

AHS Board and Executive Expense Report

Name Hugh D. Sommerville
Title AHS Board Member
Location Drumheller

Expenses submitted during the month of April 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)
Apr-16	P-Card	Meetings					-	1,995		
Apr-16	Expense Claim	Meetings				732	732			
Total			\$ -	\$ -	\$ -	\$ 732	\$ 732	\$ 1,995	\$ -	\$ -

Total for the Month \$ 2,727

Maximum daily single meal expense claimed in the month \$ -
 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.

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>PROCIUK, LORINDA</u> Cardholder's Name	<u>EXECUTIVE ASSOCIATE</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/04/2016</u>
<u>PRESIDENT & CEO OFFICE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	\$2,305.42 \$1995.10
<u>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
24/03/2016	423408321	INSTITUTE OF CORPORATE, SCHOOLS AND EDUCATIONAL SERVICES	997.50	CAD	997.50	47.50	.00	Course Registration for Board Member H. Sommerville to attend Audit Committee Effectiveness (AEC) Course.
24/03/2016	423408322	INSTITUTE OF CORPORATE, SCHOOLS AND EDUCATIONAL SERVICES	997.50	CAD	997.50	47.50	.00	Course Registration for Board Member H. Sommerville to attend Crown Director Effectiveness (CROWN) Course.
28/03/2016	423930119	SAVE ON FOODS #6613, GROCERY STORES, SUPERMARKETS	29.26	CAD	29.26	1.39	.00	Board Meeting Expenses.
29/03/2016	423930118	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi for Board Member B. Hemmelgarn from Airport to Hotel on March 28, 2016 to attend Board Meetings in Edmonton.
29/03/2016	424044596	WESTJET 8382609096185, Westjet Airlines	26.25	CAD	26.25	.00	.00	Baggage Charge for Board Member G. Yeates for flight Edmonton - Toronto - Ottawa on March 30, 2016.
30/03/2016	424044595	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi for Board Members B. Hemmelgarn & G. Yeates from SSP to YEG on March 30, 2016 (attended Board Meetings in Edm.).
12/04/2016	425650436	SAVE ON FOODS #6613, GROCERY STORES, SUPERMARKETS	37.46	CAD	37.46	1.78		Board Meeting Expenses
12/04/2016	425650436	SAVE ON FOODS #6613, GROCERY STORES, SUPERMARKETS	.43	CAD	.43	.02		Board Meeting Expenses.
12/04/2016	425650436	SAVE ON FOODS #6613, GROCERY STORES, SUPERMARKETS	1.08	CAD	1.08	.05		Personal Expense - used P-Card in error. Reimbursement attached.
14/04/2016	425983550	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi for V. Yiu from SSP to YEG to attend JofC Health Services Graduation in Calgary.

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38.91 ✓

✓ pfb

Signatures

Cardholder Designate (if Applicable)

By signing this statement
 I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Jennifer Hamstra
 Name of Cardholder Designate
J. Hamstra
 Signature of Cardholder Designate

Executive Secretary
 Cardholder Designate Position/Title
April 26, 2016
 Date of Signature

Cardholder

By signing this statement
 I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

PROCIUK, LORINDA
 Name of Cardholder
L. Prociuk
 Signature of Cardholder

EXECUTIVE ASSOCIATE
 Cardholder Position/Title
April 27, 2016
 Date of Signature

Approver Designate (if Applicable)

By signing this statement
 I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Susan Best
 Name of Approver Designate
Susan Best
 Signature of Approver Designate

Exec. Assistant
 Approver Designate Position/Title

 Date of Signature

Approver

By signing this statement
 I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Deborah Rhodes
 Name of Approver
Deborah Rhodes
 Signature of Approver

VP Corp Serv. & CFO
 Approver Position/Title
April 29, 16
 Date of Signature

Submit approved statement with attachments to Accounts Payable:

- Attach:**
- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
 - Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:
 - Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter
 - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:
 Alberta Health Services
 Accounts Payable
 7th Street Plaza
 10th Floor, North Tower, 10030-107 Street
 Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: _____ Reviewed by: _____ Date: _____

Linda Hughes
 Linda Hughes
 Board Chair
May 5/16
 Date



Institute of Corporate Directors
 Institut des administrateurs de sociétés

RECEIPT

2701-250 Yonge Street
 Toronto, ON M5B 2L7

Invoice No. [REDACTED]

Sold To: Mr Hugh D. Sommerville
 Board Member
 Alberta Health Services

Ship To: Mr Hugh D. Sommerville
 Board Member
 Alberta Health Services

Account No.	Purchase Order No.	Order Date	Order Number	Terms	Invoice Date
[REDACTED]		3/23/2016	[REDACTED]	Upon Receipt	3/23/2016

Qty	Description	Unit Price	Extended Price
1	Calgary ACE 6 Calgary ACE 6 4/19/2016 - 4/19/2016 Calgary, AB CALACE006/ACEREG ACE Course Registration	950.00	950.00

Line Item Total	Other	Tax	Subtotal	Amount Received	Amount Due
950.00		47.50	997.50	997.50 ✓	0.00

Total GST/HST: 47.50
 Total PST/QST: 0.00
 GST Remittance Number: 12179 8201
 QST Remittance Number: 1204855478

Paid by: MC [REDACTED]



Institute of Corporate Directors
Institut des administrateurs de sociétés

RECEIPT

2701-250 Yonge Street
Toronto, ON M5B 2L7

Invoice No. [REDACTED]

