

Board and Executive Expense Report

Name Don Johnson
Title AHS Board Member

Location
Expenses submitted during the month of November 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)
November 2012	Expense Claim	Various Meetings			132	379	511			
Total			\$ -	\$ -	\$ 132	\$ 379	\$ 511	\$ -	\$ -	\$ -

Total for the Month \$ 511

Maximum meal expense claimed in the month	\$ -
Maximum daily hotel rate claimed in the month	\$ 121
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: Donald W. Johnson	For Period: November 2012
Phone #: XXXXXXXXXX	Travel Period Month: November 2012

DATE (DDMMYY)	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				
Nov. 14/12	HAC Cmt. mtg								
Nov. 23/12	Covenant Health Facility opening Medicine Hat - Carmel Hospice							185	
Nov. 29/12	AFC mtg. - Calgary				439.89 131.29			665	
TOTAL KMS								750	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)					A	B 131.29 C 139.89	D	750 Km 378.75	

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.46000000	
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	510.64
OTHER (D)	101.0005.71110300004.41090000	
GRAND TOTAL		510.64

CLAIMANT SIGNATURE  DATE SUBMITTED Dec 12/12	APPROVAL SIGNATURE  DATE APPROVED Dec 11/12	<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															

Honoraria over...


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

[Handwritten initials]



Wingate by Wyndham Calgary
 400 Midpark Way SE
 Calgary, AB T2X 3S4
 Tel: (403) 514-0099 Fax: (403) 514-0090

11-29-12

Don Johnson 	Folio No. :	Room No. :	410
	A/R Number :	Arrival :	11-28-12
	Group Code :	Departure :	11-29-12
	Company :	Conf. No. :	60307167
	Wyndham Rewards :	Rate Code :	SGC
	Invoice No. :	Page No. :	1 of 1

Date	Description	Charges	Credits
11-28-12	Room Charge	121.00	
11-28-12	Tourism Levy	4.84	
11-28-12	GST Room	6.05	
11-29-12	Visa		131.89
Total		131.89	131.89

Wyndham Rewards members earn valuable points on qualifying stays at nearly 7,000 hotels around the world. If you are not already a member, join the next time you check-in, visit us at www.wyndhamrewards.com or call 1-866-888-7937.

This is your invoice, payment due upon receipt.

Guest Signature: _____

Balance 0.00
GST: 1040894040 RT 0002

Please contact the Manager about any issues with your stay. Wingate Hotels or affiliates may contact you about goods and services unless you call 877-222-3297 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wingate Hotel's website about privacy.

Thank you for staying with us.
 It was our pleasure to serve you.

Express Checkout. For your records, this is your receipt and hotel bill as of 2 a.m. today. Charges incurred after 2 a.m. can be paid at the front desk, or at your request we will mail you an updated bill within 24 hours of your departure. Simply call the front desk at the time you vacate your room to let us know that you will be using Express Checkout. You may leave your key in your room or at the front desk.