

## **AHS Board and Executive Expense Report**

Name Mauro Chies

Title VP Clinical Support Services

**Location** Edmonton

Expenses submitted during the month of February 2018

							Travel (1)							
MMM-YY	Source Document	Purpose	Airt	fare	Me	als	Accommodation	on	Other Travel		Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-18	Direct Billing	Meetings		580							580			
Total			\$	580	\$	-	\$	-	\$	-	\$ 580	\$ -	\$ -	\$ -

Total for

the Month \$ 580

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.

#### 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.



# **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.

<ul> <li>Indicate wheth</li> </ul>	er you have expenses to report in this secti	YES		
Name :	Mauro Chies	Reporting Period for the Month of :	Jan-18	

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid	
19-Jan-2018	Direct Billing	Airline Ticket	Travel to Medicine Hat from Edmonton, and return. Travel cancelled. Cost is now on credit.	Marlin Travel	580.06	
	Direct Billing			Marlin Travel		
	Direct Billing	Choose from Drop-down List		Marlin Travel	-	
	Direct Billing	Choose from Drop-down List		Marlin Travel	-,	
	Direct Billing	Choose from Drop-down List		Marlin Travel	-	
Total Paid in the Month						



### Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Trip #: Booking Date: Client: Agent:

File Locator:

22 Jan 18

PASSENGERS: MR MAURO CHIES

REFERENCE/ DESCRIPT	ION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	L
AIR CANADA Ticket i				535.10	0.00	\$0.00	44.96	0.00	580.06	CAD
			Total:	535.10	0.00	0.00	44.96	0.00	580.06	CAD
PAYMENTS	Invoice #	Payment Date 01/19/2018	Card Holder		Form of	f Payment			Amount 580.06	
							Total Pa	ayment:	580.06	CAD
					В	alance Du	e CAD Cui	rrency	0.00	CAD

Total GST 0.00 Total HST

CORPORATE UNIT 101
REASON FOR TRAVEL LSA DISCUSSIONS

\$0.00

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

Booking Date: 22 Jan 18

Client:
Agent:

File Locator:

## MY ITINERARY

Passengers MAURO CHIES	Citizenship Not Specified	Required Travel Documents Not Specified	
All passengers need to ensure that corre	ct documentation requirements as	e met for entry to the applicable destinations as	

well as for their return to Canada



## **AIR**

Passengers: MAUF	RO CHIES		Booking Date: 19 Jan 18 File Locator/Ticket #:		
Airline	Flight	From	Terminal	То	Class/Seat Stops
AIR CANADA	08131	EDMONTON INTL 26 Jan 18 5:50AM		CALGARY INTL 26 Jan 18 6:44AM	W/
AIR CANADA	07229	CALGARY INTL 26 Jan 18 9:10AM		MEDICINE HAT 26 Jan 18 10:08AM	W/
AIR CANADA	07234	MEDICINE HAT 26 Jan 18 4:05PM		CALGARY INTL 26 Jan 18 5:10PM	W/
AIR CANADA	08225	CALGARY INTL 26 Jan 18 6:20PM		EDMONTON INTL 26 Jan 18 7:12PM	W/