

AHS Board and Executive Expense Report

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

Expenses submitted during the month of November 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)
Nov-17	P-Card	Meetings			633	229	862			
Nov-17	Expense Claim	Meetings		177			177			
Nov-17	Direct Billing	Meetings	601				601			
Total			\$ 601	\$ 177	\$ 633	\$ 229	\$ 1,640	\$ -	\$ -	\$ -

Total for the Month \$ 1,640

Maximum daily single meal expense claimed in the month \$ 24
Maximum daily base hotel rate claimed in the month \$ 147
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.

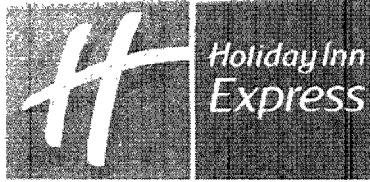
5) Remuneration, Allowances Reported in the Financial Statements

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	\$ 861.61									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
10/20/2017	GPRH Facility Tour and Site Meeting	AB - North Zone	Accommodations	\$ 165.04			GPRH Facility Tour and Site Meeting	1				
10/20/2017	GPRH Facility Tour and Site Meeting	AB - North Zone	Taxi	\$ 14.80	QEII	GPRH	GPRH Facility Tour and Site Meeting	1				
10/20/2017	GPRH Facility Tour and Site Meeting	AB - Other Zones	Parking - Lot or Parkade	\$ 44.50			GPRH Facility Tour and Site Meeting	1				
10/20/2017	Nunee Health Meeting in Fort Chipewyan	AB - North Zone	Taxi	\$ 11.62	Hotel	Hospital	Nunee Health Meeting in Fort Chipewyan	1				
10/20/2017	GPRH Facility Tour and Site Meeting	AB - North Zone	Taxi	\$ 26.45	Airport	Hotel	GPRH Facility Tour and Site Meeting	1				
10/22/2017	Nunee Health Meeting in Fort Chipewyan	AB - North Zone	Taxi	\$ 35.30	Airport	Hotel	Nunee Health Meeting in Fort Chipewyan	1				
10/23/2017	Nunee Health Meeting in Fort Chipewyan	AB - Other Zones	Parking - Lot or Parkade	\$ 50.00			Nunee Health Meeting in Fort Chipewyan	1				
10/23/2017	Nunee Health Meeting in Fort Chipewyan	AB - North Zone	Accommodations	\$ 144.56			Nunee Health Meeting in Fort Chipewyan	1				
10/30/2017	Quality Summit	AB - Other Zones	Parking - Lot or Parkade	\$ 9.00			Quality Summit	1				
10/31/2017	Quality Summitt	AB - Other Zones	Parking - Lot or Parkade	\$ 9.00			Quality Summit	1				
10/31/2017	Quality Summit	AB - North Zone	Accommodations	\$ 323.34			Quality Summit	2				
10/31/2017	Quality Summit	AB - North Zone	Parking - Lot or Parkade	\$ 28.00			Quality Summit	2				
GORDON, DEBORAH A		Approve	27-Nov-17									

GRANDE PRAIRIE HOLIDAY
INN EXP
10226 117 AVE
GRANDE PRAIRIE AB



Gap new hospital

1

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2017/10/20
TIME 0977 02:38:30
RECEIPT NUMBER [REDACTED]

10-20-17

Folio No. :	Room No. :
A/R Number :	Arrival : 10-19-17
Company : Government Canada	Departure : 10-20-17
Membership No. : [REDACTED]	Conf. No. : [REDACTED]
Invoice No. :	Rate Code : [REDACTED]
	Page No. : 1 of 1

PRE-AUTH COMPLETION
TOTAL

\$165.04

Description	Charges	Credits
MasterCard	147.00	
[REDACTED]	4.41	
	7.35	
	5.88	
	0.22	
	0.18	
CARDHOLDER COPY [REDACTED]		165.04
Total	165.04	165.04
Balance	0.00	

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

ring points for this stay will automatically be credited to
ur stay by writing a review here - www.ihg.com/reviews.
ock soon.

