2019/04/24  
TIME 1949 19:04 37  
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

GST#850828559

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

# WESTIN®

HOTELS & RESORTS

GLENDAYEATES

Page Number : 1 Invoice Nbr : [REDACTED]  
Guest Number : [REDACTED]  
Folio ID : [REDACTED]  
Arrive Date : 24-APR-19 19:10  
Depart Date : 25-APR-19 10:01  
No. Of Guest : 1  
Room Number : [REDACTED]  
Marriott Bonvoy Number : [REDACTED]

Information Invoice

Tax ID : 815461330RT0001  
The Westin Edm YEGWI APR-25-2019 03:20 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
24-APR-19	[REDACTED]	Room Chrg - Special Corp	169.00	
24-APR-19	[REDACTED]	GST	8.70	
24-APR-19	[REDACTED]	DMF	5.07	
24-APR-19	[REDACTED]	Tour Levy	6.96	
APR-25-2019	VI	Visa		-189.73

Approve EMV Receipt for VI - [REDACTED] PIN Verified

Application Label: Visa Credit

Continued on the next page

**From:** Glenda Yeates [REDACTED]  
**Sent:** Sunday, April 28, 2019 2:02 PM  
**To:** [REDACTED]  
**Subject:** Taxi receipt

Caution - This email came from an external address and may contain unsafe content. Ensure you trust this sender before opening attachments or clicking any links in this message.

AHS Yow → Home



Hello Jennifer,

## 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

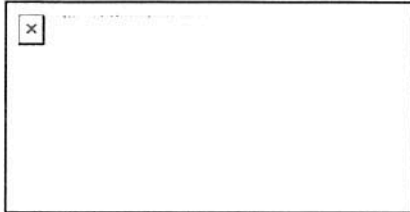
- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- 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

<b>Name :</b> Glenda Yeates	<b>Reporting Period for the Month of :</b> Apr-19
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
24-Apr-19	Direct Billing	Airline Ticket	Flight from Ottawa to Edmonton to attend the Private and Public Board Meetings on April 25, 2019 and return (Invoice [REDACTED])	Vision Travel	\$1,270.76
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
<b>Total Paid in the Month</b>					\$ 1,270.76



**From:** [REDACTED]@visiontravel.ca  
**Sent:** Wednesday, April 10, 2019 6:38 PM  
**To:** [REDACTED]@BELL.NET [REDACTED]  
**Subject:** Invoice and Itinerary for YEATES/GLENDA MS - 24April19 - Vision Travel Locator: [REDACTED]



Vision Travel DT Ontario-West Inc  
9929 - 108 St.  
Edmonton, AB  
T5K 1G8  
(780) 425-8611 1-866-425-8611  
  
www.visiontravel.ca  
GST Reg : 723782728 RT 0001

## Invoice/Itinerary

Invoice [REDACTED]  
Issued: 11 April 2019

Agency Ref.: [REDACTED]  
Sales Person: [REDACTED]

Customer Number [REDACTED]  
Customer Ref.: [REDACTED]

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

Passenger(s): YEATES/GLENDA MS

**Disclaimer:** It is your responsibility to carefully review this itinerary immediately upon receipt and notify us if there are any discrepancies.

AIR - Wednesday, April 24 2019		<a href="#">Add To Calendar</a>	
<b>Air Canada Flight AC455 Economy Class</b>			
<b>Depart</b>	Ottawa, Ontario <a href="#">Weather</a> Ottawa International Airport 02:00 PM Wednesday, April 24 2019	<b>Arrive</b>	Toronto, Ontario <a href="#">Weather</a> Pearson International Airport 03:04 PM Wednesday, April 24 2019
<b>Duration:</b>	1 hour(s) and 4 minute(s) Non-stop		
<b>Status:</b>	Confirmed - Air Canada Booking Reference: [REDACTED]		
<b>FF Number:</b>	[REDACTED] YEATES/GLENDA MS - please reconfirm at check-in		
<b>Online Check In:</b>	Available 24 hours prior - <a href="#">click here</a>		
<b>E Upgrade:</b>	For Eligible Flight - Aeroplan Members <a href="#">click here</a>		
<b>Remarks:</b>	SEAT 14C - YEATES/GLENDA MS AIR CANADA [REDACTED] TICKET NUMBER [REDACTED] ARR TERMINAL 1 PLEASE CHECK IN WITH AIR CANADA		



