

AHS Board and Executive Expense Report

Name Heidi Overguard
Title AHS Board Member
Location Sundre

Expenses submitted during the month of November 2019

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-19	Expense Claim	Meetings		136		1,114	1,250			
Nov-19	Direct Billing	Meetings			849		849			
Total			\$ -	\$ 136	\$ 849	\$ 1,114	\$ 2,099	\$ -	\$ -	\$ -

Total for the Month \$ 2,099

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 159
 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:	Heidi Overguard			Expense Period Month:	Oct - Nov 2019
Address:	[REDACTED]	City:	Sundre		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attended meetings on Oct 4 in Calgary; Board Meeting on Oct 9 in Edmonton; Board Meeting Oct 25 in Calgary; Quality & Safety Committee on Nov 13 in Sundre; Governance Meeting on Nov 14 in Olds; Community Engagement Committee on Nov 15 in Calgary; and Board Meetings on Nov 28 in Edmonton.				

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	\$136.20 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$1,113.97 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$1,250.17 ✓ <i>[Signature]</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#
Heidi Overguard	<i>See attached email for approval.</i>	Dec 20/19	[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
David Weyant, Q.C.	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>[Signature]</i>	Jan 19, 2020

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

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:	Heidi Overguard	Expense Period Month:	Oct - Nov 2019
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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				
4-Oct-2019	Mileage from residence to Calgary Board Office and return to attend budget orientation meetings, meeting with Corporate Secretary and IT.	Yes							350	
8-Oct-2019	Mileage from residence to hotel and return on October 10 to attend Board Meeting on October 9, 2019 in Edmonton and dinner per diem.	Yes	D-\$20.75	\$20.75					516	
9-Oct-2019	Board Meeting in Edmonton Dinner per diem.	Yes	D-\$20.75	\$20.75						
10-Oct-2019	Board Meeting in Edmonton Dinner per diem.	Yes	D-\$20.75	\$20.75						
25-Oct-2019	Mileage from residence to Calgary Board Office and return to attend Board Meeting, parking and breakfast per diem.	Yes	B-\$9.20	\$9.20			\$6.00		350	
13-Nov-2019	Mileage from residence to Sundre and return to attend Quality & Safety Committee Meeting and lunch per diem.	Yes	L-\$11.60	\$11.60					30	
14-Nov-2019	Mileage from residence to Olds and return to attend Governance Committee Meeting and lunch per diem.	Yes	L-\$11.60	\$11.60					82	
15-Nov-2019	Mileage from residence to Calgary Board Office and return to attend Community Engagement Committee and breakfast and lunch per diems.	Yes	BL-\$20.80	\$20.80					350	
27-Nov-2019	Mileage from residence to hotel and return on November 29 to attend Board Meetings on November 28 in Edmonton and Festival of Trees Gala on November 27.	Yes							516	
28-Nov-2019	Board Meeting in Edmonton Dinner per diem.	Yes	D-\$20.75	\$20.75						
Total: (amount auto fills to page 1)			\$136.20		\$0.00	\$0.00	\$6.00	\$0.00	2,194.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 1,107.97
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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 : Heidi Overguard	Reporting Period for the Month of : October - November 2019
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
8-Oct-19	Direct Billing	Hotel	Two nights accommodation to attend Board Meeting on October 08, 2019 in Edmonton.	Vision Travel	\$340.64
26-Nov-19	Direct Billing	Hotel	Three nights accommodation to attend meetings with Executive Members on November 26; Board Meeting and Public Board Meetings and Festival of Trees Gala on November 27, 2019.	Vision Travel	\$508.83
Total Paid in the Month					\$ 849.47



AB Health Services
Accounts Payable
P.O. Box 1600
Suite 300, 10030 - 107 Street NW
Edmonton AB T5J 2N9
Canada

Room No. [REDACTED]
 Arrival : 10-08-19
 Departure : 10-10-19
 Folio No. [REDACTED]

Guest Name: Overguard, Heidi
 Cost Centre: 101.0005.71110300000
 Approver: [REDACTED]
INVOICE

Invoice No. [REDACTED]
 AR No. [REDACTED]
 Conf. No. [REDACTED]

Date	Description	Charges	Credits
10-08-19	Room Revenue	159.00	
10-08-19	Destination Marketing Fee	4.77	
10-08-19	Tourism Levy	6.55	
10-09-19	Room Revenue	159.00	
10-09-19	Destination Marketing Fee	4.77	
10-09-19	Tourism Levy	6.55	
		Total Charges	
		340.64	
		Total Credits	0.00
		Balance	340.64



AB Health Services
Accounts Payable
P.O. Box 1600
Suite 300, 10030 - 107 Street NW
Edmonton AB T5J 2N9
Canada

Overguard, Heidi Ms

Company Name:

Group Name:

Room No. : [REDACTED]
Arrival : 11-26-19
Departure : 11-29-19
Folio No. [REDACTED]

Invoice No. : [REDACTED]
AR No. : [REDACTED]
Conf. No. : [REDACTED]
Custom Ref. :

COPY OF INVOICE

Date	Description	Charges	Credits
11-26-19	Room Revenue	165.00	
11-26-19	Destination Marketing Fee	4.95	
11-26-19	Tourism Levy	6.80	
11-27-19	Room Revenue	155.00	
11-27-19	Destination Marketing Fee	4.65	
11-27-19	Tourism Levy	6.39	
11-28-19	Room Revenue	155.00	
11-28-19	Destination Marketing Fee	4.65	
11-28-19	Tourism Levy	6.39	
		Total Charges	508.83
		Total Credits	0.00
		Balance	508.83