

AHS Board and Executive Expense Report

Name Hugh D. Sommerville
Title AHS Board Member
Location Drumheller

Expenses submitted during the month of October 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)
Oct-16	P-Card	Meetings			223		223			
Oct-16	Expense Claim	Meetings		59	475		534			
Oct-16	Direct Billing	Meetings			155		155			
Total			\$ -	\$ 59	\$ 853	\$ -	\$ 912	\$ -	\$ -	\$ -

Total for the Month \$ 912

Maximum daily single meal expense claimed in the month \$ 24
 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

PROCIUK, LORINDA Cardholder's Name	EXECUTIVE ASSOCIATE Cardholder's Position/Title	Billing Reporting Period: 20/10/2016
PRESIDENT & CEO OFFICE Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount: ██████████ \$223.42
LORINDA.PROCIUK@AHS.CA Cardholder's e-mail address	Last 6 digits of the P-Card #: ██████████	

Statement of Transactions

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Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
30/09/2016		DELTA BOW VALLEY, DELTA HOTELS	223.42	CAD	223.42	.00		Accommodation: Board member - attended Board meeting in Calgary Sept 29-30

Linda Hughes
Linda Hughes
Board Chair

Nov. 4/16
Date

✓
ATG

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>Audrey Malone</u> Name of Cardholder Designate <u><i>Audrey Malone</i></u> Signature of Cardholder Designate	<u>Exec Admin Coord.</u> Cardholder Designate Position/Title <u>Oct 24/16</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>PROCIUK, LORINDA</u> Name of Cardholder <u><i>Lorinda Prociuk</i></u> Signature of Cardholder	<u>EXECUTIVE ASSOCIATE</u> Cardholder Position/Title <u>10/25/2016</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>Susan Best</u> Name of Approver Designate <u><i>Susan Best</i></u> Signature of Approver Designate	<u>Exec. Admin. Coord.</u> Approver Designate Position/Title <u>Oct. 26/16</u> Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>Deborah Rhodes</u> Name of Approver <u><i>Deborah Rhodes</i></u> Signature of Approver	<u>VP Corp Services + CFO</u> Approver Position/Title <u>Oct. 31/16</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: _____

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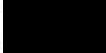
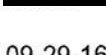
DELTA


BOW VALLEY

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

AB HEALTH SERVICES
Hugh Sommerville



Room: 
Folio: 
Cashier:
Arrival: 09-29-16
Departure: 09-30-16

Date	Description	Additional Information	Charges	Credits
09-29-16	Room Charge		199.00	
09-29-16	Destination Marketing Fee (DMF)		5.97	
09-29-16	Rooms - Federal Tax - GST		10.25	
09-29-16	Tourism Levy		8.20	
09-30-16	Master Card			223.42

GST Summary	
Registration No: 826085417	
Room	10.25
F&B	0.00
Other	0.00
Total	10.25

Total	223.42	223.42
Balance Due	0.00	CDN

*Accommodation: Board Member -
Board Mtgs Sept 28-30, Calgary*

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.

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4/ANR Applicable? - if yes, indicate line & amt	

**BOARD MEMBER
EXPENSE CLAIM FORM**

Employee # [REDACTED]

SECTION 1: PAYEE INFORMATION

Name:	Hugh D. Sommerville, Q.C.	Expense Period Month:	Sept. & Oct. 2016
Address:	[REDACTED]	City:	[REDACTED]
Province:	[REDACTED]	Postal Code:	[REDACTED]
		Country:	Canada
Reason for Expense	AHS Board Meetings - Sept. 29-30, 2016 + Oct. 27, 2016.		

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	\$58.50 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$474.70 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$533.20

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	Date	Phone#
Hugh D. Sommerville, Q.C.	<i>Hugh Sommerville</i>	7-Nov-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	Date
Linda Hughes	Board Chair	11/18/16

Signature: *Linda Hughes*

Health and Personal information on this form is collected by AHS under the authority of section 20(2) 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.

Deborah Rhodes
Deborah Rhodes, CFO

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

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				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Within Canada		Outside Canada					
			Meal Type	Allowance	Meal Type	Allowance				
29-Sep-16	Drive to Calgary for Board Meeting	Yes							165	
30-Sep-16	Return to Drumheller	Yes	B-\$10.50	\$10.50					165	
26-Oct-16	Travel to Edmonton for Board Meeting	Yes	D-\$24.00	\$24.00					305	
27-Oct-16	Return to Drumheller	Yes	D-\$24.00	\$24.00					305	
Total: (amount auto fills to page 1)			\$58.50		\$0.00	\$0.00	\$0.00	\$0.00	940.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 474.70
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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:	Sept. & Oct. 2016
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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)

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.

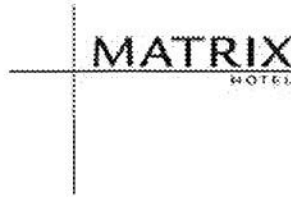
Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable 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 : Hugh Sommerville	Reporting Period for the Month of : Oct-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
26-Oct-2016	Direct Billing	Hotel	1 night accommodation to attend Board Meeting on October 27, 2016 in Edmonton.	Other	155.32
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 155.32



Alberta Health Services
14th Floor North Tower
10030 107 St
Edmonton AB T5J3E4

Room Number: [REDACTED]
Arrival Date: 10-26-16
Departure Date: 10-27-16
Page No: 1 of 1

Guest Name: *Sommerville, Hugh*

COPY OF INVOICE

Folio No: [REDACTED]

11-16-16

Date	Description	Charges	Credits
10-26-16	Room Revenue	145.00	
10-26-16	Destination Marketing Fee - 3%	4.35	
10-26-16	Tourism Levy - 4%	5.97	
Total		155.32	0.00
Balance		155.32	

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. #105631154 RT 0008