

## AHS 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 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)
Sep-17	Expense Claim	Meetings		223		25	248	225		
Sep-17	Direct Billing	Meetings	1,562				1,562			
<b>Total</b>			\$ 1,562	\$ 223	\$ -	\$ 25	\$ 1,810	\$ 225	\$ -	\$ -

**Total for the Month**      \$      2,035

Maximum daily single meal expense claimed in the month      \$      31  
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.

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
PRASAD, JITENDRA	Chief Program Officer, Contracting, Procurement & Supply Management	Edmonton	\$ 250.50

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/29/2017	Bus Tickets for CPO Office	AB - Local	Bus Tickets	\$ 25.50				1			
9/19/2017	HTG Summit, St. Louis	International	Conference Fees	\$ 225.00				1			

Approver(s) for the claim	Approval Status	Approval Date
RHODES, DEBORAH	Approve	5-Oct-17

# Rexall

DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
ADULT TICKETS 10P 83215400105	1	\$25.50	\$25.50
SUBTOTAL			\$25.50
TOTAL			\$25.50
VISA			\$25.50
CHANGE DUE			\$0.00

Items = 1

TILL# 3 76982 06/29/2017 11:46 08

Rexall 7265  
10818 Jasper Avenue NW  
Edmonton, Alberta, T5J 2B3  
(780) 488-4665

SLIP: [REDACTED] TILL: 3 CLERK: [REDACTED]

TYPE: PURCHASE

ACCT: VISA  
AMOUNT: \$25.50

CARD NUMBER: [REDACTED]  
DATE/TIME: 29 JUN 2017 11:47.14  
REFERENCE #: [REDACTED]  
AUTH #: [REDACTED]  
VISA CREDIT

01 APPROVED - THANK YOU 027

-- IMPORTANT --  
Retain this copy for your records.

\*\*\* CARDHOLDER COPY \*\*\*

10818 Jasper Avenue, Edmonton, Alberta,  
Phone# 780-488-4665, GST# 10358 4199 RTO

\*\*\*\*\*  
VISIT [www.tellrexall.ca](http://www.tellrexall.ca) to receive  
\$5 OFF next \$25 PURCHASE, PLUS receive  
10 CHANCES to WIN \$1000 CASH! OR call  
1-855-340-7505 for 1 entry to win \$1000  
SURVEY ENTRY CODE: 726503184668  
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**ROI Account Transaction Results**

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645 MARYVILLE CENTER DRI  
SAINT LOUIS, MO 63141  
Phone # 314-364-6516

Status: **approved**

Transaction ID: 

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Transaction Details

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Date: **09-18-2017 15:50 CDT**

Transaction Type: **sale**

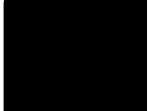
Amount: **\$225.00**

Card Type: **Visa**

Account Number: 

Name: **Jitendra Prasad**

Patient Account #: 

Authcode: 

Patient Name: **Prasad, Jitendra**

Notes: **HTG Summit**

Customer Signature X \_\_\_\_\_

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
PRASAD, JITENDRA	Chief Program Officer, Contracting, Procurement & Supply Management	Edmonton	\$ 222.70									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
9/24/2017	Presented at SCANH Conference in St. Louis	United States	Meals Per Diem	\$ 48.00			Lunch \$ 17.00 Dinner \$ 31.00	1				
9/25/2017	Presented at SCANH Conference in St. Louis	United States	Meals Per Diem	\$ 61.70			Bfast \$ 13.70 Lunch \$ 17.00 Dinner \$ 31.00	1				
9/26/2017	Presented at SCANH Conference in St. Louis	United States	Meals Per Diem	\$ 48.00			Lunch \$ 17.00 Dinner \$ 31.00	1				
9/27/2017	Presented at SCANH Conference in St. Louis	United States	Meals Per Diem	\$ 17.00			Lunch \$ 17.00	1				
9/28/2017	Presented at SCANH Conference in St. Louis	United States	Meals Per Diem	\$ 48.00			Lunch \$ 17.00 Dinner \$ 31.00	1				
Approver(s) for the claim		Approval Status	Approval Date									
RHODES, DEBORAH		Approve	23-Nov-17									

## 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

<b>Name :</b> Jitendra Prasad	<b>Reporting Period for the Month of :</b> Sep-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
28-Apr-2017	Direct Billing	Airline Ticket	Travel to HealthPRO Meeting in Toronto - Receipt collection fee	Marlin Travel	22.60
22-Jun-2017	Direct Billing	Airline Ticket	Return trip to Calgary to attend AHS Executive Education Program	Marlin Travel	344.06
19-Sep-2017	Direct Billing	Airline Ticket	Booked return trip to Calgary to attend Benefits Realization Workshop CANCELLED return to Calgary in favour of a ride back to Edmonton	Marlin Travel	463.76
16-Oct-2017	Direct Billing	Airline Ticket	Travel to Chicago to present at the 32nd Global GS1 Healthcare Conference 2017. Trip cancelled. Credit with Air Canada	Marlin Travel	731.65
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 1,562.07</b>



**Invoice**

ALBERTA HEALTH SERVICES  
 ALBERTA HEALTH SERVICES  
 10030 - 107 STREET  
 EDMONTON AB  
 T5J 3E4

Trip #: [REDACTED]  
 Booking Date: 14 Mar 17  
 Client: [REDACTED]  
 Agent: [REDACTED]  
 Agents email: [REDACTED]  
 File Locator: [REDACTED]

**PASSENGERS:** MR JITENDRA PRASAD

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
AIR CANADA Ticket [REDACTED]	22.60	0.00	\$0.00	0.00	0.00	22.60 CAD
<b>Total:</b>						[REDACTED]

