

## Board and Executive Expense Report

**Name** Jitendra Prasad  
**Title** Chief Program Officer, Contracting, Procurement & Supply Management  
**Location** Edmonton  
 Expenses submitted during the month of September 2014

### Travel (1)

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-14	Expense Claim	Meetings		21		97	118			
Sep-14	Direct Billing	Meetings	1,586				1,586			
<b>Total</b>			\$ 1,586	\$ 21	\$ -	\$ 97	\$ 1,704	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,704

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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
PRASAD, JITENDRA	Chief Program Officer, Contracting, Procurement & Supply Management	Edmonton	32.34

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/18/2014	Taxi from SSP to Walter MacKenzie Centre to meet with Dr. Hedden. In-person attendance was required due to the nature of the meeting	AB - Local	Taxi	32.34				1			

Approver(s) for the claim	Approval Status	Approval Date
RHODES, DEBORAH	Approve	12/17/2014 15:35

August 18, 2014  
Attended mtg with  
Dr. Hedden at the Walter Mackenzie  
Centre

YELLOW LAB  
10135 31 AVENUE NW  
EDMONTON AB T6A 1C2  
780-462-1456

Term ID: 45024124782727  
Item #: 0952  
VISA CREDIT  
PURCHASE  
Dr. T. Mackenzie

APPROVED

SALES TAX	CAD\$ 29.40
TIP	CAD\$ 2.94
TOTAL	CAD\$ 32.34

Ref. # [REDACTED]  
Auth. # [REDACTED]  
Resp. Code: 00  
TUR: 488040000  
TSI: F000

EDMINT.COM  
GST: E00403070

08/14/06/18 Time: 07:43:43

Taci from GSP to Walter  
Mackenzie Centre to meet  
with Dr. Hedden.

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
PRASAD, JITENDRA	Chief Program Officer, Contracting, Procurement & Supply Management	Edmonton	85.7

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/16/2014	For meetings with Calgary Zone Executives Directors, Surgery and staff at Southport. The nature of this meeting required in-person attendance.	AB - Other Zones	Taxi	39.9				1			
9/16/2014	All day parking at Edmonton Airport.	AB - Local	Parking	25				1			
9/16/2014	To attend meetings in Calgary with Executive Directors, Surgery and meet with staff at Southport.		Meals Per Diem	20.8				2			

Approver(s) for the claim	Approval Status	Approval Date
RHODES, DEBORAH	Approve	12/17/2014 15:43

Sept 16, 2014

\* TRANSACTION RECEIPT \*  
Checker/Yellow Cabs  
316 Meridian Road SE  
Calgary, AB, T2A 1X2  
403-299-9999

Taxi Service

TYPE: Visa  
CARD [REDACTED]  
EXP [REDACTED]  
DATA: SWIPED  
TerminalID: 000014730481  
DATE: 2014/09/16 12:55:47  
AUTH [REDACTED]  
IFID: 11789639  
DRV : [REDACTED]  
VEH : [REDACTED]  
GST : 897632311  
Meter Start Time:  
12:32:07  
Meter Stop Time:  
12:55:01  
Distance: 20.2 Km

FARE 1: \$ 35.90  
FLAT : \$ 0.00  
TAX : \$ 0.00  
TOTAL FARE: \$ 35.90  
PAYMENT AMOUNT: \$ 35.90  
TIP: \$ 4.00

TOTAL PAYMENT: \$ 39.90 ✓

1. Taxi fare - Calgary Airport to Foothills Medical Centre for meetings with Calgary Zone Executive Directors, Surgery. Due to the nature of this meeting in-person attendance was required.

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax Code CA5%

POF 1st Fl 16/09/14 16:29  
Receipt 077252

Short-term parking tkr

HL - No. [REDACTED]  
16/09/14 06:49 -  
17/09/14 06:48 -  
Period 1d0h0  
(Tax) \$25.00

Total \$25.00

Payment Received  
VISA \$25.00 ✓

Type: Swiped

Sub Total \$23.81  
Tax 5% 1.19

All day parking at Edmonton Airport re: Nelson Travel from Calgary. Attended in-person meeting with Exec. Directors, Surgery. Due to the nature of this meeting, in-person attendance was required.

