

AHS Board and Executive Expense Report

Name Richard Dicerni
Title Board Member
Location Edmonton

Expenses submitted during the month of August 2016

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)
Aug-16	P-Card	Meetings			426		426			
Total			\$ -	\$ -	\$ 426	\$ -	\$ 426	\$ -	\$ -	\$ -

Total for the Month \$ 426

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



Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

PROCIUK, LORINDA Cardholder's Name	EXECUTIVE ASSOCIATE Cardholder's Position/Title	Billing Reporting Period: 20/08/2016
PRESIDENT & CEO OFFICE Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount: [REDACTED] \$426.34
LORINDA.PROCIUK@AHS.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: [REDACTED]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/07/2016	[REDACTED]	DELTA BOW VALLEY, DELTA HOTELS	426.34	CAD	426.34	.00		Accommodation: Board member: Attended Board Site Tours; Board meetings in Calgary July 28-29

- ①
- ②
- ③
- ④
- ⑤
- ⑥
- ⑦
- ⑧
- ⑨
- ⑩
- ⑪
- ⑫

Linda Hughes Sept 27/16
 Linda Hughes Date
 Board Chair

✓
 A/B

Signatures
Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Audrey Maione
Name of Cardholder Designate

A Maione
Signature of Cardholder Designate

Exec Admin Coord.
Cardholder Designate Position/Title

Aug 25/16
Date of Signature

Cardholder

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously charged by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

PROCIUK, LORINDA
Name of Cardholder

L Prociuk
Signature of Cardholder

EXECUTIVE ASSOCIATE
Cardholder Position/Title

08/29/16
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Susan Best
Name of Approver Designate

Susan Best
Signature of Approver Designate

Exec. Assistant
Approver Designate Position/Title

Aug. 29/16
Date of Signature

Approver

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Deborah Rhodes
Name of Approver

Deborah Rhodes
Signature of Approver

VP Corp. Services & CFO
Approver Position/Title

Aug. 30/2016
Date of Signature

Submit approved statement with attachments to Accounts Payable:
Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
 - Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)
- And where applicable:
- Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter
 - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: _____ Reviewed by: _____ Date: _____



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209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6
 Tel: 403-266-1980 Fax: 403-205-5460

AB HEALTH SERVICES
 Richard Dicerni
 Xx
 Xx
 Xx AB XX
 Canada

Room: [REDACTED]
 Folio: [REDACTED]
 Cashier: 20
 Arrival: 07-27-16
 Departure: 07-29-16

Date	Description	Additional Information	Charges	Credits
07-27-16	Room Charge		199.00 ✓	
07-27-16	Destination Marketing Fee (DMF)		5.97	
07-27-16	Tourism Levy		8.20	
07-28-16	Room Charge		199.00 ✓	
07-28-16	Destination Marketing Fee (DMF)		5.97	
07-28-16	Tourism Levy		8.20	
07-29-16	Master Card	[REDACTED] XX/XX		426.34

GST Summary	
Registration No: 826085417	
Room	0.00
F&B	0.00
Other	0.00
Total	0.00

Total	426.34	426.34 ✓
Balance Due	0.00 CDN	

*Accommodation: Board member:
 Attended Board Site Tours;
 Board Meetings in Calgary July 28-29*

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.