

AHS Board and Executive Expense Report

Name Marliss Taylor
Title AHS Board Member

Location Edmonton

Expenses submitted during the month of March 2016

				Travel (1)					
Source MMM-YY Document P	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Mar-16 Expense Claim N	Meetings				16	16			
Total		\$ -	\$ -	\$ -	\$ 16	\$ 16	\$ -	\$ -	\$ -

Total for the Month

\$ 16

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 - AP Processing - Internal Use Only					
Voucher#					
Naming Convention					

BOARD MEMBER EXPENSE CLAIM FORM

SECTION	1: PAYE	E INFORM	ATION			16, 11 (11 11)			
Name:	Marliss 1	aylor				Expens Month:	Jan & March 2016		
Address:					Tofield				
Province:	АВ		P	ostal Code:		Country:	Canada		
Reason for	Expense	Expenses re	lated to attendance	at Board Meetings.	*				
SECTION	2: FINA	NCE CODIN	IG & TOTAL CLAI	M		11 17 11 11			
Descr	iption	Corp/BU/O	Location (If applicable)	Function Centre/Pr	_	Expense/ Secondary Acct	<u>Total</u> (Note: This column will auto fill)		
Meals (A)		101	0005	7111030	0000	45000000	\$0.00		
Travel Exp	(B+C+E)	101	0005	7111030	0000	62212000	\$16.40		
Other (D)		101	0005	7111030	0000	41090000	\$0.00		
			TO	TAL AMOUNT PAY	ABLE BY ACCOL	INTS PAYABLE	\$16.40		
11.051			S	SECTION 3: AUTH	ORIZATION	Wallian st			
i attest the ex	penses enclo	osed in this claim					in compliance with such policies. been previously claimed by me or on		
I attest that e	xpenses subr	nitted in this cla	im have been incurred by	using a cost effective me	thod, otherwise ratio	nale and supporting	analysis is provided below.		
Claimant (P Marliss Ta			Signature // by sign	ning this form, aftest that I am o	complient to all the above s	4 1	13/16 Phone#		
l attest that I	have read an	d understand all	applicable policies of tha	t pertain to these expens	es, and confirm expen	ises being claimed ar	re in compliance with such policies.		
			are for valid business pu ealth Services or any othe		Services Board and th	at this claim has not	been previously claimed by the		
l attest that e	xpenses subr	nitted in this clai	m have been incurred by	using a cost effective me	thod, otherwise ration	nale and supporting	analysis is provided below.		
Approved b	ì	e)			on Title/Program G	iroup			
Linda Hug				d Chair					
Signature: (, by signing this	form, attact that I a	im compliant with all the above	siatements			Date Agr-L 21/14		

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

For F Doborah Bhodes Apr 14/16

14th Floor, North Tower, Seventh Street Plaza, Deborah Rhodes, VP Corporate Services & CFO

Position # DOFA Level:

ra

Name:	Mariiss Taylor							Expense Period Month:	Jan & Ma	rch 2016
Comp	pletion of the "cost effective r						ect "No" in	this column, Furt	her Expla	nation is
Rational	e is Required for expenses	s that are	not Cos	t Effec	t ive: (si	ipporting an	alysis and do	cumentation must be	attached to	this form)
SECTIO	N 4A; BOARD MEMBER - T	RAVEL E	XPENSI	E CLAIN	И		T T III			
	Description: (include purpose		Meal (Allowance Oft Receipt)(A)							
Date	of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Allowance With Receipt			Accom- modation	<u>Transportation</u> (Flight, Car Rental,	Other (Itemize)	Mileage kr	
<u>Dato</u>			Meal Type	Allow- ance	Meal Type	With Receipt	(B)	Fuel, Parking, Taxi)	(Itemize)	(E)
28-Jan-16	ETS Fare from office to SSP to attend Board Meeting.	Yes				į.		\$3.20	1	
16-Mar-16	ETS Fare from office to SSP to attend Governance Committee and Finance Committee meetings.	Yes						\$3.20	√	
17-Mar-16	Taxi from SSP to office.	Yes						\$10.00	✓	
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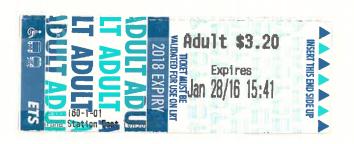
For payment please submit to:

0.505

Total Mileage

BOARD MEMBER Mileage Rate

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



2017

Adult

Expires Nai 16/16 12:21

INSERT THIS END INTO VALIDATOR

#3.20

IALCA GAB	780.462.3456	
Date: 17-Marken	70/4 / 0 - w	
Driver: 2	Car#:	(3)
From: 10030 c	(
10135-31 Avenue, Edmonton, AB T6N		

(5)