

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of May 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)
May-17	P-Card	Meetings			623	165	788			
May-17	Expense Claim	Meetings		368		10	378			
May-17	Direct Billing	Meetings	467				467			
<b>Total</b>			<b>\$ 467</b>	<b>\$ 368</b>	<b>\$ 623</b>	<b>\$ 175</b>	<b>\$ 1,633</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Total for the Month** \$ 1,633

Maximum daily single meal expense claimed in the month \$ 24  
 Maximum daily base hotel rate claimed in the month \$ 129  
 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	\$ 787.78

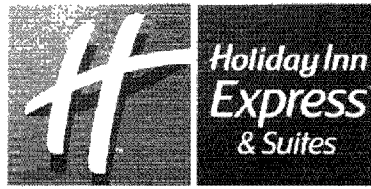
  

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/25/2017	Northern Health Summit Meeting	AB - Other Zones	Parking - Lot or Parkade	\$ 10.00				1			
4/26/2017	Fort McMurray SOD Interviews	AB - Other Zones	Accommodations	\$ 113.89				1			
4/26/2017	Fort McMurray SOD Interviews	AB - Other Zones	Parking - Lot or Parkade	\$ 25.00				1			
4/26/2017	Fort McMurray SOD Interviews	AB - North Zone	Taxi	\$ 37.50	NLRHC	Airport		1			
4/26/2017	Fort McMurray SOD Interviews	AB - North Zone	Taxi	\$ 34.50	Airport	NLRHC		1			
5/3/2017	Fort McMurray Wildfire Anniversary	AB - Other Zones	Accommodations	\$ 109.96				1			
5/4/2017	Fort McMurray Wildfire Anniversary	AB - Other Zones	Parking - Lot or Parkade	\$ 34.00				1			
5/12/2017	High Prairie Facility Grand Opening	AB - North Zone	Accommodations	\$ 140.61				1			
5/15/2017	Hinton Good Samaritan Society Meeting	AB - North Zone	Accommodations	\$ 128.61				1			
5/16/2017	Meetings with Deb Gordon	AB - Other Zones	Parking - Lot or Parkade	\$ 24.00				1			
5/18/2017	Lakeland HAC Meeting	AB - North Zone	Accommodations	\$ 129.71				1			

Approver(s) for the claim	Approval Status	Approval Date
GORDON, DEBORAH A	Approve	29-May-17





5

05-25-17

<b>Greg Cummings</b> [Redacted]	Folio No. :	[Redacted]	Room No. :	[Redacted]
	A/R Number :	[Redacted]	Arrival :	04-25-17
	Group Code :	[Redacted]	Departure :	04-26-17
	Company :	Alberta Health Services	Conf. No. :	[Redacted]
	Membership No. :	[Redacted]	Rate Code :	[Redacted]
	Invoice No. :	[Redacted]	Page No. :	1 of 1

Date	Description	Charges	Credits
04-25-17	*Accommodation	104.49	
04-25-17	G.S.T.	5.22	
04-25-17	Tourism Levy	4.18	
04-26-17	Manual - MasterCard [Redacted]		113.89
<b>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 - <a href="http://www.ihg.com/reviews">www.ihg.com/reviews</a>. We look forward to welcoming you back soon.</b>		<b>Total</b>	<b>113.89</b>
		<b>Balance</b>	<b>0.00</b>

**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.

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax Code CA5%

Exit Lane 26/04/17 21:51

Receipt [REDACTED]

Short-Term Parking

Mastercard

Daily Lot

26/04/17 06:20

26/04/17 21:51

Period 1d0h0'

(Tax) \$25.00

Total \$25.00

Payment Received

MC \$25.00

[REDACTED]

Type: Swiped

Sub Total \$23.81

Tax 5% \$1.19

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax Code CA5%

Exit Lane 04/05/17 07:41

Receipt [REDACTED]

Short-Term Parking

Mastercard

Daily Lot

04/05/17 06:56

04/05/17 07:41

Period 1d1h0'

(Tax) \$34.00

Total \$34.00

Payment Received

[REDACTED] \$34.00

[REDACTED]

Type: Swiped

Sub Total \$32.38

Tax 5% \$1.62

SUN TAXI SERVICE  
421 ROSS HAVEN DR  
APT. 208  
FORT MCMURRAYAB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2017/04/26  
TIME 3261 18:23:39  
RECEIPT NUMBER  
[REDACTED]

-----  
PURCHASE  
AMOUNT \$30.00  
TIP \$4.50  
TOTAL  
  
\$34.50  
-----

MasterCard  
[REDACTED]

**APPROVED**

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

7808807753  
THANK YOU FOR SHOPPING  
AT xxxxxx

CAB58  
KEEP THIS RECEIPT FOR A  
REFUND WITHIN 14 DAYS

TARIG TARIQ  
9 CLEARWATER CRES SUITE  
2  
FORT MCMURRAYAB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2017/04/26  
TIME 0949 09:50:19  
RECEIPT NUMBER  
[REDACTED]

