

## AHS Board and Executive Expense Report

**Name** Hugh D. Sommerville  
**Title** AHS Board Member  
**Location** Drumheller

Expenses submitted during the month of March 2016

### 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)
Mar-16	Expense Claim	Meetings		74		821	895			
Mar-16	Direct Billing	Meetings			311		311			
<b>Total</b>			\$ -	\$ 74	\$ 311	\$ 821	\$ 1,206	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,206

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 145  
 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 - AP Processing - Internal Use Only	
Voucher #	
Naming Convention	
F45/NR Applicable? - If yes, indicate line & amt	

## BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Hugh D. Sommerville, Q.C.			Expense Period Month:	Mar-16
Address:	[REDACTED]		City:	Drumheller	
Province:	Alberta	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	AHS - Governance, Finance, Board Meetings and approved ICD Course on Crown Director Effectiveness				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Or g	Location (If applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$73.85
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$821.08
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$894.93</b>

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#
Hugh D. Sommerville, Q.C.	<i>Hugh Sommerville</i>	3-Apr-16	[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>Linda Hughes</i>	April 13/16

**AHS RECEIPT**  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

License Plate Number: [REDACTED]

Expiration Date/Time: **06:00 PM MAR 16, 2016**

Purchase Date/Time: 10:00am Mar 16, 2016

Total Parking: \$26.57  
Total gst: \$1.43  
Total Due: \$30.00  
Total Paid: \$30.00

Ticket # [REDACTED]  
S/N #: 53007245104  
Setting: Lot 256  
Mach Name: Meter 1

173366

**ALGARY PARKING AUTHORITY (403) 537-7000**

Term: [REDACTED]  
Plate: [REDACTED]

Valid through:  
**FRIDAY 01 APR 16 5:00 AM**

Zone C 45 [REDACTED]

*AHS 100 course*

Auth # [REDACTED]

RECEIPT # [REDACTED]

AMOUNT PAID: \$26.00 (GST incl.)  
START TIME: 3/31/2016 7:09 AM

Battery Boosting & Tire Inflation Services (403) 537-7003 FREE

*Deborah Rhodes April 16, 2016*

**Carry forward from Section 1**

Name: **Hugh D. Sommerville, Q.C.** Expense Period Month: **42430**

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**

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		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
16-Mar-16	Travel to Edmonton (return) for Governance and Finance Committee Meetings with receipted parking	yes	D-\$20.75	\$20.75			\$30.00 (1)		610	
28-Mar-16	Travel to Edmonton for Board Meetings	yes	D-\$20.75	\$20.75					305	
29-Mar-16	Dinner on day of Board Meeting	yes	D-\$20.75	\$20.75						
30-Mar-16	Return travel to Drumheller after Board Meetings	yes	L-\$11.60	\$11.60					305	
31-Mar-16	Travel to Calgary for approved ICD course on Crown Director Effectiveness with receipted parking <i>is return from Drumheller</i>	yes					\$26.00 (2)		295	
<b>Total: (amount auto fills to page 1)</b>			\$73.85		\$0.00	\$0.00	\$56.00	\$0.00	1,515.00	

<b>BOARD MEMBER Mileage Rate</b>	<b>0.505</b>	<b>Total Mileage</b>	<b>\$ 765.08</b>
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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

## 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

<b>Name :</b>	Hugh Sommerville	<b>Reporting Period for the Month of :</b> Mar-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
28-Mar-2016	Direct Billing	Hotel	2 nights accommodation to attend Board Meetings on March 29 and 30, 2016.	Other	310.64
	Direct Billing				
<b>Total Paid in the Month</b>					<b>\$ 310.64</b>



Alberta Health Services



Room Number:



Arrival Date: 03-28-16

Departure Date: 03-30-16

Page No: 1 of 1

Guest Name: Sommerville, Hugh

**COPY OF INVOICE**

Folio No:



03-31-16

Date	Description	Charges	Credits
03-28-16	Room Revenue	145.00	
03-28-16	Destination Marketing Fee - 3%	4.35	
03-28-16	Tourism Levy - 4%	5.97	
03-29-16	Room Revenue	145.00	
03-29-16	Destination Marketing Fee - 3%	4.35	
03-29-16	Tourism Levy - 4%	5.97	
<b>Total</b>		<b>310.64</b>	<b>0.00</b>
<b>Balance</b>		<b>310.64</b>	

**Signature:**

I agree that my liability for all charges 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. G.S.T. #866344302 RT 0001

April 5 2016  
Coded to: 62312000  
101 0005 71110300000