

### **AHS Board and Executive Expense Report**

Name Katherine Chubbs

**Title** Chief Zone Officer, South Zone

**Location** Lethbridge

Expenses submitted during the month of November 2018

							Travel (1)					
ммм-үү	Source Document	Purpose	Air	fare	Meal	S	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Nov-18 Nov-18 Nov-18	P-Card Expense Claim Direct Billing	Meetings Meetings Meetings		348		57	123	73 31	196 88 348		27	
Total			\$	348	\$	57	\$ 123	\$ 104	\$ 632	\$ -	\$ 27	\$ -

**Total for** 

the Month \$ 659

Maximum daily single meal expense claimed in the month	\$ 13
Maximum daily base hotel rate claimed in the month	\$ 109
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 Title	Claimant Location	Expens Claim											
CHUBBS, KATHERINE	Chief Zone Officer, South Zone	Lethbridge	\$ :	222.49										
Expense Date	Business reason		Expens Location		Expense Type	Amo	ount	From Location	To Location	Justification	_	# of Attendees	Attendee Name(s)	Trip Distance
10/22/2018	Indigenous Health Strate Committee meeting in C		AB - O	ther	Parking - Lot or Parkade	\$	6.00			Fleet car parking. Indigenous Health Strategy Steering Committee meeting in Calgary	1			
10/25/2018	Working lunch as the int reviewed and prepared s SOO interviews	•		ocal	Working Session	\$	27.15			Senior Operating Officer interviews in Med Hat. Purchased lunch for interview panel member Reg Radke, Palliser Triangle HAC Vice Chair	1	2	List of attendees kept on file	
10/26/2018	Heallth Advisory Council	Fall Forum	AB - Lo	ocal	Taxi	\$	14.98	Residence	Lethbridge County Airport 219- 417 Stubb Ross Rd, Lethbridge, AB	Taxi from home to the Lethbridge County Airport for a flight to Edmonton for the HAC Fall Forum.	1			
10/26/2018	HAC Fall Forum attended	е	AB - Of Zones	ther	Taxi	\$	51.70	Edmonton International Airport	Delta Hotels by Marriott 4404 Gateway Blvd	Taxi from the Edmonton International Airport to the Delta Hotel for the HAC Annual Fall Forum. WRITTEN ATTESTATION COMPLETED	1			
10/27/2018	HAC Fall Forum attended	е	AB - O	ther	Accommodations	\$	122.66			Overnight at the 2 day HAC Fall Forum	1			
Approver(s) fo	or the claim	Approval Sta	atus		Approval Date									

HUBAND, BRENDA

Approve

28-Nov-18

W/

BLACK DIAMOND TAXI LTD. 1605 29 ST N LETHBRIDGE

### \*DUPLICATE\*

CARD CARD TYPE MASTERCARD DATE 2018/10/26 TIME 9516 04:03:15

RECEIPT NUMBER

PURCHASE AMOUNT / \$12.48 \$2.50 MasterCard

**APPROVED** 

AUTH# THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

\*DUPLICATE\*

CAFETERIA II T1A4H6 666-5 STREET SW MEDICINE HAT AB 22649343 QC2264934301

### SALE

12:59:52 10-25-2018 Acct # Card Type MC Exp Date \*\*/\*\* Name: CHUBBS/KATHERINE. MasterCard

Trace ln٧. RRN Auth \$27.15 Sale

\$27.15 TOTAL

> \*\*\*\*\*\*\*\*\* 00 APPROVED-THANK YOU \*\*\*\*\*\*

Retain this copy for your records Customer copy

Meter: 03015021 Trans: Paid: Purchase Time: 12:10PM OCT 22,2018

License Plate Base \$5.71 GST: \$0.29 Total Price Card Auth:

Expires:

OCT22 2018 4:10PM

THANK YOU

GST 120996095RT0004

TRANSACTION RECORD Indigo Calgary 600 6th Ave SW, STE 288 Calgary, Alberta T2P 0S5

TYPE: PURCHASE ACCT: MASTERCARD AMOUNT \$6,00

Card # .

pare: 2018/10/22 Time: 12:12:35

MasterCard

Auth. #:

VERIFIED BY PIN

ISO: 01 SPDH: 027 APPROVED THANK YOU

\*IMPORTANT\* retain this copy for your records

\*\*\*CUSTOMER COPY\*\*\*

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD

CARD TYPE

MASTERCARD

DATE

2018/10/26

TIME

9416 08:22:47

INVOICE #

213314

RECEIPT NUMBER

PURCHASE

**AMOUNT** 

\$47.00

TIP

\$4.70

TOTAL

\$51,70



# APPROVED

AUTH#

THANK YOU

# VERIFIED BY PIN

MERCHANT COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456 BARREL TAXI 780.489.7777 EDMTAXI.COM GST 100403070





Katherine Chubbs

Canada

Room No. Arrival

: 10-26-18

Departure

: 10-27-18

Page No. Folio No. 1 of 1

INFORMATION INVOICE

Membership No. : A/R Number :

Conf. No.
Cashier No.

