

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of August 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)
Aug-16	P-Card	Meetings			446	30	476			
<b>Total</b>			\$ -	\$ -	\$ 446	\$ 30	\$ 476	\$ -	\$ -	\$ -

**Total for the Month** \$ 476

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 199  
 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>20/08/2016</u>
<u>PRESIDENT &amp; CEO OFFICE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: <span style="background-color: black; color: red;">██████████</span> <b>\$476.34</b>
<u>LORINDA.PROCIUK@AHS.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">██████████</span>

Statement of Transactions							
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight Description
29/07/2016		DELTA BOW VALLEY, DELTA HOTELS	496.34	CAD	496.34	.00	Accommodation: Board Member - attend Board Site Tours; Board meetings in Calgary July 28-29
05/08/2016		DELTA BOW VALLEY, DELTA HOTELS	-20.00	CAD	-20.00	.00	Parking: Reimbursement - Board member personally paid valet parking. AHS parking reimbursed \$15.00/day

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Linda Hughes      Sept 27/16  
Linda Hughes      Date  
Board Chair

✓  
APB

**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.

Audrey Maione  
Name of Cardholder Designate  
A Maione  
Signature of Cardholder Designate

Exec Admin Coord.  
Cardholder Designate Position/Title  
Aug 25/16  
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 charged 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  
08/29/16  
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  
Aug. 29/16  
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. Services & CFO  
Approver Position/Title  
Aug. 30/2016  
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: \_\_\_\_\_

(4) + (12)

# DELTA

## BOW VALLEY

209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6  
Tel: 403-266-1980 Fax: 403-205-5460

AB HEALTH SERVICES  
Hugh Sommerville  
Xx  
Xx  
Xx AB XX  
Canada

Room: [REDACTED]  
Folio: [REDACTED]  
Cashier: 65  
Arrival: 07-27-16  
Departure: 07-29-16

Date	Description	Additional Information	Charges	Credits
07-27-16	Room Charge		199.00	
07-27-16	Destination Marketing Fee (DMF)		5.97	
07-27-16	Tourism Levy		8.20	
07-28-16	Room Charge		199.00	
07-28-16	Destination Marketing Fee (DMF)		5.97	
07-28-16	Tourism Levy		8.20	
07-29-16	Master Card	<span style="background-color: black; color: black;">[REDACTED]</span> XX/XX		496.34
08-04-16	Valet Parking	sel parking portion of valet parking	50.00	
08-04-16	Master Card	adjust valet additional charge <span style="background-color: black; color: black;">[REDACTED]</span> XX/XX		-20.00

GST Summary	
Registration No: 826085417	
Room	0.00
F&B	0.00
Other	0.00
<b>Total</b>	<b>0.00</b>

Total	476.34	476.34
Balance Due	0.00	CDN

• Board Member personally  
 Paid portion of valet parking  
 • Regular parking reimbursed = \$25.00/day

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.