

Board and Executive Expense Report

Name Catherine Roozen
Title AHS Board Vice Chair
Location

Expenses submitted during the month of October 2012

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
October 2012	Expense Claim	Various Meetings			218		218			
Total			\$ -	\$ -	\$ 218	\$ -	\$ 218	\$ -	\$ -	\$ -

Total for the Month \$ 218

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ 99
 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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: Catherine Roozen	(For Board Office Use Only) A/P Vendor ID#:
Phone #: XXXXXXXXXX	Travel Period Month: October 2012

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
Oct 30/112	Red Deer Lodge Hotel & Conference Centre					217.80 ✓			
TOTAL KMS									
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>					A	B	C	D	E
					217.80 ✓				

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	217.80 ✓
OTHER (D)	101.0005.71110300004.41090000	
GRAND TOTAL		217.80 ✓

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%;">meals</td> <td style="width: 10%;">breakfast</td> <td style="width: 80%;">\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
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	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
 DATE SUBMITTED	 DATE APPROVED														
I hereby acknowledge that I have read the "Public Service Subsistence, Travel and Moving Expenses Regulation" and hereby confirm that the expenses claimed are in compliance with such regulation															

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lou DeCoste

Honoraria over...

LD

Date 11/01/12
Time 02:28
Page 1

RED DEER LODGE
4311 49 AVE
RED DEER, ALBERTA T4N 5Y7
1-800-661-1657
(403) 346-8841

Acct# [REDACTED]
Room# 213
Rate Code
Group ALBE
Room Type CVQQ
Room Rate 99.00

ROOZEN, CATHY

Arrive OCT 30 12 08:44
Depart NOV 01 12

ALBERTA HEALTH SERVICES
10101 SOUTH PORT RD SW
CALGARY AB T2W3N2

Payment MC [REDACTED] Exp: [REDACTED]

Date	Description	Reference	Room	Charges	Credits
OCT 30	ROOM CHARGE			99.00	
OCT 30	G.S.T.			4.95	
OCT 30	TOURISM LEVY			3.96	
OCT 30	DESTINATION MARK FEE			.99	
OCT 31	ROOM CHARGE			99.00	
OCT 31	G.S.T.			4.95	
OCT 31	TOURISM LEVY			3.96	
OCT 31	DESTINATION MARK FEE			.99	

=====
G.S.T.=subtotal: 9.90
TOURIS subtotal: 7.92
Balance Due: 217.80

I agree that my liability for this bill is not waived & agree to be personally responsible if the indicated party fails to pay the charges in part or in full.
Privacy Policy: you may opt-out of having certain personal information collected.
G.S.T. #865650352 Direct Bill Signature: _____