Group Code :

Company Name :

11-21-18 08:44:21 AM EST

Date	Text	Charges	Credits
10-26-18	Room Charge	109.25	
10-26-18	DMF	3.28	
10-26-18	Alberta Tourism Levy	4.50	
10-26-18	Rooms GST	5.63	
10-27-18	Mastercard		122.66

Total	122.66	122.66
Balance		.00

Radisson Rewards: Members enjoy Member Only Rates, have access to exclusive benefits, and earn towards free nights across Radisson Hotel Group™ portfolio of hotels.

Enroll and learn more at the front desk or at radissonhotels.com/rewards.

### Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Si	non-ner ren		

to the Fact from

# **AHS Public Disclosure Expense Claims**

Claimant	Claimant Title	Claimant	Expense									
Name CHUBBS,	Chief Zone Officer, South Zone	Location Lethbridge	Claim Total \$ 88.03									
KATHERINE	Chief Zone Officer, South Zone	Lethbridge	\$ 88.03									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/22/2018	Drove to Calgary for the Indigenous Health Strategy Steering Committee.		AB - Other Zones	Meals Per Diem	\$ 13.00			Lunch \$13.00	1			
10/24/2018	Drove to Calgary for the Cancer Care SCN Core Committee meeting		AB - Other Zones	Meals Per Diem	\$ 10.50			Breakfast not provided and departed Lethbridge @ 0630 Bfast \$10.50	1			
10/26/2018	In Edmonton for the annual HAC Fall Forum		AB - Other Zones	Meals Per Diem	\$ 23.50			Flight from Lethbridge to Edmonton @ 0510 hours. HAC event started at 1 p.m. but did not offer lunch Bfast \$10.50 Lunch \$13.00	1			
10/27/2018	In Edmonton for the annual HAC Fall Forum		AB - Other Zones	Meals Per Diem	\$ 10.50			Flight from Lethbridge to Edmonton @ 0510 hours. HAC event started at 1 p.m. but did not offer lunch Bfast \$10.50	1			
11/13/2018	Fleet card for fuel was missing f folder so paid with personal cre Fleet card later found under the	dit card.	AB - Local	Fuel-Travel and Car Rental	\$ 30.53			Was in Bow Island for continuing care family and resident meeting.	1			
Approver(s) for	r the claim	Approval St	atus	Approval Date		_	-				_	_
HUBAND, BREN	NDA	Approve		28-Nov-18	1							





### **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:

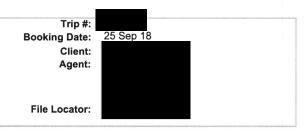
The state of the s	tave expenses to report in this section	in for this reporting period.	yes
Name :	Katherine Chubbs	Reporting Period for the Month of :	Oct-18

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
26-Sep-2018	DIRECT BILLING	AIRFARE	Attending day 1 of the HAC Fall Forum in Edmonton on October 26, 2018. Flight Lethbridge to Edmonton return. AIR CANADA Ticket #	Vision	348.56
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	-
AIR CANADA Ticket #				288.60	0.00	\$0.00	59.96	0.00	348.56	CAD
			Total:	288.60	0.00	0.00	59.96	0.00	348.56	CAE
PAYMENTS	Invoice #	Payment Date 09/25/2018	Card Holder		Form of	Payment	#\$150.674.0800.sp.0x88.000		Amount 348.56	
		03/23/2010					Total Pa	ayment:	348.56	
					Ba	Balance Due CAD Currency			0.00	CAD
CORPORATE UNIT 101 REASON FOR TRAVEL E	XECUTIVE ME	EETING		Total GS	Т	0.00	Tota	al HST	\$0.00	

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Trip #:
Booking Date: 25 Sep 18
Client:
Agent:
File Locator:

### **MY ITINERARY**

Passengers KATHERINE CHUBBS	<b>Citizenship</b> Not Specified	Required Travel Documents Not Specified
All passengers need to ensure that correct doo well as for their return to Canada	cumentation requirements are	e met for entry to the applicable destinations as



### AIR

Passengers:	Passengers: KATHERINE CHUBBS			Booking Date: File Locator/Ticket #:	25 Sep 18	
Airline	Flight	From	Terminal	То	Class/Seat	Stops
AIR CANADA	07212	LETHBRIDGE 26 Oct 18 5:10AM		CALGARY INTL 26 Oct 18 6:02AM	Ľ	
AIR CANADA	08130	CALGARY INTL 26 Oct 18 7:00AM		EDMONTON INTL 26 Oct 18 7:50AM	L/	
AIR CANADA	08163	EDMONTON INTL 26 Oct 18 10:05PM		CALGARY INTL 26 Oct 18 10:58PM	Ľ	
AIR CANADA	07221	CALGARY INTL 26 Oct 18 11:45PM		LETHBRIDGE 27 Oct 18 12:36AM	L/	