

AHS Board and Executive Expense Report

Name Gregory Cummings
Title Chief Zone Officer, North Zone
Location Westlock

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			703	166	869			
Apr-17	Expense Claim	Meetings		312			312			
Apr-17	Direct Billing	Meetings	479			193	672			
Total			\$ 479	\$ 312	\$ 703	\$ 359	\$ 1,853	\$ -	\$ -	\$ -

Total for the Month \$ 1,853

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 137
 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
CUMMINGS, GREGORY	Chief Zone Officer, North Zone	Westlock	\$ 868.98

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/21/2017	Travel to Calgary for Senior Leadership Team Meeting	AB - Other Zones	Accommodations	\$ 144.52				1			
3/21/2017	Travel to Calgary for Senior Leadership Team Meeting	AB - Other Zones	Parking - Lot or Parkade	\$ 50.00				1			
3/27/2017	Health Minister Site Visit in High Prairie	AB - North Zone	Accommodations	\$ 140.61				1			
4/3/2017	Travel to Valleyview for Steering Committee Meetings	AB - North Zone	Accommodations	\$ 110.09				1			
4/4/2017	Travel to Grande Prairie for staff meetings.	AB - North Zone	Parking - Lot or Parkade	\$ 7.50				1			
4/5/2017	Travel to Grande Prairie for staff meetings.	AB - North Zone	Parking - Lot or Parkade	\$ 7.50				1			
4/5/2017	Fuel for rental vehicle	AB - North Zone	Fuel	\$ 26.14				1			
4/5/2017	Travel to Grande Prairie and Valleyview for staff meetings.	AB - North Zone	Accommodations	\$ 307.62				2			
4/5/2017	Travel to Grande Prairie and Valleyview for Steering Committee and staff meetings	AB - North Zone	Parking - Lot or Parkade	\$ 75.00				1			

Approver(s) for the claim	Approval Status	Approval Date
GORDON, DEBORAH A	Approve	24-Apr-17

①



03-21-17

Greg Cummings	Folio No. :	Room No. :
[Redacted]	A/R Number :	Arrival : 03-20-17
[Redacted]	Group Code :	Departure : 03-21-17
[Redacted]	Company :	Conf. No. : [Redacted]
[Redacted]	Membership No. :	Rate Code : IPABC
[Redacted]	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
03-20-17	*Guest Room	129.99	
03-20-17	CTR 2%	2.60	
03-20-17	Provincial Tourism Levy 4%	5.30	
03-20-17	GST 5%	6.63	
03-21-17	MasterCard [Redacted]		144.52

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.

Total	144.52	144.52
Balance	0.00	

GST # 823593942

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

SKT
Monday afternoon to
Tuesday night.

2.

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

Exit Lane 21/03/17 20:33
Receipt [REDACTED]

Short-Term Parking

Mastercard

Daily Lot

10/03/17 12:13

17/03/17 20:33

Period 2d0h0'

(Tax) \$50.00

Total \$50.00

Payment Received \$50.00

[REDACTED]

Gross Total \$47.62
Tax 5% \$2.38

6.

5.

RECEIPT

QE II Parking
Grande Prairie, Alberta

License Plate Number
[REDACTED]

Expiration Date/Time

**09:16 AM
APR 05, 2017**

Purchase Date/Time: 09:16am Apr 04, 2017
Total Due: \$7.50 Rate: \$7.50-Daily-24 hrs
Total Paid: \$7.50 Payment Type: Card
Ticket # [REDACTED]
S/N # [REDACTED]
Setting: QE II Hospital
Mach Name: [REDACTED]

[REDACTED] MasterCard

Parking Rates are
GST Exempt

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

RECEIPT

QE II Parking
Grande Prairie, Alberta

License Plate Number
[REDACTED]

Expiration Date/Time

**09:00 AM
APR 06, 2017**

Purchase Date/Time: 09:00am Apr 06, 2017
Total Due: \$7.50 Rate: \$7.50-Daily-24 hrs
Total Paid: \$7.50 Payment Type: Card
Ticket # [REDACTED]
S/N # [REDACTED]
Setting: QE II Hospital
Mach Name: [REDACTED]

[REDACTED] MasterCard

Auth [REDACTED]

Parking Rates are
GST Exempt

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

3.

