

## AHS Board and Executive Expense Report

**Name:** Angela Fong  
**Title:** AHS Board Member  
**Location:** Calgary  
 Expenses posted during the month of May 2024

Travel (1)										
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings					-			
May-24	Expense Claim	Meetings				218	218			
	Direct Bill	Meetings					-			
<b>Total by category</b>			\$ -	\$ -	\$ -	\$ 218	\$ 218	\$ -	\$ -	\$ -

**Total  
posted for  
the Month**    \$        218

Maximum daily single meal expense posted in the month    \$        -  
 Maximum daily base hotel rate posted 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 membership dues, small item technology purchases, books, etc.

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



<b>AHS - AP Processing - Internal Use Only</b>	
Voucher #	
Naming Convention:	
T4/ANR Applicable? - If yes, indicate line & amt	

## BOARD MEMBER EXPENSE CLAIM FORM

<b>SECTION 1: PAYEE INFORMATION</b>			
Name:	Angela Fong	Expense Period Month:	Jan-Apr 2024
Address:	[Redacted]	City:	[Redacted]
Province:	[Redacted]	Postal Code:	[Redacted]
		Country:	Canada
Reason for Expense	Board and Committee Meetings held in Edmonton from January 31 - April 18, 2024.		

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
Description	Corp/BU/Org	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	[Redacted]	[Redacted]	[Redacted]	[Redacted]	\$0.00
Travel Exp (B+C+E)	[Redacted]	[Redacted]	[Redacted]	[Redacted]	\$218.00
Other (D)	[Redacted]	[Redacted]	[Redacted]	[Redacted]	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$218.00</b>

<b>SECTION 3: AUTHORIZATION - Note: Electronic or digital signatures are not accepted</b>			
I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.			
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.			
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant with all the above statements	Date	Phone#
Angela Fong	[Redacted]	May 23/24	[Redacted]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.	
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.	
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.	
Approved by (Print Name)	Position Title/Program Group
Dr. Lyle Oberg	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
[Redacted]	May 27, 2024

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

**For payment please submit to:**

14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: [Redacted]

[Redacted] \_\_\_\_\_ May 23, 2024  
 Michael Lam, Interim VP Corporate Services & CFO Date

Carry forward from Section 1										
Name: Angela Fong						Expense Period Month: Jan-Apr 2024				
Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below										
Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)										
SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM										
The Board Members follow the <a href="#">Government of Alberta (GOA) Travel, Meal and Hospitality</a>										
Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates ( <a href="#">Appendix C for USA</a> , <a href="#">Appendix D for International</a> ).										
Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)( A )				Accommodation ( B )	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) ( C )	Other (Itemize) ( D )	Mileage km ( E )
			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
31-Jan-2024	Parking at SSP to attend Finance, Audit & Risk Committee Meeting.	Yes					\$20.00			
7-Feb-2024	Parking at SSP to attend Governance, Compliance & HR Committee Meeting.	Yes					\$35.00			
28-Feb-2024	Parking (no receipt) to attend a meeting with Dr. Oberg and A. Tremblay.	Yes					\$12.00			
6-Mar-2024	Parking at SSP to attend Board Meeting.	Yes					\$24.00			
14-Mar-2024	Parking at SSP to attend Board Strategy Session.	Yes					\$60.00			
15-Apr-2024	Parking at SSP to attend Board Strategy Session.	Yes					\$35.00			
18-Apr-2024	Parking at SSP to attend Governance, Compliance & HR Committee Meeting.	Yes					\$32.00			
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$218.00	\$0.00	0.00	

**RECEIPT**  
Impark Lot 02-383

License/Plate Number



Expiration Date/Time

**11:24 AM**  
**JAN 31, 2024**

Purchase Date/Time: 08:54am Jan 31, 2024

Total Parking: \$19.05

Total GST: \$0.95

Total Due: \$20.00

Total Paid: \$20.00

Ticket

S/N #:

Setting: Lot

Mach Name: Meter 1

Rate: \$20 - 2.5 Hours

Pmt Type: CC (Swipe)

