

Board and Executive Expense Report

Name Teri Lynn Bougie
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 | | | | 183 | 183 | | | |
| Total | | | \$ - | \$ - | \$ - | \$ 183 | \$ 183 | \$ - | \$ - | \$ - |

Total for the Month \$ 183

Maximum meal expense claimed in the month \$ -
Maximum daily hotel rate claimed in the month \$ -
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: Teri Lynn Bougie | (For Board Office Use Only) A/P Vendor ID#: |
| Phone #: XXXXXXXXXX | Travel Period Month: November 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 | | | | | |
| 01/11/12 | Public Board Meeting in Red Deer | | | | | | | | 362 | |
| 22/11/12 | Host/Attended Gr. Edmonton Area Health Advisory Council Meeting | | | | | | | | | |
| 28/11/12 | Quality & Safety Committee Meeting | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TOTAL KMS | | | | | | | | | 362 | |
| APPLICABLE MILEAGE RATE @ | | | | | | | | | 50.5¢ | |
| SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i> | | | | | A | B | C | D | E | 182.81 |

| FOR ACCOUNTS PAYABLE EXPENSE CODING | | |
|-------------------------------------|-------------------------------|---------------|
| Description | Coding | Amount |
| MEAL (A) | 101.0005.71110300004.45000000 | |
| TRAVEL EXPENSE (B+C+E) | 101.0005.71110300004.62212000 | 182.81 |
| OTHER (D) | 101.0005.71110300004.41090000 | |
| GRAND TOTAL | | 182.81 |

| | | | | | | | | | | | | | | | |
|--|--|--|-------|-----------|--------|-------|---------|--------|---------|-------------------|--|---------|------------------|--|--------|
| <p><i>Teri Lynn Bougie</i> CLAIMANT SIGNATURE</p> <p><i>November 30, 2012</i> DATE SUBMITTED</p> | <p><i>[Signature]</i> APPROVAL SIGNATURE</p> <p><i>Dec 11/12</i> 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 | | | | | | | | | | | | | |
| <p>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</p> | | | | | | | | | | | | | | | |

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

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