Guest Signature: _____

I have received the goods and / or services in the amount shown hereon. 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

2

BLACKTOP CABS
11315 96 AVE
GRANDE PRAIRIE
AB T8V 5M3
(780) 539-3366

SALE

MID: [REDACTED]
Batch # [REDACTED] REF# [REDACTED]
10/20/17 SEQ: [REDACTED] 12:35:06
APPR CODE: [REDACTED]
MASTERCARD [REDACTED]

AMOUNT \$12.80
TIP \$2.00
TOTAL \$14.80

00 - APPROVED - 001

SIGNATURE NOT REQUIRED

MasterCard

[REDACTED]

Handwritten signature
new hospital

CARDHOLDER ACKNOWLEDGES RECEIPT
OF GOODS AND/OR SERVICES IN THE
AMOUNT OF THE TOTAL SHOWN ABOVE

THANK YOU

MERCHANT COPY

3

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

Exit Lane 20/10/17 22:03
Receipt [REDACTED]

Short-Term Parking
Mastercard
Daily Lot
19/10/17 19:40
20/10/17 22:03
Period 1d2h30'
(Tax) \$44.50
Total \$44.50

Payment Received
[REDACTED] \$44.50

Merch [REDACTED]
Auth: [REDACTED]
Type: Swiped *Prep GP*

Sub Total \$42.38
Tax 5% \$2.12

RECEIVED

4

Sun Taxi
140 Macleod Trail S. #100
Fort Macleod, AB
T8B 0G1
(503) 231-1111

TAXI: 1137082515

17/10/22 19:45-15

MASTERCARD
Card # [REDACTED]
MasterCard
CHIP CARD

VERIFIED BY [REDACTED]
Order
Ref
Auth

FARE - \$ 31.30
TIP - \$ 4.00
TOTAL: \$ 35.30

APPROVED BY [REDACTED]

IMPRES COPY [REDACTED]

GST# R128599776

Thank you for your business

5

VIP CABS
10104 101 AVE UNIT T8V0Y3
GRAND PRAIRIE AB
22619296
GH2261929602

*Hotel to
KSP, Tel*

**** PURCHASE ****

10-20-2017 08:36:03

Acct # [REDACTED]

Exp Date **** Card type MC

Name: GREGORY CUMMINGS

[REDACTED] MasterCard

Trace [REDACTED]
Inv. [REDACTED]
Auth [REDACTED] RR [REDACTED]

Purchase \$10.10
Tip \$1.52
Total \$11.62

(001) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

6

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

Exit Lane 23/10/17 20:50
Receipt [REDACTED]

Short-Term Parking
Mastercard
Daily Lot
22/10/17 16:22
23/10/17 20:50
Period 2d0h0'
(Tax) \$50.00

*Plen to
Fr Chip*

Total \$50.00

Payment Received
[REDACTED] \$50.00

Merch Auth: [REDACTED]

Type: Swiped

Sub Total \$47.62
Tax 5% \$2.38

COMP 00000000

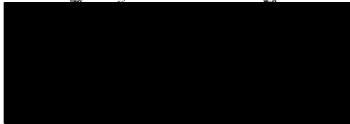
7



Merit
Hotel & Suites

Fort Chipewyan

Gregory Cummings



Guest Name:
Company Name: Alberta Health Services
Group Name:
G.S.T: 84970 2444 RT0014
INFORMATION INVOICE

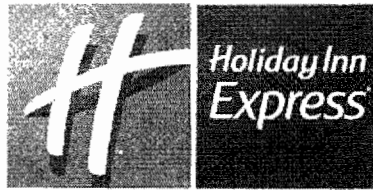
Room No. : [Redacted]
Arrival : 10-22-17
Departure : 10-23-17
Folio No. : [Redacted]
Conf. No. : [Redacted]
Cashier No. : [Redacted]
PO# : [Redacted]
Job# : [Redacted]
Cost Center# : [Redacted]

Date	Description	Charges	Credits
10-22-17	Room Charge	139.00	
10-22-17	Tourism Levv 4%	5.56	
10-23-17	MasterCard [Redacted]		144.56
Total Charges		144.56	
Total Credits			144.56
Balance			0.00

Guest Signature

I have received the goods and/or services in the amount shown hereon. 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.

Thank you for staying with us !



Quality conference
LLB cTmtg

10-31-17

Gregory Cummings	Folio No. :	Room No. :
	A/R Number :	Arrival : 10-29-17
	Group Code :	Departure : 10-31-17
	Company : Alberta Health Services	Conf. No. :
	Membership No. :	Rate Code :
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
10-29-17	Parking	14.00	
10-29-17	*Accommodation	144.00	
10-29-17	Marketing Fee	4.32	
10-29-17	GST #87857 8491 RT0002	7.42	
10-29-17	AB Tourism Levy	5.93	
10-30-17	Parking	14.00	
10-30-17	*Accommodation	144.00	
10-30-17	Marketing Fee	4.32	
10-30-17	GST #87857 8491 RT0002	7.42	
10-30-17	AB Tourism Levy	5.93	

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	351.34	0.00
Balance	351.34	

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.

