

## AHS Board and Executive Expense Report

**Name** Robert Hawes  
**Title** Chief Program Officer Finance  
**Location** Calgary

Expenses submitted during the month of January 2018

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)
Jan-18	Expense Claim	Meetings		37		10	47			
Jan-18	Direct Billing	Meetings			170	138	308			
<b>Total</b>			\$ -	\$ 37	\$ 170	\$ 148	\$ 355	\$ -	\$ -	\$ -

**Total for the Month**      \$        355

Maximum daily single meal expense claimed in the month      \$        24  
Maximum daily base hotel rate claimed in the month              \$        159  
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	\$ 47.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/17/2018	face-to-face CCEC meeting	AB - Other Zones	Meals Per Diem	\$ 24.00			Required to travel to EDM to attend a face-to-face CCEC meeting Dinner \$24.00	1			
1/18/2018	face-to-face CCEC meeting	AB - Other Zones	Meals Per Diem	\$ 13.00			Required to travel to EDM to attend a face-to-face CCEC meeting Lunch \$13.00	1			
1/18/2018	for Connect Care Executive session (secured parking at Red Arrow)	AB - Other Zones	Parking - Lot or Parkade-Service Rcpt	\$ 10.00				1			
Approver(s) for the claim		Approval Status	Approval Date								
RHODES, DEBORAH		Approve	1-Feb-18								

From: Red Arrow Reservations [mailto:itinerary@redarrow.ca]  
 Sent: January 17, 2018 6:23 PM  
 To: Robert Hawes <Robert.Hawes@albertahealthservices.ca>  
 Subject: Red Arrow Itinerary/Receipt



**INVOICE**

2018-01-17

*You can reach us at:*

ROBERT HAWES

Red Arrow - CNS  
 Central Reservations: 1-800-  
 232-1958  
[sales@redarrow.ca](mailto:sales@redarrow.ca)

ORDER#	ORDERED	CUSTOMER#	P.O.	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
[REDACTED]	018-01-17	[REDACTED]			2018-01-17	2018-01-18	-	RICKY

*Travellers:*

HAWES/ROBERT

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
<b>Parking Per Day</b> 2018-01-17 until 2018-01-18 (2 days)	2 days	Per Day Parking	1	\$ 9.52	\$ 10.00

**Payments Received**

DATE	GUEST	REFERENCE	AMOUNT
2018-01-17	customer: ROBERT HAWES	Visa [REDACTED]	\$ 10.00

**Base Price:** \$ 9.52  
**Discounts:** \$ 0.00

<b>Service Charges:</b>	\$ 0.00
<b>GST:</b>	\$ 0.48
<b>Invoice Total:</b>	\$ 10.00
<b>Payments Received:</b>	\$ 10.00
<b>Balance Due:</b>	\$ 0.00

**PLEASE NOTE THAT A PAPER TICKET IS NOT REQUIRED FOR CHECK-IN.  
PLEASE CHECK IN 15 MINUTES PRIOR TO DEPARTURE**

TERMS: DUE UPON RECEIPT GST# BN139981476 Please note that the maximum luggage allowance per person is 4 pieces including carry on bags, and stowed luggage underneath the coach. Carry on bags include purses, backpacks and laptop bags. Additional luggage will incur additional fees. If you wish to time change, date change, or cancel for a full refund – 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. December 15 - January 5 to cancel or make any changes to a reservation we require 24 hours notice. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change. Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. \*\*Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit [www.redarrow.ca](http://www.redarrow.ca) or view the policy posted on our information boards at our Ticket Offices\*\* \*\*Red Arrow reserves the right to check I.D. or perform carry-on baggage checks at any time\*\* Corporate Billing Accounts: Payment due 30 days after completion of trip.

If you wish to change or cancel your booking, please contact a Passenger Experience Representative at 1-800-232-1958.

**Thank you for booking with Red Arrow Motorcoach. We appreciate your business!**

Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication

## 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.

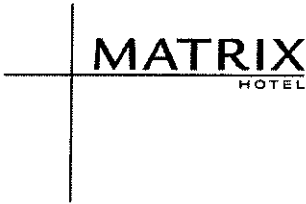
### Direct Bill Report

- 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> Robert Hawes	<b>Reporting Period for the Month of :</b> Jan-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
17-Jan-2018	Direct Billing	Hotel	Trip to Edmonton for face-to-face CCEC meeting.	Marlin Travel	170.32
17-Jan-2018	Direct Billing	Other Transportation	Red Arrow Calgary to Edmonton, Return	Marlin Travel	137.52
<b>Total Paid in the Month</b>					<b>\$ 307.84</b>

Jan 30/18 



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

Room Number: [REDACTED]  
Arrival Date: 01-17-18  
Departure Date: 01-18-18  
Page No: 1 of 1  
P/O Number: [REDACTED]

Guest Name: Hawes, Robert A

**INFORMATION INVOICE**

Folio No: [REDACTED]

01-29-18

Date	Description	Charges	Credits
01-17-18	Room Revenue	159.00	
01-17-18	Destination Marketing Fee - 3%	4.77	
01-17-18	Tourism Levy - 4%	6.55	
<b>Total</b>		<b>170.32</b>	<b>0.00</b>
<b>Balance</b>		<b>170.32</b>	

**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:** Red Arrow Reservations <itinerary@redarrow.ca>  
**Sent:** January 11, 2018 8:37 AM  
**To:** [REDACTED]  
**Subject:** Red Arrow Itinerary/Receipt

## INVOICE



2018-01-11

*You can reach us at:*

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

Corporate Sales

ORDER#	ORDERED	CUSTOMER#	P.O.	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
[REDACTED]	2018-01-11	[REDACTED]			2018-01-17	2018-01-18	-	Website User

*Travellers:*

Hawes/Robert

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
<b>CALEDM 18:30 YYC</b> Assigned to: 01A Departs Calgary (CGYNORTH / CNS 304 35 Ave NE) at 18:45 on 2018-01-17. Arrives Edmonton (EDMTO / ETO 10014 104 St) at 22:20 on 2018-01-17. (3 hrs 35 mins)	3 hrs 35 mins	Adult	1	\$ 72.38	\$ 68.76
<b>EDMCAL 18:30</b> Assigned to: 12A Departs Edmonton (EDMTO / ETO 10014 104 St) at 18:30 on 2018-01-18. Arrives Calgary (CGYNORTH / CNS 304 35 Ave NE) at 21:45 on 2018-01-18. (3 hrs 15 mins)	3 hrs 15 mins	Adult	1	\$ 72.38	\$ 68.76

**Base Price:** \$ 144.76  
**Discounts:** \$ 7.24  
**Service Charges:** \$ 0.00  
**Invoice Total:** \$ 137.52  
**Payments Received:** \$ 137.52  
**Balance Due:** \$ 0.00

**Payments Received**

DATE	GUEST	REFERENCE	AMOUNT
2018-01-11	Alberta Services	MasterCard	\$ 137.52

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If you wish to change or cancel your booking, please contact a Passenger Experience Representative at 1-800-232-1958.

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