

AHS Board and Executive Expense Report

Name Heather Hirsch
Title AHS Board Member
Location Fort Macleod

Expenses submitted during the month of November 2017

			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			
Nov-17	Expense Claim	Meetings		178		1,760	1,938			
Total			\$ -	\$ 178	\$ -	\$ 1,760	\$ 1,938	\$ -	\$ -	\$ -

Total for the Month \$ 1,938

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	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Heather Hirsch			Expense Period Month:	Sept-Nov 2017
Address:	[Redacted]	City:	[Redacted]		
Province:	AB	Postal Code:	[Redacted]	Country:	Canada
Reason for Expense	Attendance at HR and QSC Meetings on Sept 13; Finance and A&R Meetings on Sept 14; Governance and Community Engagement on Sept 20; Finance Committee on Sept 22; Private Board Meetings on Sept 28 and Oct 26; QSC and HR Committees on Nov 22; Community Engagement on Nov 29 (all attended 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	\$177.90 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$1,760.54 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$1,938.44 ✓ <i>JPH</i>

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>	April 19, 18	[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 23(1) of the Health Information Privacy (FOIP) Act, respectively, for the purpose of admini

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:	Sept-Nov 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

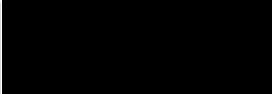
Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

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				
13-Sep-2017	Mileage from residence to Southport and return to attend HR and Q&S Committee Meetings in Calgary and parking (no receipt).	Yes	BLD-\$41.55	\$41.55	✓		\$12.75	✓	362	
14-Sep-2017	Mileage from residence to Southport and return to attend Finance and Audit & Risk Committee Meetings in Calgary and parking (no receipt).	Yes	B-\$9.20	\$9.20	✓		\$12.75	✓	362	
20-Sep-2017	Mileage from residence to Southport and return to attend Governance and CE Committee Meetings in Calgary and parking (no receipt).	Yes	BL-\$20.80	\$20.80	✓		\$12.75	✓	362	
22-Sep-2017	Mileage from residence to Southport and return to attend Finance Committee Meeting in Calgary and parking (no receipt).	Yes	L-\$11.60	\$11.60	✓		\$12.75	✓	362	
28-Sep-2018	Mileage from residence to Southport and return to attend Private Board Meeting in Calgary and parking (no receipt).	Yes	BL-\$20.80	\$20.80	✓		\$12.75	✓	362	
26-Oct-2017	Mileage from residence to Southport and return to attend Private Board Meeting in Calgary and parking (no receipt).	Yes	BL-\$20.80	\$20.80	✓		\$12.75	✓	362	
22-Nov-2017	Mileage from residence to Southport and return to attend HR and QSC Meetings in Calgary and parking (no receipt).	Yes	LD-\$32.35	\$32.35	✓		\$12.75	✓	362	
29-Nov-2017	Mileage from residence to Southport and return to attend Community Engagement Committee Meeting in Calgary and parking.	Yes	BL-\$20.80	\$20.80	✓		\$15.00	✓	362	
5-Sep-2017	Mileage from residence to Southport and return to meet with IT regarding I-Pad and parking.	Yes					\$11.00	✓	362	
Total: (amount auto fills to page 1)			\$177.90	✓	\$0.00	\$0.00	\$115.25	\$0.00	3,258.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 1,645.29
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RECEIPT

License Plate Number



Expiration Date/Time

11:36 AM
SEP 05, 2017

Purchase Date/Time: 10:36am Sep 05, 2017

Total Due: \$11.00 Rate: \$11 - 1 Hour
Total Paid: \$11.00 Payment Type: Card

Ticket # [Redacted]
S/N # [Redacted]
Setting: Lot 185
Mach Name: Lot 185-2

[Redacted] MasterCard Auth #: [Redacted]

GST REG #R102466000

RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

RECEIPT
Southland Park IV
Southport Tower

License Plate Number



Expiration Date/Time

09:22 AM
NOV 30, 2017

Purchase Date/Time: 09:22am Nov 29, 2017

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

Ticket # [Redacted]
S/N # [Redacted]
Setting: SPT Wireless
Mach Name: CA-SPT-001

[Redacted] MasterCard Auth #: [Redacted]

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DO NOT PLACE ON DASH

