

Board and Executive Expense Report

Name Don Johnson
Title AHS Board Member
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		184	459	1,836	2,479			
Total			\$ -	\$ 184	\$ 459	\$ 1,836	\$ 2,479	\$ -	\$ -	\$ -

Total for the Month \$ 2,479

Maximum meal expense claimed in the month \$ 30
 Maximum daily hotel rate claimed in the month \$ 109
 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: DON JOHNSON (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				
23/08/12	TOWNHALL HAC MFG.								
12/10/12	Province wide Advisory HAC COMP. REDUCTION (HOME -> EDIN -> HOME)		✓		20.75			1255	
18/10/12	AFC KATZ VIA YTONIZ				11				
19/10/12	ACCOMMODATION CARINA MFG. (HOME -> CALGARY - HOME)		✓		11.60				
19-20/10/12	DAC-CANCER - CALGARY 20 KANTON		✓		20.75			625	
26- 29/10/12	H-77+ FOUND. CONF.		✓	✓	11.60 20.75	132.25	CAR RENTAL 58.25 PARKING 37.80	620	
"	(HOME -> CALGARY - HOME)								
TOTAL KMS								2500	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E		F	
		97.05	132.25	96.05				1362.50 1970.5	

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	183.93
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	2294.73
OTHER (D)	101.0005.71110300004.41090000	
GRAND TOTAL		2478.66

<p>CLAIMANT SIGNATURE <u>[Signature]</u> Nov. 19/12</p> <p>DATE SUBMITTED</p>	<p>APPROVAL SIGNATURE <u>[Signature]</u> Nov 19/12</p> <p>DATE APPROVED</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="text-align: center;">meals</td> <td style="text-align: center;">breakfast</td> <td style="text-align: right;">\$9.20</td> </tr> <tr> <td style="text-align: center;">lunch</td> <td style="text-align: right;">\$11.60</td> </tr> <tr> <td style="text-align: center;">dinner</td> <td style="text-align: right;">\$20.75</td> </tr> <tr> <td colspan="2" style="text-align: center;">Lodging per night</td> <td style="text-align: right;">\$20.15</td> </tr> <tr> <td colspan="2" style="text-align: center;">Per diem 24-hour</td> <td style="text-align: right;">\$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
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													

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...

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REMUNERATION AND EXPENSE CLAIM CONTINUATION SHEET

THIS FORM IS TO BE USED ONLY AS A SUPPLEMENT TO A COMPLETED PERSONAL EXPENSE CLAIM. DO NOT USE ALONE.

NAME: DON JOHNSON - OCTOBER 2012

	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
	B	L	D	Amount				
Carry forward subtotals from previous claim sheet, where applicable.				A 97 ⁰⁵	B 132 ²⁵	C 96 ⁰⁹	D	E 50
30/10/12 - R120 DEVEN - AHS AND STRATE MTR. ✓	✓			15.05	NOV. - Break cost			1262.
31/10/12 - " " MTCG. COV ✓	✓			29 ⁷³ - Rept.				945
1/11/12 - " " " " COST MTR. ✓	✓			20 ⁷⁵				
TOTAL KMS								945
APPLICABLE MILEAGE RATE @								50.5¢
TOTAL (Record Grand Total to Personal Expense Claim Form)				A 183 ⁹³	B 459 ⁵⁰	C 96 ⁰⁹	D	E 73
				458.95				F (via payroll only) 1739

Carry forward subtotals to another continuation sheet if more space is required. Otherwise, record subtotals in space provided on Personal Expense Claim.

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

10155 105th Street,
 Edmonton, AB, T5J 1E2
 Tel: (780) 423-4811 Fax: (780) 423-3204

Invoice
0808

Mr Don JOHNSON



Receipt

Invoice date 10/26/2012
 Our reference [REDACTED]
 GST Number 10103 5467 RT0020

Guest Mr Don JOHNSON Arrival 10/25/2012 Departure 10/26/2012 Room 0808

Date	Description	Quantity	Unit Price	Total (€)
10/25/2012	Room Charge	1	109.00	109.00
10/25/2012	Tourism Levy	1	4.36	4.36
10/25/2012	Destination Market Fee	1	1.09	1.09
10/25/2012	Parking Daily	1	16.95	16.95
10/25/2012	Federal Tax GST Parking	1	0.85	0.85
Total Invoice				132.25
10/26/2012	VS * [REDACTED]			-132.25
Total Paid				-132.25
Total Due				0.00

Total GST 0.85

I agree that my liability for any charges incurred by me 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. Interest will be charged on any overdue balance.

