

AHS Board and Executive Expense Report

Name	Marliss Taylor
Title	AHS Board Member
Location	Edmonton
Expenses sub	omitted during the month of July 2016

					Travel (1)			1		
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jul-16	Expense Claim	Meetings		48		729	777			
Total			\$-	\$ 48	\$ -	\$ 729	\$ 777	\$-	\$-	\$ -
Total for the Month	\$ 777									

Maximum daily single meal expense claimed in the month	\$ 24
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.

Employee#



AHS - AP Processing - Internal Use Only

Voucher #

Naming Convention:

MANR Applicable? - If yes, indicate line & amt

BOARD MEMBER EXPENSE CLAIM FORM

lamas	Marliss T	avlor	Exp	ense Period	April - July 2016					
Name:	Mariiss I	аую			City:	MOI	IMI.			
Address:		_			City:		10			
Province:	AB			Postal Code:		Country:	Canada			
Reason for	r Expense	Expenses rel	lated to attendance	e at Board Meetin	gs and Committee	e Meetings in Apri	l, May, June	and July, 2016.		
SECTION	N 2: FINA	NCE CODIN	G & TOTAL CLA	AIM						
Desc	Description If		escription Corp/BU/O Location rg (if applicable)				nctional re/Primary	Expense Secondary /	<u>/</u> Acct (Note: '	<u>Total</u> This column will auto fill
Meals (A)		101	0005	711*	000000	4500000	00	\$24.00 🗸		
	p (B+C+E)	101	0005	711	10300000	6221200	00	\$729.32 V		
Other (D)		101	0005	711	10300000	4109000	00	\$23.95		
			1	OTAL AMOUNT	PAYABLE BY AC	COUNTS PAYA	BLE	\$777.276		
				SECTION 3: A	UTHORIZATION	N		the strong of the second		
attest the e	om Alberta H	ealth Services or	any other Organization	n.	Health Services Board			viously claimed by me or on provided below.		
attest that	evhennes see	matted in this cia								
	Print Name)	minited in this cla			at I am compliant to all the	above statements IDR	a n//			
	Print Name)		Signature: for			above statements IDR	ing Rellb			
Clalmant (Marliss T	Pdot Name) aylor		Signature: /by	foring ibls form, atlest th	at I am compliant to all the	above statements Da	ug Alle			
Claimant (Mariiss T Lattest that Lattest the claimant or	Print Name) aylor Thave read a expenses enc on their beha	nd understand al losed in this claim If from Alberta H	Signature: Hoy I applicable policies of a are for valid business lealth Services or any o	that pertain to these purposes for Alberta ther Organization.	al I am compliant to all the expenses, and confirm Health Services Board	above statements Da	ned are in compas not been pre	aliance with such policies. viously claimed by the		
Claimant (Mariiss T Lattest that Lattest the claimant or	Print Name) aylor Thave read a expenses enc on their beha	nd understand al losed in this claim If from Alberta H	Signature: (/by	that pertain to these purposes for Alberta ther Organization.	al I am compliant to all the expenses, and confirm Health Services Board	above statements Da	ned are in compas not been pre	aliance with such policies. viously claimed by the		
Claimant (Marliss T attest that attest the claimant or	Print Name) aylor Thave read a expenses enc on their beha	nd understand al losed in this claim If from Alberta H pmitted in this cla	Signature: Hoy I applicable policies of a are for valid business lealth Services or any o	that pertain to these purposes for Alberta ther Organization.	al I am compliant to all the expenses, and confirm Health Services Board tive method, otherwis Position Title/Prog	above statements Da expenses being clair and that this claim h e rationale and suppo	ned are in compas not been pre	aliance with such policies. viously claimed by the		
Claimant (Mariiss T Lattest that Lattest the claimant or Lattest that Approved Linda Hu	Pdat Name) aylor Thave read a expenses encion on their beha expenses sut by (Print Nai ighes	nd understand al losed in this claim If from Alberta H bmitted in this cla me)	Signature: //w il applicable policies of n are for valid business lealth Services or any o sim have been incurred	that pertain to these purposes for Alberta ther Organization.	al I am compliant to all the expenses, and confirm Health Services Board tive method, otherwis	above statements Da expenses being clair and that this claim h e rationale and suppo	ned are in compassion of the second s	aliance with such policies. viously claimed by the		
Claimant (Mariiss T Lattest that Lattest the claimant or Lattest that Approved Linda Hu	Print Name) aylor Thave read a expenses enc on their beha expenses sub by (Print Na ighes	nd understand al losed in this claim If from Alberta H bmitted in this cla me)	Signature: //by il applicable policies of n are for valid business lealth Services or any o oim have been incurred	that pertain to these purposes for Alberta ther Organization.	al I am compliant to all the expenses, and confirm Health Services Board tive method, otherwis Position Title/Prog	above statements Da expenses being clair and that this claim h e rationale and suppo	Date	aliance with such policies. viously claimed by the		

Health and Porsonal 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 Provide the Authority of section 20(b) of an anti-authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Provide the Authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Provide the Authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Provide the Authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Provide the Authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Provide the Authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Provide the Authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Provide the Authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Health Information Act (HIA) and 34(2) of the Health Information A

