

## AHS Board and Executive Expense Report

**Name** Marliss Taylor  
**Title** AHS Board Member  
**Location** Edmonton

Expenses submitted during the month of July 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)
Jul-17	Expense Claim	Meetings		34		331	365			
Jul-17	Direct Billing	Meetings			164		164			
<b>Total</b>			\$ -	\$ 34	\$ 164	\$ 331	\$ 529	\$ -	\$ -	\$ -

**Total for the Month**      \$        529

Maximum daily single meal expense claimed in the month      \$        24  
Maximum daily base hotel rate claimed in the month            \$        154  
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:	
T4A/NR Applicable? - If yes, indicate line & amt	

## BOARD MEMBER EXPENSE CLAIM FORM

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	Marliss Taylor			Expense Period Month:	Jul-17
Address:	[REDACTED]		City:	[REDACTED]	
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Private Board Meeting on July 27, 2017 in Calgary				

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
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	\$33.92 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$331.28 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$365.20</b> ✓

<b>SECTION 3: AUTHORIZATION</b>			
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: [Signature]	Date	Phone#
Marliss Taylor		Sept 14/17	[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
Linda Hughes	Board Chair
Signature: [Signature]	Date
	Sept 28, 2017

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of Privacy (FOIP) Act, respectively, for the p [REDACTED] ation and Protection

[Signature] Deborah Rhodes  
Deborah Rhodes, VP Corporate Services & CFO  
Position # [REDACTED] DOFA Level: [REDACTED]

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

**Carry forward from Section 1**

<b>Name:</b>	Marliss Taylor	<b>Expense Period Month:</b>	Jul-17
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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				
26-Jul-2017	Mileage from residence to Delta Calgary South Hotel and return on July 27, 2017.	Yes							656	
26-Jul-2017	Meal (dinner).	Yes			D	\$24.17	✓			
27-Jul-2017	Meal (dinner).	Yes			D	\$9.75	✓			
<b>Total: (amount auto fills to page 1)</b>			\$0.00			\$33.92	\$0.00	\$0.00	\$0.00	656.00

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ 331.28
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TRANSACTION RECORD

PANAGO #81  
 BRICK PLAZA 9687 M T2J0P6  
 CALGARY AB  
 22730622  
 GH2273062215

Printed: Jul 26, 2017 Time: 05:46 PM

**Panago**

ORDER # [REDACTED] Virtual C.  
 Date: Jul 26, 2017 Due: 06:20 PM  
 Quote: 35 Minutes

\*\*\*\* PURCHASE \*\*\*\*

07-26-2017 18:00:35  
 Acct # [REDACTED]  
 Account Chequing Card Type DP  
 [REDACTED] INTERAC

Trace [REDACTED]  
 Inv. [REDACTED]  
 Auth [REDACTED] RRN [REDACTED]

Purchase \$19.17  
 Tip \$5.00  
**Total \$24.17**

(001) APPROVED-THANK YOU ✓

Retain this copy for your records  
 Customer copy

Customer Web

Delivery

(780) 915-2209

Marliss Taylor

135 SOUTHLAND DR SE 707  
 Calgary, AB  
 Coordinates P-26

;;Delta Calgary South;;6

Qty	Price
1	Medium Ultimate Canadian Original Hand-tossed Crust 14.50
1	Classic Caesar Rip 9.50
	Delivery Service 3.25
-----	
Subtotal	18.25
GST	0.92

**Total 19.17**

Debit at the door 19.17

GST # 130301799

Thanks for choosing Panago in Southland  
 - For customer service, please call  
 310-0001 or visit www.panago.com  
 000 000

Gasoline Alley  
 37479 Highway 2  
 Red Deer AB T4E 1B3  
 Store#: 40073 Tel#: 403-340-4430

Choose a Career With A Leader  
 Choose McDonald's!!  
 Apply Now, We Are Hiring!!

**299**

KS2 07/27/2017 06:15:41 PM

QTY ITEM	TOTAL
1 Filet-O-Fish EVM	8.49
1 L Diet Coke	0.40
1 L French Fries	0.40
Subtotal	9.29
GST	0.46
Take-Out Total	9.75
Rounding Adjustment	0.00
Total Rounded	<b>9.75</b>
Cash Tendered	10.00
Change	0.25

GST #: 877148825  
 We are Open 24 hours

SALE # [REDACTED]

PLEASE TURN THIS OVER!

## 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**

<b>Name :</b> Marliss Taylor	<b>Reporting Period for the Month of :</b> Jul-17
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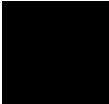
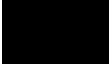
DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
26-Jul-2017	Direct Billing	Hotel	One nights accommodation to attend Private Board Meeting on July 27, 2017 in Calgary.	████████████████████ Marlin Travel	163.54
	Direct Billing	Choose from Drop-down List		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	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 163.54</b>



**DELTA**  
CALGARY SOUTH

135 Southland Drive S.E Calgary, Alberta, T2J 5X5  
Telephone: 403-278-5050 Fax: 403-225-5834

Ab Health Services  
Alberta Health Services  
PO BOX 1600  
EDMONTON AB T5J 2N9  
Canada

Room:   
Folio:   
Cashier:  
Arrival: 07-26-17  
Departure: 07-27-17

Taylor, Marliss

A/R Invoice:   
A/R Account: 

Date	Description	Additional Information	Charges	Credits
07-26-17	Room Charge	Cost cent: 101.0005.71110300000 JENNIFER HAMSTRA	154.00	
07-26-17	DMF		4.02	
07-26-17	Tourism Levy		5.52	
07-26-17	Rooms - GST		7.90	
08-08-17	GST Exempt- 120903		-7.90	

GST Summary	
Registration No: <b>895126332</b>	
Room	7.90
F&B	0.00
Other	9.54
<b>Total</b>	<b>17.44</b>

Total	163.54	0.00
Balance Due	163.54	CDN

Guest Signature: \_\_\_\_\_

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.