Signature X _____

For reservations: www.coasthotels.com or 1-800-663-1144

South
 CT - 5905 - 104 Street
 RR - 8112 - Poplar Road
 TF - 9920 - 35 Ave

North
 NE - 8804 - Yellowhead Trail
 WE - 11106 - 151 Street
 WH - 17840 - 102 Ave
 DT - 10016 - 108 Street
 WH - 11519 - 105 Ave

Other
 AP - Edmonton Airport
 SA - St. Albert 22 Mulr Drive
 SP - Sherwood Park 31 Seneca Road
 FS - Fort Saskatchewan Unit 100 - 8816-111 Street
 SG - Spruce Grove #108 - 123 Spruce Avenue

Budget
 RENTAL CAR
 BUDGET RENT-A-CAR OF EDMONTON LTD.
 (FREIGHTS RECEIVED IN AS BUDGET)
 AND "BUDGET RENT-A-CAR" AND "BUDGET RENT-A-CAR"
 RENTING LOCATION: EDMONTON, ALBERTA, CANADA

EDM AP 02041266

PREVIOUS VEHICLE		CURRENT VEHICLE	
OWNING LOCATION		EDM	MV31455034
VEHICLE NUMBER			42120R
LICENSE NUMBER			J56645
VIN			KNAGM4A74C5269726
MODEL			DBLUE OPTIMA - KIA
DATE TIME IN		10/26/12	1808
DATE DUE BACK		10/26/12	1930
DATE TIME OUT		10/25/12	2202
KM IN			13514
KM OUT			13454
KM DRIVEN			60

PO# VI 10/30/16

RENTER DONALD JOHNSON

RESIDENCE [REDACTED]

CITY [REDACTED] PROV. PC PHONE # [REDACTED]

LICENSE NO. [REDACTED] PROV. AB D.O.B. [REDACTED] EXPIRY DATE [REDACTED]

COMPANY CALGARY HEALTH REGION BCD#

ADDRESS [REDACTED]

CITY CALGARY PROV. AB PC PHONE # [REDACTED]

ADDITIONAL DRIVER NONE AUTHORIZED

LICENSE NO. [REDACTED] PROV. AB D.O.B. [REDACTED] EXPIRY DATE [REDACTED]

COAST PLAZA

T.A. # TA60794650 REZ # 161760330A6

BC C OUT EDM AP WRITTEN 10/25/12 CLD

10/26/12

RATE CODE		RATE CODE	
KMS @		KMS @	
HOURS @		HOURS @	31.51
DAYS @		DAYS @	42.00
WKS @		WKS @	252.00
OTHER @		OTHER @	

Renter Accepts Loss Damage Waiver (LDW)
 By signing below, the renter accepts LDW at the rate per day or part thereof as shown below. By the renter accepting LDW, Budget agrees to waive the renter's financial responsibility for damage to the vehicle, except for the deductibles listed below. However, if the renter or any additional driver(s) violate any of the terms and conditions of this rental agreement, the renter is responsible for all loss or damage to the vehicle and/or loss or damage to Budget.

LDW charge per day or part thereof \$ _____

Deductible \$ _____

Renter's Signature X _____

Renter Declines Loss Damage Waiver (LDW)
 By signing below, the renter is declining LDW and agrees to pay Budget for all loss or damage to the vehicle, HOWEVER INCURRED, AND REGARDLESS OF FAULT, limited however to the Full Value of the Vehicle for each occurrence. However, if the renter or any additional driver(s) violate any of the terms or conditions of this rental agreement, the renter is responsible not only for all loss or damage to the vehicle but also for all loss or damage to Budget.