Invoice



Peavine Inn and Suites

3905 51st Ave., PO Box 3420

High Prairie, Alberta, Canada, T0G 1E0

Phone: 780-523-2398 Fax: 780-523-2764

www.peavineinnandsuites.com

Finance@peavineinn.com

Print Date 3:29:33PM

Print Time 2017-03-27

GREGORY CUMMINGS
AHS,
WESTLOCK, AB
X

GST #: 870554102RT0001

Folio Invoice #



Guest

GREGORY CUMMINGS

Reference



From	to	Nights	Adults	Children	Sub
2017-03-26	2017-03-27	1	1	0	0

Room	Date	Document	Type	Reference and Description	Amount
	2017-03-26		Charge		129.00
				GST 5%	6.45
				Hotel Tax 4%	5.16
	2017-03-27		Payment	Mastercard	\$-140.61
				Total	\$0.00
				GST 5%	6.45
				Hotel Tax 4%	5.16

Signature

Thank you for staying with us.
Call 1 877 523 2398 to make your next reservation with us.
Book online at www.peavineinnandsuites.com

H.



04-03-17

Greg Cummings	Folio No. :	Room No. :
[REDACTED]	A/R Number :	Arrival : 04-02-17
	Group Code :	Departure : 04-03-17
	Company : Government Canada	Conf. No. : [REDACTED]
	Membership No. : [REDACTED]	Rate Code : IMCGV
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
04-02-17	*Accommodation	101.00	
04-02-17	G.S.T.	5.05	
04-02-17	Tourism Levy	4.04	
04-03-17	Manual - MasterCard		110.09
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews . We look forward to welcoming you back soon.		Total	110.09
		Balance	0.00

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

7.
PETRO-CANADA
11925 101 AVE
GRANDE PRAIRIE
ALBERTA T8U 3X9
(780) 532-7289

GST 846230787

TERMINAL:
PAYPOINT:

2017-04-05 17:48

PUMP 05
REGULAR
LITRES L 26.166
PRICE/L \$ 0.999
FUEL SALES \$ 26.14*

TOTAL DUE \$ 26.14

TOTAL PAID
CREDIT CARD \$ 26.14

* GST INCL. \$ 1.24

MASTERCARD

AUTH
PURCHASE

MASTERCARD

INVOICE

VERIFIED BY PIN

00 APPROVED
THANK YOU 027

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS
- CUSTOMER'S COPY -

SURVEY! EARN POINTS
& CHANCE TO WIN GAS
PETRO-CANADA.CA/HERO

9.

GSI# R128599776

Edmonton Airports

Can-T6J 2T2 Edmonton
Tax Code CA5%

Exit Lane 05/04/17 20:26
Receipt

Short-Term Parking
Mastercard
Daily Lot
05/04/17 06:19
05/04/17 20:26
Period 1d0h0'
(Tax)

\$75.00

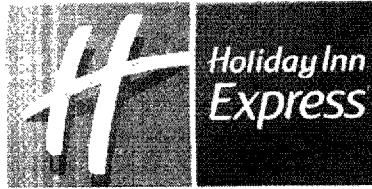
Total \$75.00

Payment Received
\$75.00

Type: Swiped

Sub Total \$71.43
Tax 5% \$3.57

GRANDE PRAIRIE HOLIDAY
INN EXP
10226 117 AVE
GRANDE PRAIRIE AB



CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2017/04/05
TIME 5285 02:25:02
RECEIPT NUMBER
[REDACTED]

04-05-17

Folio No. :
A/R Number :
Company : **Government Canada**
Membership No. : [REDACTED]
Invoice No. :

