

AHS Board and Executive Expense Report

Name Katherine Chubbs

Title Chief Zone Officer, South Zone

Location Lethbridge

Expenses submitted during the month of May 2018

							Travel (1)						
MMM-YY	Source Document	Purpose	P	Airfare	Mea	ıls	Accommo	dation	Otł Tra		Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
May-18 May-18 May-18	P-Card Expense Claim Direct Billing	Meetings Meetings Meetings		1,307		95		172		66 8	238 103 1,307			
Total			\$	1,307	\$	95	\$	172	\$	74	\$ 1,648	\$ -	\$ -	\$ -

Total for

the Month \$ 1,648

Maximum daily single meal expense claimed in the month	\$ 24
Maximum daily base hotel rate claimed in the month	\$ 159
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 P-Card

Claimant Name		Claimant Location	Expense Claim Total										
CHUBBS,	•	Lethbridge	\$ 237.92										
	Zone		_		1_		1_	<u> </u>	I	I	1		
Expense	Business reason		-	Expense Type	Amo		From	To Location	Justification				Trip
Date			Location				Location			days	Attendees	Name(s)	Distance
5/2/2018	In Edmonton for the Listeni	ng Day	AB - Other	Taxi	\$	52.80	Edmonton	Focus Building	In Edmonton for the Listening Day	1			
	meeting		Zones				International	9925 109 Street,	meeting				
							Airport	Edmonton					
5/17/2018	In Edmonton for the QSO &		AB - Other	Taxi	\$	12.80	Matrxi Hotel	Royal Alexandra	In Edmonton for the QSO &	1			
	Improvement Executive Cor	nmittee	Zones					Hospital	Improvement Executive Committee				
	meeting								meeting				
5/17/2018	Overnight in Edmonton for	the QSO and	AB - Other	Accommodations	\$	172.32			Overnight in Edmonton for the QSO	1			
	Improvement Exec Commit	tee meeting	Zones						and Improvement Exec Committee				
									meeting				
Approver(s)	for the claim	Approval St	atus	Approval Date				1					
HUBAND, BR	RENDA	Approve		24-May-18									



Co-op Taxi Line (780) 425-2525

www.co-optaxi.com

Terminal Driver 18/05/17 12:37:06

Card: MasterCard CHIP CARD

VERIFIED BY PIN Ref Auth

PURCHASE 10.80 : \$ FARE 2.00 : \$ TIP 12.80 TOTAL

APPROVED -(01 - 027)

IMPORTANT: Retain this copy for your records

Merchant Copy

Thank you for choosing Co-op taxi

AIRPORT DAXI SERVICE 4608 101 ST. (7808907070) **EDMONTON** AB

CARD **MASTERCARD** CARD TYPE DATE 2018/05/02 TIME 0741 08:22:33 INVOICE # RECEIPT NUMBER

PURCHASE AMOUNT \$48.00 TIP \$4.80 TOTAL

Mastel Card

APPROVED

AUTH# THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS





MS Katherine Chubbs

Room No.

Arrival

: 05-16-18

Departure Date

: 05-17-18

Folio No.

Conf. No. P.O. No.

Company Name: AHS - Vision/Marlin Travel

Group Name:

INVOICE

Date	Description		Charges	Credits
05-16-18	Room Revenue		159.00	
05-16-18	Destination Marketing Fee		4.77	
05-16-18	Tourism Levy		6.55	
	Mastercard		0.00	170.32
		Total Charges	170.32	
		Total Credits		170.32
		Balance		0.00

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AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total										
CHUBBS, KATHERINE	Chief Zone Officer, South Zone	Lethbridge	\$ 103.00										
Expense Date	Business reason		Expense Location	Expense Type	Amoui		From Location	To Location	Justification		# of Attendees	Attendee Name(s)	Trip Distance
5/2/2018	0645 & 1805 hour flight depa Listening Day meeting in Edm		AB - Other Zones	Meals Per Diem	\$ 3	4.50			Bfast \$10.50 Dinner \$24.00	1			
5/4/2018	In Med Hat for UNA OHSC MI with AHS	HRH meeting	AB - Local	Meals Per Diem	\$ 1	3.00			Lunch \$13.00	1			
5/16/2018	Overnight parking at airport f Edmonton, QSO meeting	or flight to	AB - Local	Parking - Lot or Parkade	\$ 8	8.00			Overnight parking at lethbridge county airport for flight to Edmonton for QSO meeting	1			
5/17/2018	In Edmonton for the QSO Imp Exec Committee meeting	provement	AB - Other Zones	Meals Per Diem	\$ 4	7.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
Approver(s) fo	or the claim	Approval Sta	atus	Approval Date				•			•	•	•
HUBAND, BRE	ENDA	Approve		24-May-18									

RETAIN STUB AS RECEIPT LETHBRIDGE AIRPORT PARKING

DATE | 1000 | 1/8 | STALL/D'EMPLACEMENT# | ST



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.

