

## AHS Board and Executive Expense Report

**Name** Heather Crowshoe  
**Title** AHS Board Member  
**Location** Fort Macleod

Expenses submitted during the month of December 2018

			Travel (1)					Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel			
Dec-18	Expense Claim	Meetings		18		395	413			
<b>Total</b>			\$ -	\$ 18	\$ -	\$ 395	\$ 413	\$ -	\$ -	\$ -

**Total for the Month** \$ 413

Maximum daily single meal expense claimed in the month \$ 7  
 Maximum daily base hotel rate claimed in the month \$ -  
 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:	Heather Crowshoe	Expense Period Month:	Nov-Dec 2018
Address:	[REDACTED]	City:	[REDACTED]
Province:	[REDACTED]	Postal Code:	[REDACTED] Country: Canada
Reason for Expense	Attended Community Engagement and Governance Committee Meetings on November 29, 2018; Private Board Meeting on December 12, 2018 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	71110300000	45000000	\$17.85 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$395.62 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$413.47</b> ✓ <i>PH</i>

SECTION 3: AUTHORIZATION			
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#
Heather Crowshoe	<i>See attached email for approval</i>	<i>Jan 11, 2019</i>	[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	Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
Linda Hughes	Board Chair	<i>Linda Hughes</i>	<i>Jan. 16, 2019</i>

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

*Deborah Rhodes* Jan. 14/19  
Deborah Rhodes, VP Corporate Services & CFO  
Position #: [REDACTED] DOFA Level [REDACTED]

**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>	Heather Crowshoe	<b>Expense Period Month:</b>	Nov-Dec 2018
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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

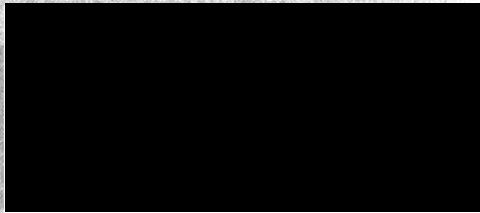
Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

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				
29-Nov-2018	Mileage from residence to Southport Tower in Calgary and return to attend Community Engagement and Governance Committee Meetings.	Yes							362	
29-Nov-2018	Parking to attend meetings.	Yes			B	\$6.30	✓	\$15.00	✓	
12-Dec-2018	Mileage from residence to Southport Tower in Calgary and return to attend Private Board Meeting.	Yes							362	
12-Dec-2018	Parking to attend Private Board Meeting.	Yes			B	\$6.81	✓	\$15.00	✓	
12-Dec-2018	Lunch	Yes			L	\$4.74	✓			
<b>Total: (amount auto fills to page 1)</b>			\$0.00			\$17.85	\$0.00	\$30.00	\$0.00	724.00

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ 365.62
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**RECEIPT**  
**Southport**

License Plate Number



Expiration Date/Time

**08:36 AM**  
**NOV 30, 2018**

Purchase Date/Time: 08:36am Nov 29, 2018

Total Due: \$15.00

Rate: \$15.00 - 24 Hours

Total Paid: \$15.00

Pmt Type: CC (Swipe)

Ticket

S/N #:

Setting: SPT Wireless

Mach Name: CA-SPT-001

MasterCard

Auth #:

www.ahs.ca  
Do Not Place On Dash

**OLLY FRESCO'S**

120-10301 Southport Lane, SW  
Calgary, AB, T2W 1S7

08:40:18 L 2018/11/29  
TABLE 100 CASHIER Customer 1

CHECK# [REDACTED]

1 GROCERY NTX	3.00
1 MED COFFEE	1.67
1 BUFFET KILO	1.47
0.070 kg @ \$20.99/kg	
SubTotal	6.14
GST	0.16

**Total**

**6.30**

Close In - INTERAC

OLLY FRESCO'S  
120-10301 Southport Lane SW  
Calgary, AB, T2W 1S7

TYPE: PURCHASE

ACCOUNT: INTERAC FLASH DEFAULT

AMOUNT: \$ 6.30

TOTAL: \$ 6.30

CARD NUMBER: [REDACTED]

DATE/TIME: 29/Nov/2018 08:40:20

REFERENCE NUMBER: [REDACTED]

AUTHORIZATION: [REDACTED]

INTERAC  
[REDACTED]

00 APPROVED-THANK YOU 001

\*\*\* CUSTOMER COPY \*\*\*

**RECEIPT**  
**Southport**

License Plate Number



Expiration Date/Time

**08:23 AM**  
**DEC 13, 2018**

Purchase Date/Time: 08:23am Dec 12, 2018

Total Due: \$15.00

Rate: \$15.00 - 24 Hours

Total Paid: \$15.00 ✓

Pmt Type: CC (Swipe)

Ticke

S/N #

Setting: SPT Wireless

Mach Name: CA-SPT-001

MasterCard

Auth #

www.ahs.ca  
Do Not Place On Dash

CARD NUM  
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OLLY FRESCO'S  
120-10301 Southport Lane SW  
Calgary, AB, T2W 1S7

TYPE: PURCHASE

ACCOUNT: INTERAC FLASH DE /ILT  
AMOUNT: \$ 6.81  
TOTAL: \$ 6.81

CARD NUMBER: [REDACTED]  
DATE/TIME: 12/Dec/2018 11:52:37  
REFERENCE NUMBER: [REDACTED]  
AUTHORIZATION: [REDACTED]

INTERAC  
[REDACTED]

00 APPROVED-THANK YOU 001

\*\*\* CUSTOMER COPY \*\*\*

OLLY FRESCO'S  
120-10301 Southport Lane SW  
Calgary, AB, T2W 1S7

TYPE: PURCHASE

ACCOUNT: INTERAC FLASH DEFAULT  
AMOUNT: \$ 4.74  
TOTAL: \$ 4.74

CARD NUMBER: [REDACTED]  
DATE/TIME: 12/Dec/2018 12:20:43  
REFERENCE NUMBER: [REDACTED]  
AUTHORIZATION: [REDACTED]

INTERAC  
[REDACTED]

00 APPROVED-THANK YOU 001

\*\*\* CUSTOMER COPY \*\*\*

OLLY FRESCO'S  
120-10301 Southport Lane, SW  
Calgary, AB, T2W 1S7

10:52:36 L 2018/12/12  
TABLE 100 CASHIER Customer 1  
CHECK# [REDACTED]

1 GROCERY TX	3.99
1 GROCERY TX	2.50
SubTotal	6.49
GST	0.32

Total 6.81 ✓

Close In - INTERAC

OLLY FRESCO'S  
120-10301 Southport Lane, SW  
Calgary, AB, T2W 1S7

12:20:42 L 2018/12/12  
TABLE 100 CASHIER Customer 1  
CHECK# [REDACTED]

1 BUFFET KILO	4.51
0.215 kg @ \$20.99/kg	
SubTotal	4.51
GST	0.23

Total 4.74 ✓

Close In - INTERAC