

AHS Board and Executive Expense Report

Name Dr. Brenda Hemmelgarn
Title AHS Board Vice-Chair
Location Calgary

Expenses submitted during the month of May 2016

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
May-16	Expense Claim	Meetings				128	128			
May-16	Direct Billing	Meetings	375				375			
Total			\$ 375	\$ -	\$ -	\$ 128	\$ 503	\$ -	\$ -	\$ -

Total for the Month \$ 503

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base 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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Dr. Brenda Hemmelgarn			Expense Period Month:	April/May 2016
Address:	[REDACTED]		City:	Calgary	
Province:	AB	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Board Meeting on April 28-29, 2016 and Council of Chairs Meeting on May 4, 2016.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/O ID	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$126.15
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$126.15 ✓

SECTION 3: AUTHORIZATION			
I attest that I have read and understand all applicable policies that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.			
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#
Dr. Brenda Hemmelgarn	<i>[Signature]</i>	May 17/16	[REDACTED]
I attest that I have read and understand all applicable policies of that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.			
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		
Linda Hughes	Board Chair		
Signature: I, by signing this form, attest that I am compliant with all the above statements			Date
<i>[Signature]</i>			May 18/16

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.

Deborah Rhodes May 18/16
 14th Floor, North Tower, Se Deborah Rhodes, VP Corporate Services & CFO
 Position # [REDACTED] DOFA Level: [REDACTED] 1: Jennifer Hamstra

Carry forward from Section 1

Name: **Dr. Brenda Hemmelgarn** Expense Period Month: **April/May 2016**

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

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		With Receipt					
			Meal Type	Allow-ance	Meal Type	With Receipt				
① 28-Apr-16	Parking to attend Board Meetings.	Yes					\$22.00	✓		
② 29-Apr-16	Parking to attend Board Meetings.	Yes					\$38.85	✓		
③ 4-May-16	Parking at Calgary International Airport to attend Council of Chairs Meeting in Edmonton.	Yes					\$29.35	✓		
④ 4-May-16	Taxi from YEG to Council of Chairs meeting in Leduc.	Yes					\$20.70	✓		
⑤ 4-May-16	Taxi from Meeting in Leduc to YEG.	Yes					\$17.25	✓		
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$128.15	\$0.00	0.00	

BOARD MEMBER Mileage Rate 0.505 **Total Mileage** \$ -

For payment please submit to:
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

RECEIPT

License Plate Number



Expiration Date/Time

06:00 AM
APR 29, 2016

Purchase Date/Time: 06:41am Apr 28, 2016
Total Due: \$22.00 Rate: EARLY BIRD + EVENING
Total Paid: \$22.00 Payment Type: Card
Ticket # [redacted]
S/N #: 500013240531
Setting: Lot 185
Mach Name: Lot 185-2

Auth [redacted]

GST REG #R102466000

PARKING RECEIPT

1

RECEIPT
DO NOT NEED TO DISPLAY TICKET

Indigo Park
Petroleum Club
Lot #45

License Plate Number



Expiration Date/Time

07:00 PM
APR 29, 2016

Purchase Date/Time: 07:13am Apr 29, 2016
Total Parking: \$37.00
Total GST: \$1.65
Total Due: \$38.65 Rate: Early Bird \$37.00
Total Paid: \$38.65 Payment Type: Card
Ticket # [redacted]
S/N #: 500012040111
Setting: Petroleum
Mach Name: Petroleum 11

Auth [redacted]

Auth [redacted]

2

CALGARY AIRPORT AUTHORITY
2000 AIRPORT ROAD T2E6W5
CALGARY AB
22627513

1111 PURCHASE 1111

05-04-2016 17:58:05
Acct # [redacted] C
Exp [redacted] Card Type VI
Name: BRENDA R HEINELGARN
A0000000031010 Visa Credit

Trace # [redacted]
Inv. # [redacted]
Auth # [redacted] RRN 001150012

Total \$29.35
(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

3

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6H-1C2
786-462-3456

Term Id: 4502412478204
Item #: 1463
Visa Credit
PURCHASE
Op id: 213314
Card #: [redacted]

Auth: A0000000031010

APPROVED

AMOUNT CAD\$18.00
TIP CAD\$2.70
TOTAL CAD\$20.70

Ref [redacted]
Auth [redacted]
Res [redacted]
TVR [redacted]
TSI: 1808

BOOK ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2016/05/04 Time: 08:06:15
Response: AUTH [redacted]

CUSTOMER COPY

4

ATS GROUP
4608 101 ST NW
7809897099
EDMONTON AB

CARD [redacted]
CARD TYPE VISA
DATE 2016/05/04
TIME 1114 15:39:34
INVOICE # [redacted]
RECEIPT NUMBER [redacted]
PURCHASE AMOUNT \$15.00
TIP \$2.25
TOTAL \$17.25

Auth [redacted]
Thank You [redacted]
CARDHOLDER COPY

APPROVED

Auth # [redacted]
Thank You [redacted]

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

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Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: **YES**

Name : Brenda Hemmelgarn	Reporting Period for the Month of : May-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
4-May-2016	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to attend Council of Chairs Meeting (Invoice [REDACTED])	Marlin Travel	375.17
Total Paid in the Month					\$ 375.17

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: April 25, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS BRENDA HEMMELGARN
AC [REDACTED]

Wednesday, May 4, 2016

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 04May16

Flight: 8130 W CLASS
07:00 AM Equipment: D8 (300 SERIES)
07:53 AM

Mile(s) Flown: 163

AIR CANADA E [REDACTED]
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2C

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 04May16

Flight: 8169 Q CLASS
04:50 PM Equipment: DH4
05:40 PM

Mile(s) Flown: 163

AIR CANADA E [REDACTED]
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 4D

Cost:

AIR CANADA WEI [REDACTED]	[REDACTED]	300.21
	Tax:	74.96
	Ticket Total:	375.17

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: April 25, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	375.17
Less Credit Card Payments:	375.17
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.