

## AHS Board and Executive Expense Report

**Name** Dr. Stafford Dean  
**Title** Chief Analytics Officer  
**Location** Calgary

Expenses submitted during the month of September 2017

			Travel (1)				Working Sessions Hosting and Hospitality			
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Hosting and Hospitality (3)	Other (4)
Sep-17	Expense Claim	Meetings			309	351	660			
<b>Total</b>			\$ -	\$ -	\$ 309	\$ 351	\$ 660	\$ -	\$ -	\$ -

**Total for the Month** \$ 660

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 144  
 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
DEAN, STAFFORD	Chief Analytics Officer	Calgary	\$ 190.99

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/14/2017	HAS 2017 in Salt Lake City, Utah	AB - Other Zones	Parking - Lot or Parkade	\$ 43.91			HAS 2017 - Parking for Vehicle	1			
9/14/2017	HAS 2017 in Salt Lake City, Utah	AB - Other Zones	Accommodations	\$ 147.08			Accommodation for HAS 2017	1			

Approver(s) for the claim	Approval Status	Approval Date
TODD, KATHRYN	Approve	3-Oct-17

# The GRAND AMERICA Hotel

Stafford Dean

09-14-17

Room No. [REDACTED]  
 Arrival : 09-12-17  
 Departure : 09-14-17  
 Page No. : 1 of 1  
 Folio No. : [REDACTED]  
 Conf. No. : [REDACTED]  
 Cashier No. : [REDACTED]  
 User ID : [REDACTED]  
 Invoice No. :

**INFORMATION INVOICE**

Membership No. :  
 A/R Number :  
 Group Code : [REDACTED]  
 Company Name : [REDACTED]

Date	Description	Additional Information	Charges	Credits
09-12-17	Self Parking		18.00	
09-13-17	Self Parking		18.00	
09-14-17	Mastercard Payment			36.00
[REDACTED]				
<b>Total</b>			<b>36.00</b>	<b>36.00</b>
<b>Balance</b>				<b>0.00</b>

*u.s.*  
 = 43.91  
 CAO

I agree that my liability for this bill 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 of the full amount of these charges.

Guest Signature: \_\_\_\_\_

**FAIRBRIDGE INN EXPRESS DILLON**

580 SINCLAIR ST  
DILLON, MT 59725

Phone: 406-683-3636

Fax: 406-683-3637

**Folio**

Name: DEAN STAFFORD

Confirmation Number: [REDACTED]

Invoice Time: Invoice Time:

Check In Time: Sep.14.2017 09:20 PM

Check Out Time: Sep.15.2017 12:18 PM

Arrival: Sep.14.2017

Departure: Sep.15.2017

Room Type / Items	Date	Room #	Rate	SalesTax	Total
NEXK	Sep.14.2017	[REDACTED]	\$109.99	\$7.70	\$117.69

Room Charges	Tax	Other Charges	Cash	Balance	WriteOff	D B
\$109.99	\$7.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Receipt Text	Credit Card Type	Last 4 C.C.	Auth. Codes	Amount	Invoice
	Master Card	[REDACTED]	[REDACTED]	\$117.69	[REDACTED]

\$147.08 CAD

Room Charges	Tax	Other Charges	Cash	Balance	WriteOff	D B
\$109.99	\$7.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Room Type: NEXK

Room Number: [REDACTED]

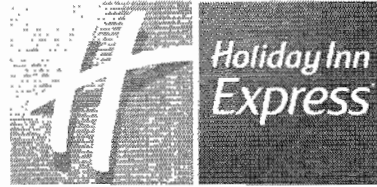
Guest Signature: \_\_\_\_\_

Invoice Time: Invoice Time: Sep.25.2017

Upon Signing above, I agree that my liability for any charges incurred by me is not waived. This property is privately owned and the management reserves the right to refuse service to anyone and the management assumes no responsibility for accidents, or injury to guests or for loss of money, jewelry or valuables of any kind. Please note, if cancelled or modified up to 1 day before date of arrival, no fee will be charged. If cancelled or modified later or in case of no-show, 100 percent of the first night will be charged and room damage incurred by me are not waived.

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
DEAN, STAFFORD	Chief Analytics Officer	Calgary	\$ 468.95								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/21/2017	Travel Calgary-Edmonton Return for the Quality, Safety and Outcomes Improvement Executive Committee Face to Face Session		Mileage-Other	\$ 293.28	Calgary - Return	Edmonton - Return	Travel Calgary-Edmonton Return for the Quality, Safety and Outcomes Improvement Executive Committee Face to Face Session	2			305
9/21/2017	Quality, Safety and Outcomes Improvement Executive Committee Face to Face Session	AB - Other Zones	Accommodations	\$ 161.67			Quality, Safety and Outcomes Improvement Executive Committee Face to Face Session	1			
9/21/2017	Quality, Safety and Outcomes Improvement Executive Committee Face to Face Session	AB - Other Zones	Parking	\$ 14.00			Quality, Safety and Outcomes Improvement Executive Committee Face to Face Session	1			
Approver(s) for the claim		Approval Status	Approval Date								
TODD, KATHRYN		Approve	3-Oct-17								



09-22-17

<b>Stafford Dean</b> [Redacted]	Folio No. :	Room No. :
[Redacted]	A/R Number :	Arrival : <b>09-21-17</b>
[Redacted]	Group Code :	Departure : <b>09-22-17</b>
[Redacted]	Company : <b>Alberta Health Services</b>	Conf. No. : [Redacted]
[Redacted]	Membership No. : [Redacted]	Rate Code : [Redacted]
[Redacted]	Invoice No. :	Page No. : <b>1 of 1</b>

Date	Description	Charges	Credits
09-21-17	Parking	14.00	
09-21-17	*Accommodation	144.00	
09-21-17	Marketing Fee	4.32	
09-21-17	GST #87857 8491 RT0002	7.42	
09-21-17	AB Tourism Levy	5.93	
09-22-17	MasterCard [Redacted]		175.67
<b>Total</b>		<b>175.67</b>	<b>175.67</b>
<b>Balance</b>		<b>0.00</b>	

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**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Accommodation \$161.67  
Parking 14.00