

AHS Board and Executive Expense Report

Name Linda Hughes
Title AHS Board Chair
Location Edmonton

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	P-Card	Meetings				57	57			
Apr-17	Expense Claim	Meetings				187	187			
Apr-17	Direct Billing	Meetings	150				150			
Total			\$ 150	\$ -	\$ -	\$ 244	\$ 394	\$ -	\$ -	\$ -

Total for the Month \$ 394

Maximum daily single meal expense claimed in the month \$ -
 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 P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
Linda Hughes	AHS Board Chair	Edmonton	\$ 56.80								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/27/2017	Attend Board Meeting in Calgary		Taxi	\$ 56.80			SouthPort Tower to Calgary Airport- Shared taxi with Richard Dicerni Items charged to Executive Assistant's June 2017 P-Card on behalf of Linda Hughes	1			
Approver(s) for the claim		Approval Status	Approval Date								
Signature kept on file		Approve									

[REDACTED]
 • Richard Dicerni
 • Linda Hughes



Use Checker Cab Calgary APP
 TEXT4TAXI

Hop Aboard Calgary Brewery Tours

FROM: 3010301 Southport Ln SW
 TO: Air Port
 NAME: Richard & Linda

SIGNATURE X [Signature]
 * METER CHARGE INCLUDES GOODS & SERVICES TAX (G.S.T.)
 FORM 311 (REV. 03/2016)

DRIVER'S NAME Kelela	
CAR NUMBER	[REDACTED]
DRIVER GST#	817804032
DATE	Apr 27/17
TIME	3:05 AM (CM)

(403) 299-9999

56.80	METER CHARGE
	LESS 10% DISCOUNT
	\$3.80 PER HOUR PER HOUR
	GRATUITY
56.80	DISHONORABLE BY CITY
	TOTAL

INVOICE NUMBER [REDACTED]

5



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:	Linda Hughes	Expense Period Month:	Apr-17
Address:	[REDACTED]	City:	[REDACTED]
Province:	[REDACTED]	Postal Code:	[REDACTED]
		Country:	Canada
Reason for Expense	Attendance at Finance Committee Meeting and Board Meetings on April 27, 2017 in Calgary.		

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$187.00 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$187.00 ✓ PB

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)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Linda Hughes	<i>Linda Hughes</i>	May 11/17	[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)	Position Title/Program Group
Honourable Sarah Hoffman	Minister of Health
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date

Health and Personal Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy Act (FIPPA) apply to this program.

Deborah Rhodes Dec 18/17
 Deborah Rhodes, VP Corporate Services & CFO
 Position #: [REDACTED] DOFA Level: [REDACTED]

For payment please submit to:
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

Carry forward from Section 1

Name:	Linda Hughes	Expense Period Month:	Apr-17
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				
27-Apr-2017	Taxi from residence to YEG to attend Board Meeting in Calgary	Yes					\$57.00	✓		
27-Apr-2017	Taxi from YYC to Southport to attend Board Meeting	Yes					\$70.00	✓		
27-Apr-2017	Taxi from YEG to residence	Yes					\$60.00	✓		
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$187.00	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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❖CHECKER❖

780.484.8888

GST# _____

Date: April 27, 2017 Amount: 57.00

Driver: _____ Car #: _____

From: _____

To: _____

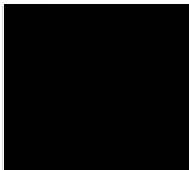
10135-31 Avenue, Edmonton, AB T6N 1C2



①

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alliedblack.com

Chauffeur & Cell # ahmed

Amount 70.00 Date 27 APRIL 17

GST Included # _____ Car # _____



②

From St. Paul

To _____

Time _____

Date April 27

Trip Amount \$60.00

Driver Name _____

Car Number _____

GST _____



③

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**

Name : Linda Hughes	Reporting Period for the Month of : Apr-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Apr-2017	Direct Billing	Airline Ticket	Flight from Edmonton to Calgary and return to attend Board Meeting on April 27, 2017 (Invoice # [REDACTED] Credit from (Invoice # [REDACTED] used for this flight.	Marlin Travel	150.00
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 150.00 [REDACTED]



Invoice

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

Trip #: [REDACTED]
 Booking Date: 11 Apr 17
 Client: [REDACTED]
 Agent: [REDACTED]
 File Locator: [REDACTED]

PASSENGERS: MS LINDA HUGHES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA ONLINE Confirmation # [REDACTED]	150.00	0.00	\$0.00	0.00	0.00	150.00 CAD
Total:	150.00	0.00	0.00	0.00	0.00	150.00 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	04/10/2017		[REDACTED]	150.00 CAD
Total Payment:					150.00 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL AHS BOARD 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.