Parking \$28.00
Accommodations \$323.34

Holiday Inn Express Downtown
Edmonton10010 - 104 Street
Canada T5J 0Z1 Edmonton, AB
Telephone: (780) 423-2450 Fax: (780) 426-6090
OGST #878578491 RT0002
www.hiexdowntown.com

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
CUMMINGS, GREGORY	Chief Zone Officer, North Zone	Westlock	\$ 177.50								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/22/2017	Nunee Health Board Meeting	AB - North Zone	Meals Per Diem	\$ 24.00			Dinner \$24.00	1			
10/23/2017	Nunee Health Board Meeting	AB - North Zone	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
10/29/2017	Quality Summit	AB - Other Zones	Meals Per Diem	\$ 24.00			Dinner \$24.00	1			
10/30/2017	Quality Summit	AB - Other Zones	Meals Per Diem	\$ 34.50			Bfast \$10.50 Dinner \$24.00	1			
10/31/2017	Qualityt Summit and Travel to Lac La Biche	AB - Other Zones	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
Approver(s) for the claim		Approval Status	Approval Date								
GORDON, DEBORAH A		Approve	27-Nov-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 : Nov-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
3-Nov-2017	Direct Billing	Airline Ticket	Dec 1st Flight to Calgary for PCN Training	Marlin Travel	334.96
3-Nov-2017	Direct Billing	Airline Ticket	November 29th Flight to Calgary for Quality Safety Executive Committee Meeting	Marlin Travel	265.96
Total Paid in the Month					\$ 600.92



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 03 Nov 17 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
--	--

PASSENGERS: MR GREGORY CUMMINGS

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	239.00	0.00	\$0.00	74.96	0.00	313.96 CAD
AIR CANADA Ticket # [REDACTED]	21.00	0.00	\$0.00	0.00	0.00	21.00 CAD
Total:	260.00	0.00	0.00	74.96	0.00	334.96 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/03/2017	[REDACTED]	[REDACTED]	313.96 CAD
	[REDACTED]	11/03/2017	[REDACTED]	[REDACTED]	0.00 CAD
					21.00 CAD
				Total Payment:	334.96 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 TRAVEL TO CALGARY FOR PCN TRAINING

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: 03 Nov 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
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

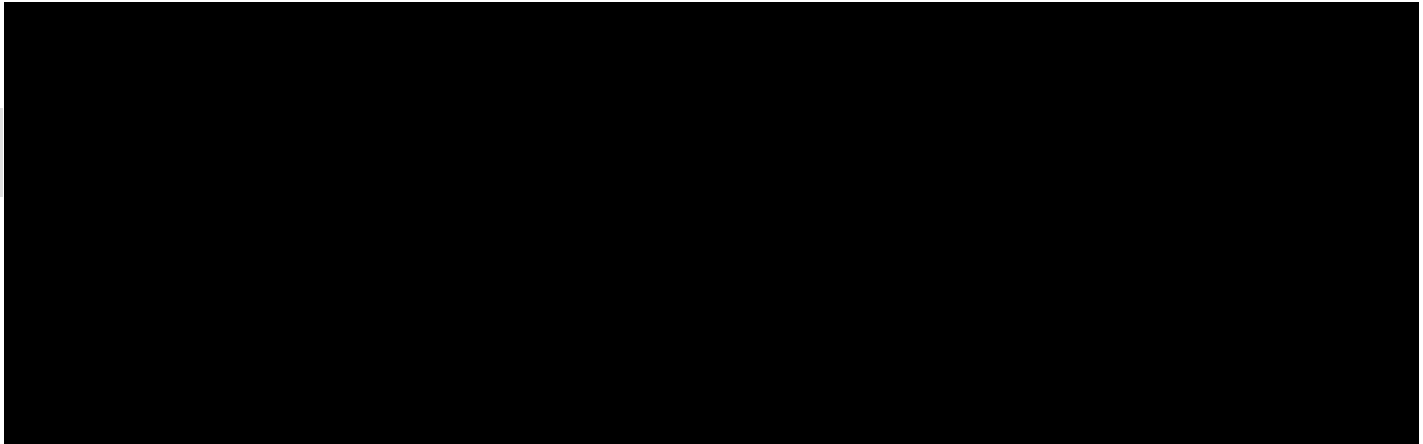


AIR

Passengers: GREGORY CUMMINGS
Booking Date: 03 Nov 17
File Locator/Ticket #: [REDACTED]