#\*\*\*\* Visa

Auth #

gst #687315638RT0006  
NO IN AND OUT PRIVILEGES

STATIONNEMENT  
PARKING RECEIPT  
RECU DE STATIONNEMENT  
PARKING RECEIPT  
RECU DE STATIO

**RECEIPT**  
Impark Lot 02-383

License/Plate Number



Expiration Date/Time

**06:00 PM**  
**FEB 07, 2024**

Purchase Date/Time: 08:59am Feb 07, 2024

Total Parking: \$33.33

Total GST: \$1.67

Total Due: \$35.00

Total Paid: \$35.00

Ticket

S/N #:

Setting: Lot

Mach Name: Meter 1

Rate: \$35 - All Day To 6PM

Pmt Type: CC (Swipe)

#\*\*\*\* Visa

Auth #

gst #687315638RT0006  
NO IN AND OUT PRIVILEGES

STATIONNEMENT  
PARKING RECEIPT  
RECU DE STATIONNEMENT  
PARKING RECEIPT  
RECU DE STATIO

*No Receipt  
706 28  
\$17.00  
Parking  
Meeting & Hotel Address*

**RECEIPT**  
Impark Lot 02-383

License Plate Number



Expiration Date/Time

**05:05 PM**  
**MAR 06, 2024**

Purchase Date/Time: 02:05pm Mar 06, 2024

Total Parking: \$22.86

Total GST: \$1.14

Total Due: \$24.00

Rate: \$24 - 3 Hours

Total Paid: \$24.00

Pmt Type: CC (Swipe)

Ticket #

S/N #:

Setting: Lot

Mach Name: Meter 1

#\*\*\*\* Visa

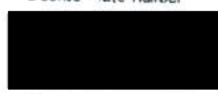
Auth #

gst #887315638RT0006  
NO IN AND OUT PRIVILEGES

PARKING RECEIPT REÇU DE STATIONNEMENT PARKING RECEIPT REÇU DE STATIONNEMENT

**RECEIPT**  
Impark Lot 02-383

License Plate Number



Expiration Date/Time

**06:00 AM**  
**MAR 15, 2024**

Purchase Date/Time: 12:10pm Mar 14, 2024

Total Parking: \$57.14

Total GST: \$2.86

Total Due: \$60.00

Rate: \$60 - All Day + Evg

Total Paid: \$60.00

Pmt Type: CC (Swipe)

Ticket #

S/N #:

Setting: Lot

Mach Name: Meter 1

#\*\*\*\* Visa

gst #887315638RT0006  
NO IN AND OUT PRIVILEGES

PARKING RECEIPT REÇU DE STATIONNEMENT PARKING RECEIPT REÇU DE STATIONNEMENT

**RECEIPT**  
Impark Lot 02-383

License Plate Number



Expiration Date/Time

**06:00 PM**  
**APR 15, 2024**

Purchase Date/Time: 11:56am Apr 15, 2024

Total Parking: \$33.33

Total GST: \$1.67

Total Due: \$35.00 Rate: \$35 - All Day To 6PM

Total Paid: \$35.00 Pmt Type: CC (Swipe)

Ticket #: [REDACTED]

S/N #: [REDACTED]

Setting: Lot [REDACTED]

Mach Name: Meter 1

\*\*\*\*\* Visa

Auth # [REDACTED]

gst #687315638RT0006  
NO IN AND OUT PRIVILEGES

RECEIPT  
RECU DE STATIONNEMENT  
PARKING RECEIPT  
RECU DE STATIONNEMENT  
PARKING RECEIPT  
RECU DE STATIONNEMENT  
PARKING RECEIPT

**RECEIPT**  
Impark Lot 02-383

License Plate Number



Expiration Date/Time

**12:18 PM**  
**APR 18, 2024**

Purchase Date/Time: 08:18am Apr 18, 2024

Total Parking: \$30.48

Total GST: \$1.52

Total Due: \$32.00

Total Paid: \$32.00

Ticket #: [REDACTED]

S/N #: [REDACTED]

Setting: Lot [REDACTED]

Mach Name: Meter 1

\*\*\*\*\* Visa

Auth # [REDACTED]

gst #687315638RT0006  
NO IN AND OUT PRIVILEGES

RECEIPT  
RECU DE STATIONNEMENT  
PARKING RECEIPT  
RECU DE STATIONNEMENT  
PARKING RECEIPT  
RECU DE STATIONNEMENT  
PARKING RECEIPT