

## Board and Executive Expense Report

**Name** Dr. Ruth Collins-Nakai  
**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			218	13	231			
<b>Total</b>			\$ -	\$ -	\$ 218	\$ 13	\$ 231	\$ -	\$ -	\$ -

**Total for the Month** \$ 231

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: <b>Dr. Ruth Collins-Nakai</b>	(For Board Office Use Only - AHS Member ID)
Phone #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	Travel Period Month: <b>November 2012</b>

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				
01/11/12	AHS Committee of Whole and Public Board meeting								
28/11/12	Quality & Safety Committee								
29/11/12	Audit & Finance Committee								
01/11/12	Red Deer Lodge				217.80				
4/11/12	Gas					66.60			
29/11/12	Parking (meter-no receipts)					44.60			
						12.75			
<b>TOTAL KMS</b>									
<b>APPLICABLE MILEAGE RATE @</b>								<b>50.5¢</b>	
<b>SUB-TOTAL</b> <i>(carry forward to continuation sheet, where applicable)</i>					A	B	C	D	E
					217	50	12.75		

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	230.55
OTHER (D)	101.0005.71110300004.41090000	
<b>GRAND TOTAL</b>		<b>230.55</b>

CLAIMANT SIGNATURE <i>Dr. Ruth Collins-Nakai</i> DATE SUBMITTED Dec 5, 2012	APPROVAL SIGNATURE <i>[Signature]</i> DATE APPROVED Dec 11/12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 20%;">meals</td> <td style="width: 10%;">breakfast</td> <td style="width: 10%;">\$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													
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 DeGoste

Honoraria over...

*210*

Date 11/01/12  
 Time 02:23  
 Page 1

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

Acct# [REDACTED]  
 Room# 264  
 Rate Code  
 Group ALBE  
 Room Type TNK  
 Room Rate 99.00

Arrive OCT 30 12 12:36  
 Depart NOV 01 12

COLLINS-NAKAI, RUTH

ALBERTA HEALTH SERVICES  
 10101 SOUTH PORT RD SW  
 CALGARY AB T2W3N2

Payment VI [REDACTED] Exp: 10/16

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: \_\_\_\_\_