Renter's Signature X _____

KILOMETER ALLOWANCE (IF ANY)			TOTAL TIME AND KILOMETER CHARGE	
DAY	WEEK	MONTH	DISCOUNT (if applicable)	
1			15.60	7.49

BY SIGNING BELOW I AGREE I HAVE BEEN ADVISED OF THE FOLLOWING IMPORTANT RENTAL CONDITIONS

- RENTER TO BE THE ONLY AUTHORIZED DRIVER (except as listed above in additional driver section)
- This vehicle herein described must not be used, operated or driven, nor does Budget give its consent, expressed, or implied, to the vehicle being used, operated or driven by any person other than the renter or additional driver(s) as listed above in the additional driver section.
- NOTE**
 Renter is responsible for all damage and losses suffered by Budget if the vehicle is used, operated or driven by a person not listed on this rental agreement.
- Renter shall pay Budget all charges incurred in connection with this agreement. Renter gives Budget permission to process an unsigned credit card voucher in the renter's name for payment of all charges. The renter agrees that all charges on this agreement are subject to final audit. The renter authorizes Budget to debit or credit the renter's credit card account within 20 days of return of the vehicle with any additional amount resulting from an omission or error on this agreement. The renter will be advised by mail of any charges.
- Renter agrees that any contract of insurance, evidenced by a motor vehicle liability policy, where the renter or authorized driver is a named insured or is entitled to indemnity, will be first loss insurance to any claim or civil action. See Sections 4(a), 6 & 8 on the reverse side of this Agreement.
- Renter agrees to return the vehicle to Budget on or before the due back date at the renting location. If the renter returns the vehicle to a location other than shown above, the renter agrees to pay the applicable drop charge. If the renter drops off the vehicle after closing time or at an off-site location, the renter is solely responsible for any loss or damage to the vehicle HOWEVER INCURRED AND REGARDLESS OF FAULT, until Budget inspects and accepts the vehicle condition.
- I agree to be bound by the terms and conditions on both sides of the rental agreement and also agree that I have read and understand the terms and conditions on both sides of the rental agreement. I acknowledge that I can read and understand the English language.

RENTER'S SIGNATURE X _____

\$3.00/Day CFC	3.00
\$2.99/Day/VLF	2.99
G.S.T. (R100684984)	2.77
TOTAL CHARGES	58.25
INITIAL DEPOSIT	
ADDITIONAL DEPOSIT	
NET DUE (Sign Indicates refund)	58.25
VI 58.25	
OPEN EMP# 1262	CLOSE EMP# 6157
DUE BACK TO EDM AP	RETURNED TO EDM AP

TERMS: PAYMENT DUE ON RECEIPT OF THIS COPY OF RENTAL AGREEMENT. 2% PER MONTH (24% PER ANNUM) ON OVERDUE ACCOUNTS AND RECOVERABLE LOSS AND DAMAGE

The Calgary Airport Authority
GST No R122556194

'ReceiptClearing.Header'

Transaction-Id 48378
Ticket-Nr. 30108093

Transaction Type Clear
Date/Time 10/26/2012 8:56 PM

Amount: \$37.80

Status: 'Clearing.Succesful'

Approved - Thank you!

The Calgary Airport Authority
GST No R122556194

Transaction-Id H1031210021811
Transaction Date 26/10/2012 20:58
Ticket-Nr.: 30108093

Transient Parker	\$ 37.80
Total:	\$ 37.80
Discounts	\$ 0.00
Balance Due:	\$ 37.80
GST	\$ 1.80
Credit Card	\$ 37.80
Change	\$ 0.00

Date 11/01/12
Time 06:43
Page 1

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

Acct# [REDACTED]
Room# 680
Rate Code
Group ALBE
Room Type TNK
Room Rate 99.00

JOHNSON, DON

Arrive OCT 29 12 21:15
Depart NOV 01 12 06:43 AH

ALBERTA HEALTH SERVICES
10101 SOUTH PORT RD SW
CALGARY AB T2W3N2

Payment VI [REDACTED] Exp: [REDACTED]

Date	Description	Reference	Room	Charges	Credits
OCT 29	ROOM CHARGE			99.00	
OCT 29	G.S.T.			4.95	
OCT 29	TOURISM LEVY			3.96	
OCT 29	DESTINATION MARK FEE			.99	
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	
NOV 01	VISA	THANK YOU			326.70

=====
G.S.T.=subtotal: 14.85
TOURIS subtotal: 11.88
Balance Due: .00
=====

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: _____

~~4311 49th Ave~~
 4311 49th Ave
 www.redneer Lodge.ca
 TEL: 403 346 8841
 GST# 865650352

Date: 06/11/12 08:56AM
 Card Type: VISA
 Acct #:
 Exp Date:
 Auth Code: 042753
 Check: 4763
 Table: 20/1
 Server: 2 Chris M
 DONALD JOHNSON

Subtotal: 25.73

Tip: 4.00

Total: 29.73

Signature: 

CUSTOMER COPY

ROOM:

SIGN:

Thank You


~~4311 49th Ave~~
 4311 49th Ave
 www.redneer Lodge.ca
 TEL: 403 346 8841
 GST# 865650352

Date: 06/10/12 08:40AM
 Card Type: VISA
 Acct #:
 Exp Date:
 Auth Code: 021200
 Check: 4162
 Table: 32/1
 Server: 3 Cindy R
 DONALD JOHNSON

Subtotal: 13.65

Tip: 2.00

Total: 15.65

Signature: 

CUSTOMER COPY

Thank You