Sold To: Mr Hugh D. Sommerville
Board Member
Alberta Health Services
[REDACTED]

Ship To: Mr Hugh D. Sommerville
Board Member
Alberta Health Services
[REDACTED]

Account No.	Purchase Order No.	Order Date	Order Number	Terms	Invoice Date
[REDACTED]		3/23/2016	[REDACTED]	Upon Receipt	3/23/2016

Qty	Description	Unit Price	Extended Price
1	Calgary CRN 3 Calgary CRN 3 3/31/2016 - 3/31/2016 Calgary, AB CALCRN003/CRNREG Course Registration	950.00	950.00

Line Item Total	Other	Tax	Subtotal	Amount Received	Amount Due
950.00		47.50	997.50	997.50 ✓	0.00

Total GST/HST:47.50
Total PST/QST:0.00
GST Remittance Number:12179 8201
QST Remittance Number: 1204855478

Paid by: MC [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:	Hugh D. Sommerville, Q.C.			Expense Period Month:	Apr-16
Address:	[REDACTED]		City:	Drumheller	
Province:	Alberta	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	AHS - attend ICD Audit course, attend Board Meetings, Attend CEO interviews				

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	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$732.40
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$732.40

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>	10-May-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
<i>Linda Hughes</i>	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>Linda Hughes</i>	May 18/16

Health and Personal information on this form is collected by AHS under the authority of section 26(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.

14th Floor, North Tower *Deborah Rhodes* May 18/16
 Deborah Rhodes, VP Corporate Services & CFO
 Position # [REDACTED] DOFA Level [REDACTED] : Jennifer Hamstra

Carry forward from Section 1

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				
19-Apr-16	Travel to Calgary (return) to attend ICD Audit Committee Effectiveness Course - receipted parking	yes					\$24.00	✓	295	
27-Apr-16	Travel to Calgary (return) to attend Board Meeting - receipted parking	yes					\$13.50	✓	295	
28-Apr-16	Travel to Calgary (return) to attend Board Meeting - receipted parking	yes					\$15.00	✓	295	
28-Apr-16	Travel from Southport to Downtown for CEO interviews	yes					\$45.15	✓	-	
29-Apr-16	Travel to Calgary (return) to attend CEO interviews - receipted parking	yes					\$38.85	✓	295	
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$136.50	\$0.00	1,180.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 595.90
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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: Hugh D. Sommerville, Q.C.	Expense Period Month: 42461

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)

Plaza, 10030

Terminal: [Redacted]
Plate [Redacted]

Zone [Redacted]

Valid through:

TUESDAY 19 APR 16
6:00 PM

Created: [Redacted]
Rev & eff [Redacted]

AMOUNT PAID: \$24.00 (GST incl.)
START TIME: 4/19/2016 7:26 AM

Auth No: [Redacted]
RECEIPT NO: [Redacted]

Electric BATTERY REPAIRING & TIRE INFLATION SERVICES (403) 537-7006 FRE

RECEIPT
Southland Park IV
Southport Tower

License Plate Number

[Redacted]

Expiration Date/Time

05:50 PM
APR 27, 2016

Purchase Date/Time: 02:50pm Apr 27, 2016
Due: \$13.50 Rate: \$13.50 - 3 Hours
Paid: \$13.50 Payment Type: Card
Ticket # 520015160425
Setting: SPT Wireless
Mach Name: CA-SPT-001

Auth # [Redacted]

www.ahs.ca
DO NOT PLACE ON DASH

RECEIPT
Southland Park IV
Southport Tower

License Plate Number

[Redacted]

Expiration Date/Time

07:27 AM
APR 29, 2016

Purchase Date/Time: 07:27am Apr 28, 2016
Total Due: \$15.00 Rate: \$15.00 - 24 Hours
Total Paid: \$15.00 Payment Type: Card
Ticket # [Redacted]
SN #: 520015160425
Setting: SPT Wireless
Mach Name: CA-SPT-001

www.ahs.ca
DO NOT PLACE ON DASH

RECEIPT
NO NEED TO DISPLAY TICKE

Indigo Park
Petroleum Club
Lot #45

License Plate Number

[Redacted]

Expiration Date/Time

07:00 PM
APR 28, 2016

Purchase Date/Time: 01:18pm Apr 28, 2016
Total Parking: \$43.00
Total GST: \$2.15
Total Due: \$45.15 Rate: Day Max 7 PM \$43
Total Paid: \$45.15 Payment Type: Card
Ticket # [Redacted]
SN #: 500012040112
Setting: Petroleum
Mach Name: Petroleum 12

GST # 12099-6095
Thank You
Indigo Park
403.269.7275

RECEIPT
NO NEED TO DISPLAY TICKE

Indigo Park
Petroleum Club
Lot #45

License Plate Number

[Redacted]

Expiration Date/Time

07:00 PM
APR 29, 2016

Purchase Date/Time: 07:28am Apr 29, 2016
Total Parking: \$37.00
Total GST: \$1.65
Total Due: \$38.65 Rate: Early Bird \$37.00
Total Paid: \$38.65 Payment Type: Card
Ticket # [Redacted]
SN #: 500012040112
Setting: Petroleum
Mach Name: Petroleum 12

Visa

Auth # [Redacted]

GST # 12099-6095
Thank You
Indigo Park
403.269.7275

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