

AHS Board and Executive Expense Report

Name Hugh D. Sommerville
Title AHS Board Member
Location Drumheller

Expenses submitted during the month of April 2017

| 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-17 | Expense Claim | Meetings | | 42 | | 635 | 677 | | | |
| Total | | | \$ - | \$ 42 | \$ - | \$ 635 | \$ 677 | \$ - | \$ - | \$ - |

Total for the Month \$ 677

Maximum daily single meal expense claimed in the month \$ 21
 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.

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: | Hugh D. Sommerville | Expense Period Month: | March-April 2017 | | |
| Address: | [REDACTED] | City: | [REDACTED] | | |
| Province: | [REDACTED] | Postal Code: | [REDACTED] | Country: | Canada |
| Reason for Expense | Attendance at Board Meeting on March 29, 2017 and tour of RAH and Meeting with Wisdom Council on March 30, 2017. Attendance at ICD courses in Calgary - Crown Director Effectiveness Course on April 10, 2017 and Boardroom Financial Essentials Course on April 13, 2017. | | | | |

| 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 | \$41.50 ✓ |
| Travel Exp (B+C+E) | 101 | 0005 | 71110300000 | 62212000 | \$635.40 ✓ |
| Other (D) | 101 | 0005 | 71110300000 | 41090000 | \$0.00 |
| TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE | | | | | \$676.90 ✓ |

| | |
|--|---|
| 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) Hugh D. Sommerville | Signature: I, by signing this form, attest that I am compliant to all the above statements <i>Hugh D. Sommerville</i> Date: <i>April 17/17</i> Phone# [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) Linda Hughes | Position Title/Program Group Board Chair |
| Signature: I, by signing this form, attest that I am compliant with all the above statements <i>Linda Hughes</i> | Date <i>April 24/17</i> |

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Protection Act, respectively, for the purpose of admin

For payment plea: *Deborah Rhodes*
Deborah Rhodes, VP Corporate Services & CFO
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 S Position #: [REDACTED] DOFA Level: [REDACTED] Date: *April 21/17*

Carry forward from Section 1

Carry forward from Section 1

| | | | |
|--------------|---------------------|------------------------------|------------------|
| Name: | Hugh D. Sommerville | Expense Period Month: | March-April 2017 |
|--------------|---------------------|------------------------------|------------------|

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 | | | | |
| 28-Mar-2017 | Mileage from Drumheller to Edmonton to attend Board Meetings on March 29 30, and return to Drumheller on March 30, 2017. | Yes | D-\$20.75 | \$20.75 | ✓ | | | | 610 | |
| 29-Mar-2017 | Per diem. | Yes | D-\$20.75 | \$20.75 | ✓ | | | | | |
| 10-Apr-2017 | Mileage from Drumheller to Calgary and return to attend ICD Course - Crown Director Effectiveness; and parking. | Yes | | | | | \$14.70 | ✓ | 295 | |
| 13-Apr-2017 | Mileage from Drumheller to Calgary and return to attend ICD Course - Boardroom Financial Essentials; and parking. | Yes | | | | | \$14.70 | ✓ | 295 | |
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| Total: (amount auto fills to page 1) | | | \$41.50 | ✓ | \$0.00 | \$0.00 | \$29.40 | ✓ | \$0.00 | 1,200.00 |

| | | | |
|----------------------------------|-------|----------------------|-----------|
| BOARD MEMBER Mileage Rate | 0.505 | Total Mileage | \$ 606.00 |
|----------------------------------|-------|----------------------|-----------|