For payment please s	D1 1	
For payment please s 14 th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, E Doboroch	Rhoolds	

Deparan Rhodes, VP Corp Services CFO 4

Created: November 01, 2013 Rev 9 eff June 01, 2016

Name:	Marliss Taylor							Expense Period Month:	April - Ju	ly 2016
Comp	eletion of the "cost effective n						ect "No" in t ction below	his column, Furt	her Explai	nation is
Rational	e is Required for expenses	s that are	not Cos	t Effec	tive: (su	pporting ar	alysis and doo	umentation must be	attached to	this form)
SECTION	N 4A: BOARD MEMBER - T		XPENSE		/ llowance					Г —
	Description: (include purpose of trip, mode of travel,	Cost Effective	Within C			Canada	Accom-	Transportation (Flight, Car Rental,	Other	Mileage k
<u>Date</u>	starting point, details of <u>expenditure</u>	method used?	<u>Meal</u> Type	Allow- ance	<u>Meal</u> Type	Allow- ance	modation (B)	Fuel, Parking, Taxi) (C)	(Itemize) (D)	(E)
27-Apr-16	Mileage from office to Delta Bow Valley Hotel in Calgary to attend Board Meetings on April 28-29, 2016.	Yes	1180		1190	<u>unoc</u>				298
29-Apr-16	Mileage from Southport in Calgary to residence (attended Board Meetings on April 28-29, 2016).	Yes								328
25-May-16	Parking to attend Quality and Safety Committee Meeting at SSP.	Yes						\$28.00	\checkmark	
26-May-16	Parking to attend Audit & Risk and Finance Committee Meetings at SSP.	Yes						\$18.00	J	
2-Jun-16	Taxi from office to SSP to attend Audit & Risk Committee Meeting and Board Meeting.	Yes						\$10.00	\checkmark	
3-Jun-16	Parking to attend Board Meeting at SSP.	Yes						\$23.00	\checkmark	
7-Jul-16	ETS Fare to travel from office to SSP to attend Community Engagement Committee Meeting.	Yes						\$3.25	\checkmark	
7-Jul-16	ETS Fare to travel from SSP to office (attended Community Engagement Committee Meeting).	Yes						\$3.25	~	
20-Jul-16	ETS Fare to travel from office to SSP to attend Governance Committee Meeting.	Yes						\$3.25	~	
20-Jul-16	ETS Fare to travel from SSP to office (attended Governance Committee Meeting).	Yes						\$3.25	/	
27-Jul-16	Mileage from residence to Delta Bow Valley Hotel in Calgary to attend Tours of facilities and Board Meetings on July 28-29, 2016.	Yes								298
	Total: (amount auto fills to	page 1)		\$0.00		\$0.00	\$0.00	\$92.01 V	\$0.00	924.00

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

Name:	Marliss Taylor							Expense Period Month:	April - Ju	ly 2016
Com	pletion of the "cost effective r							this column, Furt	her Expla	nation is
Rationa	le is Required for expense						tion below	sumentation must be	attached to	this form)
Rationa	ie is itequired for expense.	s that are	101 003	LITEC	LIVE. (SL	pporting an	alysis and doc		allacheuit	ins ionn)
SECTIO	N 4B: BOARD MEMBER - 1	RAVEL E	XPENSE	CLAI	M					
	Description: (include purpose	Cost			llowance		Assom	Transportation	Other	
Date	of trip, mode of travel, starting point, details of	Effective method	Within C			Canada	Accom- modation	(Flight, Car Rental, Fuel, Parking, Taxi)	(Itemize)	Mileage k
	expenditure)	used?	<u>Meal</u> <u>Type</u>	Allow- ance	<u>Meal</u> <u>Type</u>	<u>With</u> <u>Receipt</u>	(B)	(C)	(D)	(=)
27-Jul-16	Supper per diem	Yes	D-\$24.00	\$24.00	1					
28-Jul-16	Breakfast (receipted) at hotel prior to Tours of FMC & Sheldon M. Chumir HC (Board members follow GOA expense policy).	Yes							\$23.95	\checkmark
29-Jul-16	Mileage from Delta Bow Valley to Southport to attend Board Meetings.	Yes								10
29-Jul-16	Mileage from Southport to residence (attended Board Meetings).	Yes								328
		<u>.</u> A								
	Total: (amount auto fills to	page 1)		\$24.00		\$0.00	\$0.00	\$0.00	\$23.95	338.00
								505 Total I		\$ 170.6

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



	4		Page	e: 1 of 1
	DELTA			· · ·
	BOW VALLEY			(2)
	209 - 4th Avenue S.E., Calgary, Alberta, Tel: 403-266-1980 Fax: 403-205-54	T2G 0C6 60		G
AB HEALTH SERVICES				
Marliss Taylor		Room: Folio:		
Capada		Cashier: Arrival:	188 07-27-16	

Date	Description	114	Additional	Information	Charges	Credits
07-28-16	Elements Restaurant	rectifiers	Room#	: CHECK#	23.95	
GST Sum			1.1	Total	23.95	0.00
Registrati	on No: 826085417 0.00			Balance Due	23.95 CD	N
F&B	1.00					
Other	0.00					
Total	1.00					

07-29-16

Departure:

Guest Signature:

Canada

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