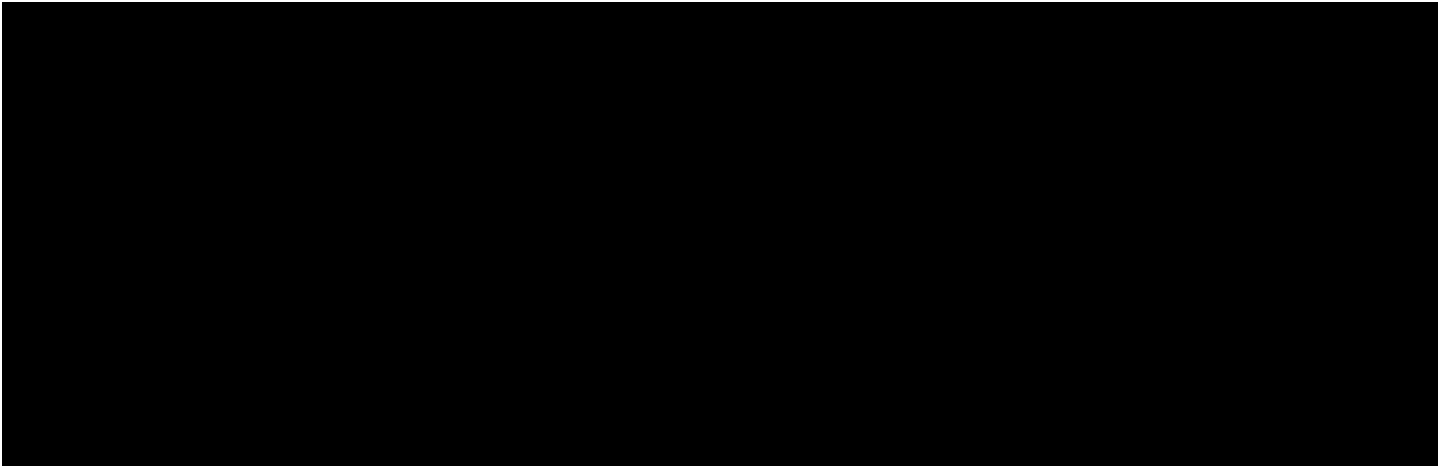
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08149	EDMONTON INTL 01 Dec 17 3:25PM		CALGARY INTL 01 Dec 17 4:19PM	W/	

Passengers: GREGORY CUMMINGS
Booking Date: 03 Nov 17
File Locator/Ticket #: [REDACTED]



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

Trip #: [REDACTED]
Booking Date: 03 Nov 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]



AIR

Passengers: GREGORY CUMMINGS

Booking Date: 03 Nov 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08225	CALGARY INTL 02 Dec 17 6:20PM		EDMONTON INTL 02 Dec 17 7:12PM	L/	

Passengers: GREGORY CUMMINGS

Booking Date: 03 Nov 17
File Locator/Ticket #: [REDACTED]



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 03 Nov 17 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
--	--

PASSENGERS: MR GREGORY CUMMINGS

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	170.00	0.00	\$0.00	74.96	0.00	244.96 CAD
AIR CANADA Ticket # [REDACTED]	21.00	0.00	\$0.00	0.00	0.00	21.00 CAD
Total:	191.00	0.00	0.00	74.96	0.00	265.96 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/03/2017	[REDACTED]	[REDACTED]	244.96 CAD
	[REDACTED]	11/03/2017	[REDACTED]	[REDACTED]	21.00 CAD
				Total Payment:	265.96 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 QSO EXECUTIVE COMMITTEE 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

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

Trip #: [REDACTED]
Booking Date: 03 Nov 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
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:	03 Nov 17	
				File Locator/Ticket #:	[REDACTED]	
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08137	EDMONTON INTL 29 Nov 17 9:25AM		CALGARY INTL 29 Nov 17 10:19AM	L/	
AIR CANADA	08225	CALGARY INTL 29 Nov 17 6:20PM		EDMONTON INTL 29 Nov 17 7:12PM	L/	

Passengers:		GREGORY CUMMINGS		Booking Date:	03 Nov 17	
				File Locator/Ticket #:	[REDACTED]	
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08137	EDMONTON INTL 29 Nov 17 9:25AM		CALGARY INTL 29 Nov 17 10:19AM	L/	
AIR CANADA	08225	CALGARY INTL 29 Nov 17 6:20PM		EDMONTON INTL 29 Nov 17 7:12PM	L/	