AIR - Wednesday, April 24 2019

[Add To Calendar](#)

**Air Canada Flight AC171 Economy Class**

<b>Depart</b>	Toronto, Ontario <a href="#">Weather</a> Pearson International Airport 04:20 PM Wednesday, April 24 2019	<b>Arrive</b>	Edmonton, Alberta <a href="#">Weather</a> Edmonton International Airport 06:25 PM Wednesday, April 24 2019
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**Duration:** 4 hour(s) and 5 minute(s) Non-stop  
**Status:** Confirmed - Air Canada Booking Reference: [REDACTED]  
**FF Number:** 981105810 - YEATES/GLENDA MS - please reconfirm at check-in  
**Online Check In:** Available 24 hours prior - [click here](#)  
**E Upgrade:** For Eligible Flight - Aeroplan Members [click here](#)

**Remarks:** SEAT 16C - YEATES/GLENDA MS  
AIR CANADA [REDACTED]  
TICKET NUMBER [REDACTED]  
DEP TERMINAL1  
PLEASE CHECK IN WITH AIR CANADA

AIR - Thursday, April 25 2019

[Add To Calendar](#)

**Air Canada Flight AC8155 Economy Class**

<b>Depart</b>	Edmonton, Alberta <a href="#">Weather</a> Edmonton International Airport 05:25 PM Thursday, April 25 2019	<b>Arrive</b>	Calgary, Alberta <a href="#">Weather</a> Calgary International Airport 06:17 PM Thursday, April 25 2019
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**Duration:** 0 hour(s) and 52 minute(s) Non-stop  
**Status:** Confirmed - Air Canada Booking Reference: [REDACTED]  
**Operated By:** AIR CANADA EXPRESS - JAZZ  
**FF Number:** [REDACTED] YEATES/GLENDA MS - please reconfirm at check-in  
**Online Check In:** Available 24 hours prior - [click here](#)  
**E Upgrade:** For Eligible Flight - Aeroplan Members [click here](#)

**Remarks:** SEAT 4C - YEATES/GLENDA MS  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
PLEASE CHECK IN WITH AIR CANADA EXPRESS - JAZZ

**Air Canada Flight AC352 Economy Class**

<b>Depart</b>	Calgary, Alberta <a href="#">Weather</a> Calgary International Airport 07:15 PM Thursday, April 25 2019	<b>Arrive</b>	Ottawa, Ontario <a href="#">Weather</a> Ottawa International Airport 12:58 AM Friday, April 26 2019
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**Duration:** 3 hour(s) and 43 minute(s) Non-stop  
**Status:** Confirmed - Air Canada Booking Reference [REDACTED]  
**FF Number:** [REDACTED] YEATES/GLENDA MS - please reconfirm at check-in  
**Online Check In:** Available 24 hours prior - [click here](#)  
**E Upgrade:** For Eligible Flight - Aeroplan Members [click here](#)

**Remarks:** SEAT 13A - YEATES/GLENDA MS  
 AIR CANADA CONFIRMATION [REDACTED]  
 TICKET NUMBER [REDACTED]  
 PLEASE CHECK IN WITH AIR CANADA

**Invoice Details**

Transaction	Document / Booking Number	Base Fare	Other Tax	GST/HST	QST	Total
Invoice Number:	[REDACTED]					
Vendor AC AIR CANADA		1198.80	71.96	0.00	0.00	1270.76
				Billed to	[REDACTED]	
	<b>Totals:</b>	<b>1198.80</b>	<b>71.96</b>	<b>0.00</b>	<b>0.00</b>	<b>1270.76</b>
				<b>Total Credit Card Billing:</b>		<b>1270.76</b>
				<b>Balance Due:</b>		<b>0.00</b>