Room No. : [REDACTED]
Arrival : **04-03-17**
Departure : **04-05-17**
Conf. No. : [REDACTED]
Rate Code : **IMCGV**
Page No. : **1 of 1**

PRE-AUTH COMPLETION
TOTAL

\$307.62

Description	Charges	Credits
MasterCard	137.00	
[REDACTED] Fee	4.11	
	6.85	
	5.48	
	0.21	
	0.16	
	137.00	
IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS Fee	4.11	
	6.85	
04-04-17 Tourism Tax 4%	5.48	
04-04-17 DMF Tax GST	0.21	
04-04-17 DMF Tax Tourism	0.16	
04-05-17 Manual-Master Card [REDACTED]		307.62
Total	307.62	307.62
Balance	0.00	

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

04-04-17 Tourism Tax 4%
04-04-17 DMF Tax GST
04-04-17 DMF Tax Tourism
04-05-17 Manual-Master Card [REDACTED]

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Pomeroy Lodging LP o/a
HOLIDAY INN EXPRESS GRANDE PRAIRIE
10226 117 Avenue
Grande Prairie, Alberta Canada T8V 7S5
Telephone: (780) 814-9446 Fax: (780) 814-9684
www.hiexpress.com
GST855473310RT0012

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
CUMMINGS, GREGORY	Chief Zone Officer, North Zone	Westlock	\$ 312.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/24/2017	Travel to Grande Prairie for Ad & MH Meetings	AB - North Zone	Meals Per Diem	\$ 37.00			Lunch \$13.00 Dinner \$24.00	1			
3/26/2017	Travel to High Prairie - Health Minister Tour	AB - North Zone	Meals Per Diem	\$ 24.00			Dinner \$24.00	1			
3/27/2017	Travel to High Prairie - Health Minister Tour	AB - North Zone	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
4/2/2017	Travel to Grande Prairie & Valleyview for Staff Meetings	AB - North Zone	Meals Per Diem	\$ 24.00			Dinner \$24.00	1			
4/3/2017	Travel to Grande Prairie & Valleyview for Staff Meetings	AB - North Zone	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
4/4/2017	Travel to Grande Prairie & Valleyview for Staff Meetings	AB - North Zone	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
4/5/2017	Travel to Grande Prairie & Valleyview for Staff Meetings	AB - North Zone	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
4/20/2017	Valleyview - Respectful Workplace Session	AB - North Zone	Meals Per Diem	\$ 37.00			Lunch \$13.00 Dinner \$24.00	1			

Approver(s) for the claim	Approval Status	Approval Date
GORDON, DEBORAH A	Approve	24-Apr-17

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 : Gregory Cummings	Reporting Period for the Month of : Apr-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
17-Apr-2017	Direct Billing	Airline Ticket	April 26th Flight to Fort McMurray for SOD Interview	Marlin Travel	478.96
3-Apr-2017	Direct Billing	Car Rental	April 3-5 travel to Grande Prairie and Valleyview for Steering Committee and staff meetings.	Other	192.66
Total Paid in the Month					\$ 671.62