-----  
PURCHASE  
AMOUNT \$32.50  
TIP \$5.00  
TOTAL

\$37.50  
-----

MasterCard  
[REDACTED]

**APPROVED**

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS



05-25-17

<b>Grea Cumminas</b> [Redacted]	Folio No. :	[Redacted]	Room No. :	[Redacted]
	A/R Number :		Arrival :	05-02-17
	Invoice No :		Departure :	05-03-17
	Group Code :		Conf. No. :	[Redacted]
	Company :	<b>Government Canada</b>	Rate Code :	[Redacted]
	Membership No. :	[Redacted]	Page No. :	1 of 1

Date	Description	Charges	Credits
05-02-17	Package Rate	102.00	
05-02-17	GST - Room 5%	4.42	
05-02-17	Tourism Levy 4%	3.54	
05-03-17	MasterCard [Redacted]		109.96
<b>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 - <a href="http://www.ihgrewardsclub.com/review">www.ihgrewardsclub.com/review</a>. We look forward to welcoming you back soon.</b>		<b>Total</b>	<b>109.96</b>
		<b>Balance</b>	<b>0.00</b>

**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.

Holiday Inn & Suites Edmonton Airport  
 1100 4th Street  
 Nisku, AB T9E 8E2  
 Telephone: (780) 979-0839 Fax: (780) 979-0846  
 GST# 862202249 RT0004

# 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](http://www.peavineinnandsuites.com)

[Finance@peavineinn.com](mailto:Finance@peavineinn.com)

Print Date 8:11:10AM

Print Time 2017-05-12

GREG CUMMINGS

X

X, X

X

GST #: 870554102RT0001

Folio Invoice #



Guest

GREG CUMMINGS

Reference



From	to	Nights	Adults	Children	Sub
2017-05-11	2017-05-12	1	1	0	0

Room	Date	Document	Type	Reference and Description	Amount
	2017-05-11		Charge	129.00	\$140.61
				GST 5% 6.45	
				Hotel Tax 4% 5.16	
	2017-05-12		Payment	Mastercard	\$-140.61
			<b>Total</b>		<b>\$0.00</b>
				GST 5% 6.45	
				Hotel Tax 4% 5.16	

Signature




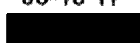

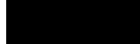
Thank you for staying with us.  
Call 1 877 523 2398 to make your next reservation with us.  
Book online at [www.peavineinnandsuites.com](http://www.peavineinnandsuites.com)






14

05-17-17

<b>Greg Cummings</b> 	Folio No. :		Room No. :	
	A/R Number :		Arrival :	05-14-17
	Group Code :		Departure :	05-15-17
	Company :		Conf. No. :	
	Membership No. :		Rate Code :	
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
05-14-17	*Accommodation	117.99	
05-14-17	Tourism Levy Tax - 4%	4.72	
05-14-17	GST Tax - Room 5%	5.90	
05-15-17	MasterCard 		128.61
		<b>Total</b>	<b>128.61</b>
		<b>Balance</b>	<b>0.00</b>

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.ihgrewardsclub.com/review](http://www.ihgrewardsclub.com/review). 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.

Independently Owned by Zainul and Shazma Holdings (1997) LTD.

Holiday Inn Express Hotel & Suites-Hinton  
 462 Smith Street  
 Hinton AB, CA T7V 2A1  
 Telephone: (780) 865-2048 Fax: (780) 865-2049  
 GST# 878160969

PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT

**RECEIPT**  
Impark Lot 256

License Plate Number  
[REDACTED]

Expiration Date/Time  
**05:59 PM**  
**MAY 16, 2017**

Purchase Date/Time: 02:59pm May 16, 2017  
Total Parking: \$22.86  
Total GST: \$1.14  
Total Due: \$24.00  
Total Paid: \$24.00  
Rate: \$24 - 3 Hours  
Payment Type: Card  
Ticket # [REDACTED]  
Starting: Lot 256  
Mach Name: Meter 1

[REDACTED] MasterCard  
Auth # [REDACTED]  
gst #887315638RT0006  
NO IN AND OUT PRIVILEGES





**Greg Cummings**  
 [Redacted]  
 [Redacted]

A/R Number  
 Group Code  
 Folio/Invoice No. [Redacted]  
 Reference #

Room No. [Redacted] Page No. 1 of 1  
 Arrival 05-18-17 Cashier No. 40  
 Departure 05-19-17 User ID [Redacted]

Date	Description	Charges	Credits
05-18-17	*Accommodation	119.00	
05-18-17	GST #802121400	5.95	
05-18-17	Tourism Levy	4.76	
05-19-17	MasterCard		129.71
<b>Total</b>		<b>129.71</b>	<b>129.71</b>
<b>Balance</b>		<b>0.00</b>	

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](http://www.ihg.com/reviews). We look f

GST #8021214	Tourism Levy								
5.95	4.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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 association 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.

