

AHS Board and Executive Expense Report

Name Dr. Mark Joffe
Title VP & Medical Director Northern Alberta
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	P-Card	Meetings			142		142			
Sep-17	Expense Claim	Meetings		103	673	336	1,112			
Sep-17	Direct Billing	Meetings	347				347			
Total			\$ 347	\$ 103	\$ 815	\$ 336	\$ 1,601	\$ -	\$ -	\$ -

Total for the Month \$ 1,601

Maximum daily single meal expense claimed in the month \$ 31
 Maximum daily base hotel rate claimed in the month \$ 199
 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								
JOFFE, MARK	VP & Medical Director, North Zone	Edmonton	\$ 142.01								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/8/2017	Integration Meeting in Red Deer	AB - Local	Accommodations	142.01			Early morning meeting, had to be there the night before.	1			
Approver(s) for the claim		Approval Status	Approval Date								
YIU, VERNA		Approve	20-Oct-17								

Sheraton Red Deer
 3310 50 Avenue
 Red Deer, AB T4N 3X9
 Canada
 Tel: 403-346-2091 Fax: 403-340-0255



Sheraton[®]

A Joffe

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 07-SEP-17 20:27
 Depart Date : 08-SEP-17 13:36
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]

Copy Invoice

Tax ID : R849702444

Sheraton Red Deer OCT-03-2017 10:44 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
07-SEP-17	[REDACTED]	Room Chrg Government	129.00	
07-SEP-17	[REDACTED]	GST Room Charge	6.51	
07-SEP-17	[REDACTED]	Tourism Levy	5.21	
07-SEP-17	[REDACTED]	SRD Destination Marketing	1.29	
08-SEP-17	[REDACTED]	MasterCard / Diners Int [REDACTED]		-142.01
		** Total	142.01	-142.01
		*** Balance	0.00	

GST Summary	GST# R849702444	Amount (CAD)
GST Room Revenue		6.51
GST Food & Beverage		0.00
GST Telephone		0.00
GST Other		0.00
GST Total		6.51

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Continued on the next page

Sheraton Red Deer
3310 50 Avenue
Red Deer, AB T4N 3X9
Canada
Tel: 403-346-2091 Fax: 403-340-0255



Sheraton[®]

A Joffe

Page Number : 2 Invoice Nbr : [REDACTED]
Guest Number : [REDACTED]
Folio ID : [REDACTED]
Arrive Date : 07-SEP-17 20:27
Depart Date : 08-SEP-17 13:36
No. Of Guest : 1
Room Number : [REDACTED]
Club Account : [REDACTED]

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room Chgs	Food & Bev	Telephone	Other	Total	Payment
09-07-2017	142.01	0.00	0.00	0.00	142.01	0.00
09-08-2017	0.00	0.00	0.00	0.00	0.00	-142.01
	-----	-----	-----	-----	-----	-----
Total	142.01	0.00	0.00	0.00	142.01	-142.01

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
JOFFE, MARK	VP & Medical Director, North Zone	Edmonton	51.77								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/6/2017	Needed to park at the airport while flying to a PPEC Meeting	AB - Other Zones	Parking - Lot or Parkade	\$ 25.00				1			
9/6/2017	Needed to get to the airport for a flight to attend a meeting		Mileage-Local-Home Zone	\$ 26.77	Seventh Street Plaza	Edmonton International Airport		1			53
Approver(s) for the claim		Approval Status	Approval Date								
YIU, VERNA		Approve	20-Oct-17								

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

POF 1st Fl 06/09/17 17:51
Receipt [REDACTED]

Short-term parking tkt
HL - No. 065665
06/09/17 05:33
06/09/17 17:51
Period 1d0h0'
(Tax) \$25.00

Total ----- \$25.00

Payment Received
VISA [REDACTED] \$25.00

Merch [REDACTED]
Auth: [REDACTED]
Type: Swiped

Sub Total \$23.81
Tax 5% \$1.19

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AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
JOFFE, MARK	VP & Medical Director, North Zone	Edmonton	\$ 181.56

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/7/2017	Integrated Laboratory Services Meeting in Red Deer		Mileage-Other	\$ 157.56	Seventh Street Plaza Edmonton	Sheraton Hotel Red Deer		2			156
9/7/2017	Integrated Laboratory Services Meeting	AB - Other Zones	Meals Per Diem	\$ 24.00			Dinner \$24.00	1			

Approver(s) for the claim	Approval Status	Approval Date
YIU, VERNA	Approve	20-Oct-17

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
JOFFE, MARK	VP & Medical Director, North Zone	Edmonton	\$ 878.24