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
15-May-2018	DIRECT	Airline Ticket	Lethbridge to Edmonton return same day Air Canada flights on June 13, 2018 to attend the SCN Cancer Care Core Committee meeting in Leduc.	Marlin Travel	435.46
11-May-2018	DIRECT BILLING	Airline Ticket	Air Canada flight, Lethbridge-Calgary-Edmonton departing May 16, 2018 for the May 17, 2018 QSO Improvement Exec Committee inperson meetings at the Royal Alex. Return flight on May 17, 2018	Marlin Travel	721.41
11-May-2018	DIRECT BILLING	Airline Ticket	Air Canada flight, Lethbridge-Calgary-Edmonton departing May 29, 2018 for the May 30, 2018 ZEL Retreat @ SSP. This is a one way ticket. Return ticket booked in April for travel from Edmonton to St. Johns, NB the night of May 30, 2018.	Marlin Travel	150.12
Total Paid in the	Month				\$



Invoice

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



PASSENGERS: MS KATHERINE CHUBBS

REFERENCE/ DESCRIPTION	ON			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	6
AIR CANADA Ticket #				375.50	0.00	\$0.00	59.96	0.00	435.46	CAE
			Total:	375.50	0.00	0.00	59.96	0.00	435.46	CAL
PAYMENTS	Invoice #	Payment Date	Card Holder		Form o	f Payment			Amount	
		05/15/2018							435.46	CAD
r							Total Pa	ayment:	435.46	CAD
					В	alance Du	e CAD Cui	rrency	0.00	CAL
				Total GS	ST	0.00	Tota	al HST	\$0.00	

CORPORATE UNIT 101 REASON FOR TRAVEL CANCER SCN MEETING

******* 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 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 #: **Booking Date:** 16 May 18 Client: Agent: File Locator:

MY ITINERARY

Passengers Citizenship KATHERINE CHUBBS Not Specified

Required Travel Documents

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



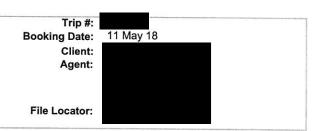
AIR

Passengers:	KATHERINE CHUBBS			Booking Date: File Locator/Ticket#:	15 May 18	
Airline	Flight	From	Terminal	То	Class/Seat	Stops
AIR CANADA	07212	LETHBRIDGE 13 Jun 18 5:10AM		CALGARY INTL 13 Jun 18 6:01AM	W/	
AIR CANADA	08130	CALGARY INTL 13 Jun 18 7:00AM		EDMONTON INTL 13 Jun 18 7:54AM	W/ ,	
AIR CANADA	08163	EDMONTON INTL 13 Jun 18 10:05PM		CALGARY INTL 13 Jun 18 11:02PM	т/	
AIR CANADA	07221	CALGARY INTL 13 Jun 18 11:45PM		LETHBRIDGE 14 Jun 18 12:36AM	T/	



Invoice

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



PASSENGERS: MS KATHERINE CHUBBS

REFERENCE/ DESCRIPT	ΓΙΟΝ			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	L
AIR CANADA Ticket #				661.45	0.00	\$0.00	59.96	0.00	721.41	CAI
			Total:	661.45	0.00	0.00	59.96	0.00	721.41	CAL
PAYMENTS	Invoice #	Payment Date	Card Holder		Form of	Payment			Amount	0
		05/10/2018							721.41	CAD
							Total Pa	yment:	721.41	CAD
					Ba	alance Du	e CAD Cur	rency	0.00	CAE

Total GST

0.00

Total HST

\$0.00

CORPORATE UNIT 101

REASON FOR TRAVEL QUALITY SAFETY AND OUTCOME IMPROVEMENTS

******* 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 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 #:
Booking Date: 11 May 18
Client:
Agent:
File Locator:

MY ITINERARY

 Passengers
 Citizenship
 Required Travel Documents

 KATHERINE CHUBBS
 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:	KATHERINE CHUBBS			Booking Date: File Locator/Ticket #:	10 May 18	
Airline	Flight	From	Terminal	То	Class/Seat	Stops
AIR CANADA	07222	LETHBRIDGE 16 May 18 7:45PM		CALGARY INTL 16 May 18 8:36PM	H/	
AIR CANADA	08168	CALGARY INTL 16 May 18 11:35PM	,	EDMONTON INTL 17 May 18 12:25AM	Н/	
AIR CANADA	08155	EDMONTON INTL 17 May 18 8:00PM		CALGARY INTL 17 May 18 8:57PM	Q/	****
AIR CANADA	07221	CALGARY INTL 17 May 18 11:45PM		LETHBRIDGE 18 May 18 12:36AM	Q/	



Invoice

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

Trip #: **Booking Date:** Client: Agent:

File Locator:

PASSENGERS: MS KATHERINE CHUBBS

REFERENCE/ DESCRIPTIO	ON .			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	
AIR CANADA Ticket #				127.64	0.00	\$0.00	22.48	0.00	150.12	CAD
			Total:	127.64	0.00	0.00	22.48	0.00	150.12	CAE
PAYMENTS	Invoice #	Payment Date	Card Holder		Form o	of Payment			Amount	
		05/07/2018					S		150.12	CAD
							Total Pa	ayment:	150.12	CAD
					В	Salance Du	e CAD Cui	rency	0.00	CAI
				Total G	ST	0.00	Tota	al HST	\$0.00	

CORPORATE UNIT 101 REASON FOR TRAVEL SENIOR LEADER MEETING

STATES CALL ... 1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT... 303 801 2147 PLEASE QUOTE ACCESS 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 ******* 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 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 ----------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 #:
Booking Date: 08 May 18
Client: Agent:
File Locator:

MY ITINERARY

 Passengers
 Citizenship
 Required Travel Documents

 KATHERINE CHUBBS
 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:	KATHERINE CHUBBS			Booking Date: File Locator/Ticket #:	07 May 18	
Airline	Flight	From	Terminal	То	Class/Seat	Stops
AIR CANADA	07220	LETHBRIDGE 29 May 18 5:30PM	intai terahati tea	CALGARY INTL 29 May 18 6:21PM	S/	
AIR CANADA	08225	CALGARY INTL 29 May 18 7:30PM		EDMONTON INTL 29 May 18 8:20PM	S/	