

AHS Board and Executive Expense Report

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

Expenses submitted during the month of December 2017

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)
Dec-17	Expense Claim	Meetings				147	147			
Dec-17	Direct Billing	Meetings	435		184		619			
Total			\$ 435	\$ -	\$ 184	\$ 147	\$ 766	\$ -	\$ -	\$ -

Total for the Month \$ 766

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 164
 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.



Employee # [REDACTED]

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

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Brenda Hemmelgarn	Expense Period Month:	Dec-17		
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Private and Public Board Meetings on December 6, 2017 in Edmonton.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/O #	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	\$146.50
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$146.50

SECTION 3: AUTHORIZATION			
<p>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.</p> <p>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.</p> <p>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.</p>			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Dr. Brenda Hemmelgarn	<i>[Signature]</i>	12/3/17	[REDACTED]
<p>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.</p> <p>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.</p> <p>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.</p>			
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>			Dec-13/17

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health of Privacy (FOIP) Act, respectively for the purpose of ad

Dec 11/17
Deborah Rhodes
Deborah Rhodes, VP Corporate Services & CFO

For payment please Position #: [REDACTED] DOFA Level: [REDACTED]
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

Carry forward from Section 1

Name:	Brenda Hemmelgarn	Expense Period Month:	Dec-17
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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 Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

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				
5-Dec-2017	Parking at YYC to attend Private and Public Board Meetings on December 6, 2017 in Edmonton.	Yes					\$29.35	✓		
6-Dec-2017	Taxi from YEG to Westin Hotel.	Yes					\$55.15	✓		
6-Dec-2017	Taxi from SSP to YEG.	Yes					\$62.00	✓		
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$146.50	✓	\$0.00	0.00

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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RECEIPT
GST NO. R122556194

TKT NO: 30485097
EXIT No. A103
IN: 12/05/17 21:33
OUT: 12/06/17 21:06
DURATION: 0 23: 33
PAID: \$ 29.35
(GST INCLUDED)
VISA

REF. [REDACTED]

THANK YOU FOR
YOUR VISIT



Co-op Taxi Line
(780) 425-2525
www.co-optaxi.com

Terminal [REDACTED]
Driver [REDACTED]
17/12/06 17:57:34

VISA
Card : [REDACTED]
Visa Credit
CHIP CARD

Ref # [REDACTED]
Auth # [REDACTED]

		PURCHASE
FARE	: \$	56.00
TIP	: \$	6.00
TOTAL	: \$	62.00 ✓

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain this
copy for your records

Customer Copy

Thank you for choosing
Co-op taxi

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2017/12/06
TIME 7449 00:39:50
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$0.15
TOTAL

\$55.15 ✓

Visa Credit

[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 100403070

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 : Dec-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
5-Dec-2017	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return (Invoice # [REDACTED] to attend Private and Public Board Meetings on December 6, 2017 in Edmonton.	Marlin Travel	435.26
5-Dec-2017	Direct Billing	Hotel	One night accommodation to attend the above named meetings.	Marlin Travel	184.13
Total Paid in the Month					\$ 619.39



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 01 Dec 17 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: MS BRENDA HEMMELGARN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	360.30	0.00	\$0.00	74.96	0.00	435.26 CAD
Total:	360.30	0.00	0.00	74.96	0.00	435.26 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	12/01/2017			0.00 CAD
	[REDACTED]	12/01/2017		[REDACTED]	435.26 CAD
				Total Payment:	435.26 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL BOARD MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 ----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

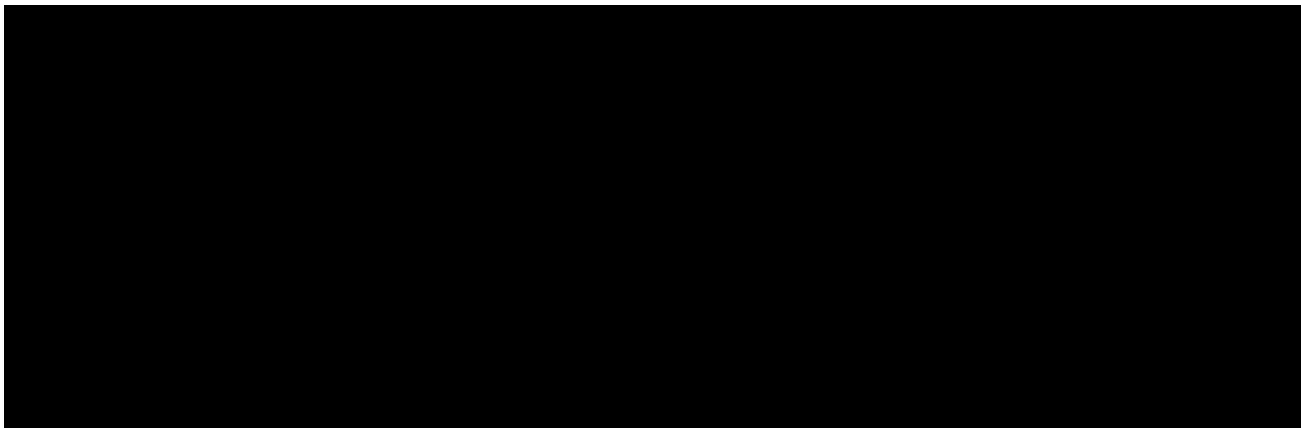
ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 01 Dec 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: BRENDA HEMMELGARN
Booking Date: 01 Dec 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08160	CALGARY INTL 05 Dec 17 11:20PM		EDMONTON INTL 06 Dec 17 12:12AM	W/	
AIR CANADA	08157	EDMONTON INTL 06 Dec 17 7:45PM		CALGARY INTL 06 Dec 17 8:46PM	W/	

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Brenda Hemmelgarn

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 05-DEC-17 00:46
 Depart Date : 06-DEC-17 06:53
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : [REDACTED]

Copy

Tax ID : 815461330RT0001
 The Westin Edmonton DEC-07-2017 11:01 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
05-DEC-17	[REDACTED]	Room Charge	164.00	
05-DEC-17	[REDACTED]	GST	8.45	
05-DEC-17	[REDACTED]	Destination Marketing Fee	4.92	
05-DEC-17	[REDACTED]	Tourism Levy	6.76	
06-DEC-17	[REDACTED]	Transfer to A/R		-184.13
		** Total	184.13	-184.13
		*** Balance	-0.00	

PACK LIGHT, STAY FIT - With the Westin Gear Lending program, New Balance(TM) workout gear is conveniently delivered to your room so you can keep moving. Experience it during your next stay. Learn more at westin.com/newbalance

Continued on the next page

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Brenda Hemmelgarn

Page Number : 2 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 05-DEC-17 00:46
 Depart Date : 06-DEC-17 06:53
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : 41813 - Alberta Health Services

As a Starwood Preferred Guest you have earned at least [REDACTED] Starpoints for this visit [REDACTED]

Tell us about your stay. www.westin.com/reviews

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
12-05-2017	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
12-06-2017	0.00	0.00	0.00	0.00	0.00	-184.13	-184.13	0.00
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Total	164.00	8.45	6.76	0.00	0.00	-179.21	0.00	0.00