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/12/2017	Needed to park at the Airport to attend HAS Conference	AB - Other Zones	Parking - Lot or Parkade	\$ 100.00				4			
9/12/2017	Needed to stay at the Little America Hotel in Salt Lake City for the HAS 2017 Conference	International	Accommodations	\$ 672.78			This was one of the Conference suggested hotels, and was booked by Marlin with cost effective measures in mind.	3			
9/12/2017	Needed to drive to the airport to catch a flight to the HAS 2017 Conference		Mileage-Local-Home Zone	\$ 13.38	Seventh Street Plaza	Edmonton International Airport		1			26.5
9/12/2017	Needed to attend the HAS 2017 Conference in Salt Lake City	International	Meals Per Diem	\$ 17.00			Lunch \$17.00	1			
9/13/2017	Needed to attend the HAS 2017 Conference in Salt Lake City	International	Meals Per Diem	\$ 31.00			Dinner \$31.00	1			
9/14/2017	Needed to attend the HAS 2017 Conference in Salt Lake City	International	Meals Per Diem	\$ 30.70			Bfast \$13.70 Lunch \$17.00	1			
9/15/2017	Had to drive back from the airport after the Conference		Mileage-Local-Home Zone	\$ 13.38	Edmonton International Airport	Seventh Street Plaza		1			26.5

Approver(s) for the claim	Approval Status	Approval Date
YIU, VERNA	Approve	20-Oct-17

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

POF 2nd Fl 15/09/17 16:20
Receipt [REDACTED]

Short-term parking tkt
DL - No. 079319
12/09/17 06:08
15/09/17 16:20
Period 4d0h0'
(Tax) \$100.00

Total \$100.00

Payment Received
VISA \$100.00

Merch [REDACTED]
Auth: [REDACTED]
Type: Swiped

Sub Total \$95.24
Tax 5% \$4.76

000F770C - 1/1

LITTLE AMERICA

Hotel

SALT LAKE CITY

09-25-17

Mark Joffe

Room No. : [REDACTED]
 Arrival : 09-12-17
 Departure : 09-15-17
 Page No. : 1 of 1
 Folio No. : [REDACTED]
 Conf. No. : [REDACTED]
 Cashier No. : [REDACTED]
 User ID : [REDACTED]
 Invoice No. :

INFORMATION INVOICE

Membership No. : [REDACTED]
 A/R Number : [REDACTED]
 Group Code : [REDACTED]
 Company Name : [REDACTED]

Date	Description	Additional Information	Charges	Credits
09-12-17	Room Charge		159.00	
09-12-17	Taxes Room Tax		9.14	
09-12-17	Taxes State Sales Tax		10.89	
09-13-17	Room Charge		159.00	
09-13-17	Taxes Room Tax		9.14	
09-13-17	Taxes State Sales Tax		10.89	
09-14-17	Room Charge		159.00	
09-14-17	Taxes Room Tax		9.14	
09-14-17	Taxes State Sales Tax		10.89	
09-15-17	Visa Payment			537.09
Total			537.09	537.09
Balance				0.00

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

Guest Signature: _____

\$ 537.09 USD
 translated to
 \$ 672.78 CAD
 Exchange rate is 1.252639

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 : Dr. Mark Joffe	Reporting Period for the Month of : Sep-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
6-Sep-2017	Direct Billing	Airline Ticket	Rountrip flight with West Jet from Edmonton to Calgary on Sept. 6 for Provincial Practitioner Executive Committee meeting	Marlin Travel	347.12
Total Paid in the Month					\$ 347.12



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 30 Aug 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: DR ALAN MARK JOFFE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	248.16	0.00	\$0.00	98.96	0.00	347.12 CAD
Total:	248.16	0.00	0.00	98.96	0.00	347.12 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	08/29/2017		[REDACTED]	347.12 CAD
Total Payment:					347.12 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL F2F MEETINGS

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 -----
 -----WESTJET AIRLINE RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -----
 ***** PLEASE NOTE CHECKIN TIMES***** **DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----
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GOVERNMENT CENTRE
 MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8
 Tél.: 780 425 8611
 GST REG# 88510191

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

Trip #: [REDACTED]
Booking Date: 30 Aug 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
ALAN MARK JOFFE	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: ALAN MARK JOFFE

Booking Date: 08/29/2017

File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	00238	EDMONTON INTL 09/06/2017 6:30AM		CALGARY INTL 09/06/2017 7:20AM	L		
WESTJET	03145	CALGARY INTL 09/06/2017 5:00PM		EDMONTON INTL 09/06/2017 5:51PM	L		