

AHS Board and Executive Expense Report

Name Richard Dicerni
Title AHS Board Member
Location Ontario

Expenses submitted during the month of May 2019

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)
May-19	Expense Claim	Meetings	717	41		131	889			
May-19	Direct Bill	Meetings			190		190			
Total			\$ 717	\$ 41	\$ 190	\$ 131	\$ 1,079	\$ -	\$ -	\$ -

Total for the Month \$ 1,079

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 169
 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# [Redacted]

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Richard Dicerni			Expense Period Month:	May-19
Address:	[Redacted]	City:	[Redacted]		
Province:	[Redacted]	Postal Code:	[Redacted]	Country:	Canada
Reason for Expense	All the expenses in this claim are related to: Attended Audit & Risk Committee Meeting and Private and Public Board Meetings on May 30, 2019 in Edmonton.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
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	\$41.50
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$847.41
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$888.91 ✓ <i>DR</i>

SECTION 3: AUTHORIZATION			
I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.			
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: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Richard Dicerni	<i>See attached email for approval.</i>	June 10 2019	[Redacted]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.	
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: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>Linda Hughes</i>	June 11/19

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

Deborah Rhodes June 11/19

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

Carry forward from Section 1

Name:	Richard Dicerni	Expense Period Month:	May-19
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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				
29-May-2019	Taxi from residence to Ottawa Airport to attend Audit & Risk Committee; Private/Public Board Meetings on May 30 in Edmonton.	Yes					\$31.88			
29-May-2019	Flight from Ottawa to Edmonton and return on May 30, 2019.	Yes					\$716.56			
29-May-2019	Taxi from YEG to hotel.	Yes	D-\$20.75	\$20.75			\$60.00			
30-May-2019	Taxi from hotel to SSP.	Yes					\$9.00			
30-May-2019	Taxi from Ottawa Airport to residence.	Yes	D-\$20.75	\$20.75			\$29.97			
Total: (amount auto fills to page 1)			\$41.50		\$0.00	\$0.00	\$847.41	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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Job # _____

Receipt for Cab Fare

Amount 31.88 Date 29/5/19

From: _____

To: _____

Cab No. [REDACTED] Driver NA

HST Included in meter fare



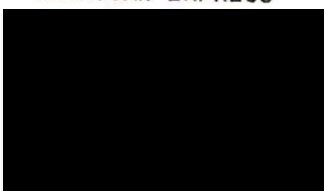
GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE AMEX
DATE 2019/05/29
TIME 3221 11:10:12
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$5.00
TOTAL

\$60.00

AMERICAN EXPRESS



APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 100403070



780.462.3456

call or text your address to book your cab

GST# _____
Date: May 30/19 Amount: 9:00
Driver: Henrik Car#: 345
From: _____

To: _____
10135-31 Avenue, Edmonton, AB T6N 1C2



BLUE LINE TAXI
(613) 273 1111

TERMINAL ID: [REDACTED]
MERCHANT ID: [REDACTED]
COUNCIL ID: [REDACTED]
ORDER ID: [REDACTED]

CARD NUMBER: [REDACTED]
CARD EXPIRES: [REDACTED]

05/31/2019
01:34
END: 01:35

CARD AMOUNT: \$ 26.00

TIP AMOUNT: \$ 5.00

TOTAL : \$ 29.97

NET SALE: [REDACTED]
RECEIPT NUMBER: [REDACTED]

PASSENGER COPY

CUSTOMER SERVICE 1-800-443-2812
INDOIRVOTAXIAB.COM
TAXI TAB



Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.

Please bring your itinerary-receipt to the airport.

Main Contact Information

Booking reference: [REDACTED]

Name: Mr Richard Dicerni
E-mail: [REDACTED]
Payment: [REDACTED]

Customer Care
Air Canada Reservations
 1-888-247-2262

Air Canada Flight Information
 1-888-422-7533
[International Reservations](#)

Alert me of flight changes
[Flight notification](#)

Flight Itinerary

Flight	From	To	Aircraft	Cabin (Booking class)	Status
AC359	Ottawa (YOW)	Edmonton International (YEG)	E90	Economy Flex (A)	Confirmed
	Wed 29-May 2019 08:10	Wed 29-May 2019 10:23			
Seat number(s) requested: 12C					
AC8153	Edmonton International (YEG)	Calgary (YYC)	DH4	Economy Flex (T)	Confirmed
<i>Operated by:</i>	Thu 30-May 2019	Thu 30-May 2019			
<i>Air Canada Express-Jazz</i>	16:55	17:47			
Seat number(s) requested: 1C					
AC352	Calgary (YYC)	Ottawa (YOW)	319	Economy Flex (T)	Confirmed
	Thu 30-May 2019 19:25	Fri 31-May 2019 01:08			
Seat number(s) requested: 12C					

Passenger Information

Passenger: 1 Mr Richard Dicerni

Ticket number: [REDACTED]

Frequent Flyer Pgm: Air Canada Aeroplan

Program number: [REDACTED]

Purchase Summary

Passenger: 1 Ticket number [REDACTED]

Date of issue	26-Apr 2019
Fare Amount in Canadian dollars: <i>(including navigational & other charges)</i>	569.00
Taxes, Fees & Charges	
Air Travellers Security Charge (CA)	14.25
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) (XG)	1.50
Combined Taxes *see fare calculation below (XT)	131.81
Total Fare in Canadian dollars:	716.56

Ticket particularities:
AC ONLY/NONREF/CHGE FEE
-BG:AC

*Fare calculation:
29MAY19YOW AC YEA Q18.00R234.00AC X/YYC AC YOW
Q18.00R299.00CAD569.00 END ROE1.00 XT78.81RC53.00SQ

Canadian tax registration numbers:
XG Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)
RC Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)
XQ Canada Quebec Sales Tax (QST #1000-043-172 TQ1991)

Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable.
- Seat selection charges are per passenger and apply to each individual one-way flight segment in your itinerary. Flight segments are identified by a change in flight number, with each new flight number representing a flight segment. Taxes are not included.
- Please note that you may be moved from your selected seat without notice in the event of an involuntary schedule or airport change (e.g. flight disruption, cancellation), to accommodate a passenger with a disability, or for any other reason that requires Air Canada to move you prior to departure or during the flight. If you are moved from your seat for one of these reasons, you may request a refund for your seat charges. We invite you to read additional [terms and conditions](#) related to seat selection

Please read important information and notices regarding Air Canada's [general conditions of carriage](#).

Baggage Information

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

Name : Richard Dicerni	Reporting Period for the Month of : May-19
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
29-May-19	Direct Billing	Hotel	One night accommodation to attend Audit & Risk Committee Meeting and Private/Public Board Meetings on May 30, 2019 in Edmonton.	Vision Travel	\$189.73
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
Total Paid in the Month					\$ 189.73

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



MOBI RICHARD DICERNI

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 29-MAY-19 11:12
 Depart Date : 30-MAY-19 13:20
 No. Of Guest : 1
 Room Number : [REDACTED]
 Marriott Bonvoy Number : [REDACTED]
 AR Account : [REDACTED]

Copy Tax Invoice

Tax ID : 815461330RT0001
 The Westin Edm YEGWI JUN-05-2019 16:40 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
29-MAY-19	[REDACTED]	Room Chrg - Special Corp	169.00	
29-MAY-19	[REDACTED]	GST	8.70	
29-MAY-19	[REDACTED]	DMF	5.07	
29-MAY-19	[REDACTED]	Tour Levy	6.96	
30-MAY-19	[REDACTED]	Direct Bill		-189.73
		** Total	189.73	-189.73
		*** Balance	0.00	

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