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/18/2017	[REDACTED]	[REDACTED]	22.60 CAD
	[REDACTED]	03/14/2017	[REDACTED]	[REDACTED]	[REDACTED]
Total Payment:					[REDACTED]

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
 REASON FOR TRAVEL HEALTH PRO MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
 \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\*  
 \*\*\*\*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----  
 ---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 14 Mar 17  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]  
File Locator: [REDACTED]

## MY ITINERARY

Passengers	Citizenship	Required Travel Documents
JITENDRA PRASAD	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: JITENDRA PRASAD

Booking Date: 03/14/2017  
File Locator/Ticket #: [REDACTED]

From: TORONTO PEARSON  
To: EDMONTON INTL

Departing on: 04/28/2017  
Returning on: 04/28/2017



AIR

Passengers: JITENDRA PRASAD

Booking Date: 03/14/2017  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00127	TORONTO PEARSON 04/28/2017 2:55PM		EDMONTON INTL 04/28/2017 5:02PM	K		





**Invoice**

ALBERTA HEALTH SERVICES  
 ALBERTA HEALTH SERVICES  
 10030 - 107 STREET  
 EDMONTON AB  
 T5J 3E4

Trip #: [REDACTED]  
 Booking Date: 10 Jun 17  
 Client: [REDACTED]  
 Agent: [REDACTED]  
 File Locator: [REDACTED]

**PASSENGERS:** MR JITENDRA PRASAD

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	269.10	0.00	\$0.00	74.96	0.00	344.06 CAD
<b>Total:</b>	<b>269.10</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>344.06 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	06/08/2017		[REDACTED]	344.06 CAD
<b>Total Payment:</b>					<b>344.06 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
 REASON FOR TRAVEL EXECUTIVE EDUCATION

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
 \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\* \*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----  
 ----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 10 Jun 17  
Client: [REDACTED]  
Agent: [REDACTED]  
File Locator: [REDACTED]

### MY ITINERARY

<b>Passengers</b> JITENDRA PRASAD	<b>Citizenship</b> Not Specified	<b>Required Travel Documents</b> Not Specified
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All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: JITENDRA PRASAD

Booking Date: 06/08/2017  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08580	EDMONTON INTL 06/22/2017 6:00AM		CALGARY INTL 06/22/2017 6:52AM	G		
AIR CANADA	08152	CALGARY INTL 06/22/2017 5:05PM		EDMONTON INTL 06/22/2017 5:55PM	G		



**Invoice**

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 14 Sep 17  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]  
File Locator: [REDACTED]

**PASSENGERS:** MR JITENDRA PRASAD

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	388.80	0.00	\$0.00	74.96	0.00	463.76 CAD
<b>Total:</b>	<b>388.80</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>463.76 CAD</b>

INVOICE #	PAYMENT DATE	CARD HOLDER	FORM OF PAYMENT	AMOUNT
[REDACTED]	09/11/2017	[REDACTED]	[REDACTED]	463.76 CAD
<b>Total Payment:</b>				<b>463.76 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL BENEFITS WORKSHOP

-----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\* \*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\* PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 14 Sep 17  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]  
File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
JITENDRA PRASAD	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: JITENDRA PRASAD

Booking Date: 09/11/2017  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08580	EDMONTON INTL 09/19/2017 6:00AM		CALGARY INTL 09/19/2017 6:53AM	W		
AIR CANADA	08152	CALGARY INTL 09/19/2017 5:05PM		EDMONTON INTL 09/19/2017 5:55PM	U		



**Invoice**

ALBERTA HEALTH SERVICES  
 ALBERTA HEALTH SERVICES  
 10030 - 107 STREET  
 EDMONTON AB  
 T5J 3E4

Trip #: [REDACTED]  
 Booking Date: 20 Sep 17  
 Client: [REDACTED]  
 Agent: [REDACTED]

File Locator: [REDACTED]

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	463.00	0.52	\$0.00	38.80	0.00	502.32 CAD
AIR CANADA Ticket # [REDACTED]	129.00	0.00	\$0.00	84.58	0.00	213.58 CAD
AIR CANADA Ticket # [REDACTED]	15.75	0.00	\$0.00	0.00	0.00	15.75 CAD
<b>Total:</b>	<b>607.75</b>	<b>0.52</b>	<b>0.00</b>	<b>123.38</b>	<b>0.00</b>	<b>731.65 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/06/2017		[REDACTED]	502.32 CAD
	[REDACTED]	09/19/2017		[REDACTED]	213.58 CAD
	[REDACTED]	09/20/2017		[REDACTED]	15.75 CAD
		<b>Total Payment:</b>			<b>731.65 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.52

CORPORATE UNIT 101  
 REASON FOR TRAVEL CONFERENCE

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
 \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\*  
 \*\*\*\*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*\*\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 20 Sep 17  
Client: [REDACTED]  
Agent: [REDACTED]  
File Locator: [REDACTED]

## MY ITINERARY

Passengers	Citizenship	Required Travel Documents
JITENDRA PRASAD	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Description: SEAT  
Passengers: JITENDRA PRASAD

Booking Date: 09/20/2017  
File Locator/Ticket #: [REDACTED]

From: EDMONTON INTL  
To: CHICAGO OHARE  
Departing on: 10/16/2017  
Returning on: 10/19/2017

Passengers: JITENDRA PRASAD

Booking Date: 09/06/2017  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00508	CHICAGO OHARE 10/19/2017 2:10PM		TORONTO PEARSON 10/19/2017 4:41PM	G		
AIR CANADA	00173	TORONTO PEARSON 10/19/2017 6:55PM		EDMONTON INTL 10/19/2017 9:04PM	G		