## Executive Expenses Report Direct Billing Summary

**Purpose of This Form:**

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions.
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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  No

**Name: Jitendra Prasad**
**Reporting Period for the Month of: September 2014**

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-10-06	Direct Billing	Transportation	Rtn Flight Edm-Tor to attend Mtg	Marlin Travel	\$989.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
<b>Total Paid in the Month</b>					<b>\$989.96</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]


To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: September 24, 2014  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

For MR JITENDRA PRASAD  
AC [REDACTED]

Monday, October 6, 2014


 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: TORONTO PEARSON  
Stops: 0 Arrival: 06Oct14  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 13C

Flight: 114 G CLASS  
06:00 AM Equipment: A320  
11:38 AM

Mile(s) Flown: 1676

Tuesday, October 7, 2014

 Air

AIR CANADA  
From: TORONTO PEARSON  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 07Oct14  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 14D

Flight: 177 Q CLASS  
04:50 PM Equipment: E90  
06:56 PM

Mile(s) Flown: 1676

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	203.00
AIR CANADA WEB [REDACTED]	[REDACTED]	50.00



To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: September 24, 2014  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

<b>Cost:</b>			
AIR CANADA WE [REDACTED]	[REDACTED]		481.00
		Tax:	32.48
		<b>Ticket Total:</b>	<b>513.48</b>
AIR CANADA W [REDACTED]	[REDACTED]		223.48
<b>Total:</b>			
		<b>Grand Total:</b>	989.96
		<b>Less Credit Card Payments:</b>	989.96
		<b>Credit / Balance Due To This Invoice:</b>	0.00
		<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

### Business Reason

To attend GS1 Canada Healthcare Provider Deployment Committee Meeting in Toronto - trip was subsequently cancelled and a credit issued.



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### Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions.
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- Indicate whether you have expenses to report in this section for this reporting period: Yes  No

Name: Jitendra Prasad	Reporting Period for the Month of: September 2014
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-10-09	Direct Billing	Transportation	Rtn travel Edm-Clg to attend Mtg	Marlin Travel	\$372.96 )
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
<b>Total Paid in the Month</b>					<b>\$372.96</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: September 17, 2014  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

For [REDACTED]  
MR JITENDRA PRASAD  
AC [REDACTED]

Thursday, October 9, 2014

## Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2D [REDACTED]

Flight: 8133 V CLASS  
07:00 AM Equipment: CRJ JET  
07:47 AM

Mile(s) Flown: 153

## Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2D [REDACTED]

Flight: 8162 G CLASS  
10:15 PM Equipment: D8 (300 SERIES)  
11:07 PM

Mile(s) Flown: 153

## Cost:

AIR CANADA [REDACTED]

[REDACTED]

298.00

Tax:

74.96

Ticket Total:

372.96

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: September 17, 2014  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

**Total:**

<b>Grand Total:</b>	372.96
<b>Less Credit Card Payments:</b>	372.96
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
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1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
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### Business Reasons

Attended IOL Supplier Forum at the Rockyview General Hospital. In-person attendance was required.

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Name: Jitendra Prasad	Reporting Period for the Month of: September 2014
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-09-16	Direct Billing	Transportation	One way flight Clg-Edm attend Mtg	Marlin Travel	223.48
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
<b>Total Paid in the Month</b>					<b>223.48</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: September 24, 2014  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

For  
MR JITENDRA PRASAD  
AC [REDACTED]

Tuesday, September 16, 2014

 Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2C

Flight: 8150 V CLASS  
03:30 PM Equipment: DH4  
04:19 PM

Mile(s) Flown: 153

Cost: [REDACTED] 223.48  
AIR CAN [REDACTED]  
Total:

Grand Total: 223.48  
Less Credit Card Payments: 223.48  
Credit / Balance Due To This Invoice: 0.00  
Total Balance Due: 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: September 24, 2014  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

DOCUMENTATION REQUIRED: VALID PASSPORT... VISA.. TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
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CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
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1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT [WWW.MARLINTRAVEL.CA](http://WWW.MARLINTRAVEL.CA).

### Business Reasons

On September 16, 2014, attended Calgary Zone Executive Directors, Surgery meeting at the Foothills Medical Centre, Calgary. Due to the nature of this meeting in-person attendance was required.