

AHS Board and Executive Expense Report

Name Heather Hirsch
Title AHS Board Member
Location Fort Macleod

Expenses submitted during the month of June 2017

			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)
Jun-17	Expense Claim	Meetings		46		340	386			
Total			\$ -	\$ 46	\$ -	\$ 340	\$ 386	\$ -	\$ -	\$ -

Total for the Month \$ 386

Maximum daily single meal expense claimed in the month \$ 21
 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:	
T4/ANR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Heather Hirsch			Expense Period Month:	March-May 2017
Address:	[REDACTED]	City:	[REDACTED]		
Province:	AB	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Met with IT staff re: setup of I-Pad on March 20th. Attendance at Finance Committee; Private/Public Board Meetings on April 27th. Met with Karen Horon, Senior Operating Officer, Pharmacy on April 28th. Attend Human Resources Committee on May 31st; Audit & Risk Committee; Private Board Meetings on June 01, 2017.				

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	\$46.40 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$339.81 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$386.21 ✓ PD

SECTION 3: AUTHORIZATION			
I attest that I have read and understand all applicable policies that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.			
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 Hirsch	<i>[Signature]</i>	Apr 29, 2018	[REDACTED]

I attest that I have read and understand all applicable policies of that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.	
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>[Signature]</i>	May 3 / 18

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Privacy (FOIP) Act, respectively, for the purpose of administering Deborah Rhodes
 Deborah Rhodes, VP Corporate Services & CFO
 Position # [REDACTED] DOFA Level: [REDACTED]

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

Carry forward from Section 1

Name:	Heather Hirsch	Expense Period Month:	March-May 2017
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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				
20-Mar-2017	Parking at Southport to attend a meeting with IT staff regarding set up of I-Pad.	Yes					\$2.25	✓		
27-Apr-2017	Parking at Southport to attend Finance Committee and Private/Public Board Meetings.	Yes	L-\$11.60	\$11.60	✓		\$15.00	✓		
28-Apr-2017	Parking at Southport to attend meeting with SOO, Pharmacy.	Yes	L-\$11.60	\$11.60	✓		\$13.50	✓		
31-May-2017	Mileage from residence to Edmonton and return to attend HR Committee Meeting on May 31st	Yes	L-\$11.60	\$11.60	✓				612	
1-Jun-2017	Audit & Risk; Private Board Meetings on June 1st	Yes	L-\$11.60	\$11.60	✓					
Total: (amount auto fills to page 1)			\$46.40	✓	\$0.00	\$0.00	\$30.75	✓	\$0.00	612.00

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 309.06
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RECEIPT
Southland Park IV
Southport Tower

License Plate Number



Expiration Date/Time

08:31 AM
MAR 20, 2017

Case Date/Time: 08:31am Mar 20, 2017

Total Due: \$2.25 Rate: \$2.25 - 30 Minutes

Total Paid: \$2.25 Payment Type: Card

Ticket # [Redacted]
SN # [Redacted]
Billing: SPT Wireless
Match Name: CA-SPT-001

MasterCard

Auth # [Redacted]

www.ahs.ca
DO NOT PLACE ON DASH

RECEIPT
Southland Park IV
Southport Tower

License Plate Number



Expiration Date/Time

07:19 AM
APR 28, 2017

Case Date/Time: 07:19am Apr 27, 2017

Total Due: \$15.00 Rate: \$15.00 - 24 Hours
Total Paid: \$15.00 Payment Type: Card

Ticket # [Redacted]
SN # [Redacted]
Billing: SPT Wireless
Match Name: CA-SPT-001

MasterCard

www.ahs.ca
DO NOT PLACE ON DASH

RECEIPT
Southland Park IV
Southport Tower

License Plate Number



Expiration Date/Time

11:55 AM
APR 28, 2017

Case Date/Time: 08:55am Apr 28

Total Due: \$13.50 Rate: \$13.50
Total Paid: \$13.50 Payment Type: Card

Ticket # [Redacted]
SN # [Redacted]
Billing: SPT Wireless
Match Name: CA-SPT-001

MasterCard

Auth # [Redacted]

www.ahs.ca
DO NOT PLACE ON DASH