

AHS Board and Executive Expense Report

Name Robert Hawes
Title Chief Program Officer Finance
Location Calgary

Expenses submitted during the month of October 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)
Oct-17	Expense Claim	Meetings		72		3	75			
Oct-17	Direct Billing	Meetings			391	63	454			
Total			\$ -	\$ 72	\$ 391	\$ 66	\$ 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 \$ 174
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 Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
HAWES, ROBERT	Chief Program Officer, Finance	Calgary	\$ 75.25									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
10/17/2017	Meeting in EDM ELT, IM/IT, Finance Leadership and Gov. Review	AB - Other Zones	Meals Per Diem	\$ 24.00			Dinner \$24.00	1				
10/18/2017	Meeting in EDM ELT, IM/IT, Finance Leadership and Gov. Review	AB - Other Zones	Meals Per Diem	\$ 24.00			Dinner \$24.00	1				
10/19/2017	Meeting in EDM ELT, IM/IT, Finance Leadership and Gov. Review	AB - Other Zones	Meals Per Diem	\$ 24.00			Dinner \$24.00	1				
10/27/2017	Calgary Transit to attend CLS Board Mrg	AB - Other Zones	Bus	\$ 3.25			C-Train Transportation downtown to attend CLS Board Meeting	1				
Approver(s) for the claim		Approval Status	Approval Date									
RHODES, DEBORAH		Approve	23-Nov-17									



12:17

3.25

EFT

17.10.27

Southland

Adult Regular

00.00

Valid for Next 90 minutes

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.

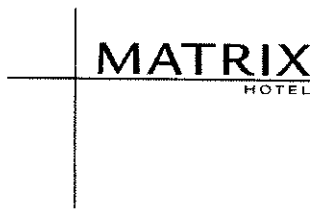
Direct Bill Report

- 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 : Robert Hawes	Reporting Period for the Month of : Oct-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
17-Oct-2017	Direct Billing	Hotel	Trip to Edmonton for ELT, IM/IT, Finance Leadership and Governance Review	Marlin Travel	390.70
17-Oct-2017	Direct Billing	Other Transportation	Red Arrow Calgary to Edmonton, one-way	Marlin Travel	63.44
Total Paid in the Month					\$ 454.14

R Dow 5/17



AB Health
7th Street Plaza, 10th Floor, North Tower
10030-107 Street
Canada

Room Number: [REDACTED]
Arrival Date: 01-17-17
Departure Date: 01-19-17
Page No: 1 of 1

Guest Name: Hawes, Robert

INFORMATION INVOICE

Folio No: [REDACTED]

09-20-17

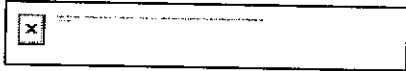
Date	Description	Charges	Credits
01-17-17	Room Revenue	174.00	
01-17-17	Destination Marketing Fee - 3%	5.22	
01-17-17	Tourism Levy - 4%	7.17	
01-17-17	Room GST - 5%	8.96	
01-18-17	Room Revenue	174.00	
01-18-17	Destination Marketing Fee - 3%	5.22	
01-18-17	Tourism Levy - 4%	7.17	
01-18-17	Room GST - 5%	8.96	
Total		390.70	0.00
Balance		390.70	

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0008

From: [Redacted]
Sent: November 03, 2017 2:41 PM
To: [Redacted]
Subject: FW: Red Arrow Itinerary/Receipt

INVOICE



2017-10-19

ALBERTA HEALTH SERVICES - MARLIN TRAVEL
 10030 107 STREET
 EDMONTON, AB T5J 3E4

You can reach us at:
 Corporate Sales

ORDER#	ORDERED	CUSTOMER#	P.O.	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
[Redacted]	2017-10-03	[Redacted]			2017-10-17	2017-10-17	-	Website User

Travellers:

Hawes/Robert

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
CALEDM 18:30 YYC Assigned to: 04A Departs Calgary (CGYNORTH / CNS 304 35 Ave NE) at 18:45 on 2017-10-17. Arrives Edmonton (EDMTO / ETO 10014 104 St) at 22:15 on 2017-10-17. (3 hrs 30 mins)	3 hrs 30 mins	Adult	1	\$ 70.48	\$ 66.96

Payments Received

DATE	GUEST	REFERENCE	AMOUNT
2017-10-03	ALBERTA HEALTH SERVICES - MARLIN TRAVEL services	MasterCard [Redacted]	\$ 133.92

Base Price: \$ 70.48
Discounts: \$ 7.04
Service Charges: \$ 0.00
Invoice Total: \$ 63.44