Traveler**Passenger Name:**
CUMMINGS, GREGORY MR**e-Ticket Number:**
[REDACTED]**Reservation Number:**
[REDACTED]**Ticket Issue Date:**
April 17, 2017**Agency Details****Agency Information:**
MARLIN TRAVEL
9929 - 108Th.Street Government Centre
Edmonton, AB T5K 1G8
Canada**Agency Phone:**
780 425-8611 MARLIN TRAVEL 60-87935-0/
Agency IATA Number:
60879350**Flight - Air Canada (AC) - 8380 April 26, 2017****Confirmation Number:**
[REDACTED]**Status:**
Confirmed**Fare Basis:**
W7ZLAFL**Flight Operated By:** AIR CANADA EXPRESS
- JAZZ**Depart:**
Edmonton Intl Arpt (YEG)
Edmonton
Terminal Not Available
8:10 AM**Arrive:**
Ft McMurray Municipal Arpt (YMM)
Ft McMurray
Terminal M
9:20 AM**Class Of Service:**
Economy**Carry-On:**
2 Piece Plan
Bag 1 - NO FEE CARRYON HAND BAGGAGE ALLOWANCE
Bag 2 - NO FEE CARRY ON HAND BAGGAGE**Baggage Allowance:**
1 Piece Plan
Bag 1 - NO FEE UPTO50LB/23KG AND UPTO62LI/158LCM
Bag 2 - 35.00 CAD UPTO50LB/23KG AND UPTO62LI/158LCM
Applies to: YEA - YMM**Flight - Air Canada (AC) - 8391 April 26, 2017****Confirmation Number:**
[REDACTED]**Status:**
Confirmed**Fare Basis:**
W7ZLAFL**Flight Operated By:** AIR CANADA EXPRESS
- JAZZ**Depart:**
Ft McMurray Municipal Arpt (YMM)
Ft McMurray
Terminal M
8:35 PM**Arrive:**
Edmonton Intl Arpt (YEG)
Edmonton
Terminal Not Available
9:48 PM**Class Of Service:**
Economy**Carry-On:**
2 Piece Plan
Bag 1 - NO FEE CARRYON HAND BAGGAGE ALLOWANCE
Bag 2 - NO FEE CARRY ON HAND BAGGAGE**Baggage Allowance:**
1 Piece Plan
Bag 1 - NO FEE UPTO50LB/23KG AND UPTO62LI/158LCM
Bag 2 - 35.00 CAD UPTO50LB/23KG AND UPTO62LI/158LCM
Applies to: YMM - YEA**Fare Information****Form Of Payment:**
[REDACTED]**Fare:** CAD 404.00**Taxes and Carrier-imposed fees:**
CAD 14.96 CA
CAD EXEMPT XG
CAD 60.00 SQ**Total:** CAD 478.96**Endorsement Information:**
AC ONLYF-NONREF-CHGE FEE AB HEALTHSERVICES COF**Fare Calculation:**
26APR YEA AC YMM Q9.00Q3.00 190.00AC YEA Q9.00Q3.00 190.00CAD404.00END



10610 AIRPORT DRIVE
 GRANDE PRAIRIE, AB T8V7Z5
 Federal GST# :889365821

Rental Agreement #:

Bill Ref #:

Invoice Date:

Account #:

Not Yet Billed

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	3 DAY	52.00	156.00
Subtotal			156.00
CONCESSION FEE RECOVERY	PCT	16.28	25.69
VEHICLE LICENSE FEE RECOVERY	3 DAY	0.60	1.80
GOODS AND SERVICES TAX	PCT	5.00	9.17

BILL TO

Alberta Health Services
 PO BOX 1600
 EDMONTON, AB - T5T2N9

RENTAL INFORMATION

Date/Time Out 04/03/2017 09:00 AM
Date/Time In 04/05/2017 06:43 PM

Renter
 CUMMINGS, GREGORY PAUL

Amount Due (CAD) 192.66

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out	In
WHITE		TIGU	7MKGTQ	31,312	31,602

VIN:

CLAIM INFORMATION

Claim# / PO# / RO#	Insured	
Date of Loss	Type of Loss	Type of Vehicle
Repair Shop		

For Billing Inquiries / Payment Terms :
 Tel#:+1 9184016000
 AskARCanada@ehi.com
 Payment Due within 30 days of invoice date
 Late payments are subject to a finance charge.

ADDITIONAL INFORMATION

COST CENTER# 101.0004.71110100064

Thank You For Choosing Enterprise

Please Return This Portion With Remittance	Amount Due (CAD)	192.66
Remit To : ENTERPRISE RENT A CAR CANADA COMPAN 709 MILNER AVE SCARBOROUGH, ON M1B6B6	Paid By: Alberta Health Services PO BOX 1600 EDMONTON, AB T5T2N9	
Account #	Rental Agreement	Amount
		192.66
		GPBR