**Holiday Inn Express & Suites**  
 4404 52 Ave  
 Bonnyville, AB T9N 0C3  
 Telephone: (780) 687-8888 Fax: (780) 687-8889  
 GST#802121400RT0001

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
CUMMINGS, GREGORY	Chief Zone Officer, North Zone	Westlock	\$ 378.00									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distanc	
4/25/2017	Northern Health Summitt Meeting	AB - Other Zones	Parking - Lot or Parkade	\$ 10.00			Parking - Northern Health Summitt Meeting	1				
4/25/2017	Northern Health Summit Meeting	AB - Other Zones	Meals Per Diem	\$ 37.00			Lunch \$13.00 Dinner \$24.00	1				
4/26/2017	Fort McMurray SOD Interview	AB - North Zone	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1				
5/2/2017	Fort McMurray Wildfire Anniversary	AB - North Zone	Meals Per Diem	\$ 24.00			Dinner \$24.00	1				
5/3/2017	Fort McMurray Wildfire Anniversary	AB - North Zone	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1				
5/4/2017	Fort McMurray Wildfire Anniversary	AB - North Zone	Meals Per Diem	\$ 10.50			Air Canada cancelled return flight and had to stay an extra night. Bfast \$10.50	1				
5/11/2017	High Prairie Facility Grand Opening	AB - North Zone	Meals Per Diem	\$ 24.00			Dinner \$24.00	1				
5/12/2017	High Prairie Facility Grand Opening	AB - North Zone	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1				
5/14/2017	Hinton Good Samaritan Society Meeting	AB - North Zone	Meals Per Diem	\$ 24.00			Dinner \$24.00	1				
5/15/2017	Hinton Good Samaritan Society Meeting	AB - North Zone	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1				
5/16/2017	1:1 and Performance Appraisal Meetings in Edmonton	AB - Other Zones	Meals Per Diem	\$ 24.00			Dinner \$24.00	1				

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
CUMMINGS, GREGORY	Chief Zone Officer, North Zone	Westlock	\$ 378.00									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distanc	
5/18/2017	Lakeland HAC Meeting	AB - North Zone	Meals Per Diem	\$ 24.00			Dinner \$24.00	1				
5/19/2017	Lakeland HAC Meeting	AB - North Zone	Meals Per Diem	\$ 10.50			Bfast \$10.50	1				
Approver(s) for the claim		Approval Status	Approval Date									
GORDON, DEBORAH A		Approve	5-Jun-17									

Impark Lot 324

02:49 PM  
APR 25, 2017

Purchase Date/Time: 12:49pm Apr 25, 2017  
Total Parking: \$9.52  
Total GST: \$0.48  
Total Due: \$10.00  
Total Paid: \$10.00  
Ticket # [REDACTED]  
S/N # [REDACTED]  
Setting: Lot 324  
Mach Name: Meter 1

Rate: \$10 - 2 Hours  
Payment Type: Card

[REDACTED] Visa  
Auth # [REDACTED]

GST #887315638RT0006  
NO IN AND OUT PRIVILEGES

**\*RECEIPT**

Impark Lot 324

: 02:49pm Apr 25, 2017  
Purchase Date/Time: 12:49pm Apr 25, 2017  
Total Parking: \$9.52  
Total GST: \$0.48  
Total Due: \$10.00  
Total Paid: \$10.00  
Ticket #: 01015401  
Setting: Lot 324  
Mach Name: Meter 1

Rate: \$10 - 2 Hours  
Payment Type: Card

[REDACTED] Visa  
Auth #: [REDACTED]

RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

## 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> Gregory Cummings	<b>Reporting Period for the Month of :</b> May-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
24-Apr-2017	Direct Billing	Airline Ticket	May 3rd Flight to Fort McMurray for the Wildfires Anniversary Event	Marlin Travel	466.96
<b>Total Paid in the Month</b>					<b>\$ 466.96</b>



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 24 Apr 17 <b>Client:</b> [REDACTED] <b>Agent:</b> [REDACTED]  <b>Agent Phone:</b> 780 425 8611 <b>File Locator:</b> [REDACTED]
--	---

**PASSENGERS:** MR GREGORY CUMMINGS

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	392.00	0.00	\$0.00	74.96	0.00	466.96 CAD
<b>Total:</b>	<b>392.00</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>466.96 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	04/24/2017		[REDACTED]	466.96 CAD
	[REDACTED]	04/24/2017			0.00 CAD
Total Payment:					466.96 CAD

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
BOOKING METHOD NUTRAVEL  
REASON FOR TRAVEL FORT MCMURRAY WILDFIRE ANNIVERSARY

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



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

Trip #: [REDACTED]  
Booking Date: 24 Apr 17  
Client: [REDACTED]  
Agent: [REDACTED]  
Agent Phone: 780 425 8611  
File Locator: [REDACTED]

## MY ITINERARY

Passengers	Citizenship	Required Travel Documents
GREGORY CUMMINGS	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: GREGORY CUMMINGS

Booking Date: 04/24/2017  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08380	EDMONTON INTL		FT. MCMURRAY	W		
		05/03/2017 8:35AM		05/03/2017 9:45AM			
AIR CANADA	08391	FT. MCMURRAY		EDMONTON INTL	W		
		05/03/2017 7:35PM		05/03/2017 8:48PM			

